

State of Illinois
Rod R. Blagojevich, Governor

Department of Public Health
Eric E. Whitaker, M.D., M.P.H., Director



Cervical Cancer Elimination Task Force Annual Report

April 2007

CERVICAL CANCER ELIMINATION TASK FORCE

DATE: April 2007

FROM: Stacie Geller, Ph.D. *Stacie Geller*
Chair of the Cervical Cancer Elimination Task Force

RE: **CERVICAL CANCER ELIMINATION TASK FORCE
ANNUAL REPORT**

Attached please find the third annual report from the Cervical Cancer Elimination Task Force. The report highlights the task force's continued belief that the best prevention against cervical cancer is an informed public. The report recommendations include the development of a statewide communications campaign to increase awareness of cervical cancer preventive measures among medical providers, health educators and consumers through educational, advocacy and legislative efforts. Additionally, the task force seeks to ensure that Illinois develops an HPV vaccine policy guaranteeing access to all.

Paths for future project work are dependent upon financial resources to initiate these identified goals. Public Act 093-0956 dictates the development of a statewide comprehensive Cervical Cancer Prevention Plan and strategies for implementing the plan, and for promoting the plan to the general public, state and local elected officials, and various public and private organizations, associations, businesses, industries and agencies. The task force believes its duties have been achieved for the time being, as task force subcommittees have outlined rigorous plans of action that need funds to be implemented. The task force will continue to monitor legislative efforts, but ask Gov. Rod R. Blagojevich and the Illinois General Assembly what future role they see for the task force without the necessary funding to implement the recommendations included in this report.

To review previously submitted annual reports, please go the Illinois Department of Public Health's Web site at <http://www.idph.state.il.us/about/Womenshealth/publications.htm>. If you have questions, please contact me at 312-355-0467.

TABLE OF CONTENTS

Background	2
Task Force Accomplishments	3
HPV Vaccine.....	3
Education and Outreach.....	4
Partnerships.....	5
Funding for Statewide Communications Campaign.....	6
2007 Goals	7

Appendices

A. Authorizing Legislation, Public Act 093-0956.....	9
B. Task Force Membership and Staff List.....	13
C. Progress Report.....	17
D. Minority Report.....	22

BACKGROUND

The Cervical Cancer Elimination Task Force was established by law (P.A. 093-0956) August 19, 2004, to develop a plan to eliminate cervical cancer in Illinois (See Appendix A). The task force is authorized to meet over a five-year period and serves in an advisory capacity. The task force has been charged to examine the prevalence and incidence of cervical cancer in Illinois by reviewing data and analyses; to coordinate task force efforts with existing state programs providing cervical cancer screening, education, and case management; to raise public awareness; to identify priority strategies and new technologies; to assess existing laws, programs and services, and, ultimately, to develop a statewide cervical cancer prevention plan and strategies for plan implementation. As created, the 12-member task force includes eight members representing different medical organizations, associations and specialties; one member representing the health insurance industry; one member representing social marketing consultants; one member at large with an interest in women's health, and the state's epidemiologist. Additionally, the task force includes seven ex-officio members: one member of the Senate, three members of the House of Representatives, and one member each representing the following state agencies: Department of Public Health, Department of Healthcare and Family Services, and the Department of Human Services (See Appendix B).

The task force, which convened on December 6, 2004, met on the following dates:

December 6, 2004	February 3, 2006
February 8, 2005	June 7, 2006
May 9, 2005	July 7, 2006
September 9, 2005	January 26, 2007
December 12, 2005	

Task force members received program information and data regarding screening and treatment services within the state including the Illinois Cancer Registry, the Illinois Breast and Cervical Cancer Program, Illinois Healthy Women and Title X Family Planning coverage of cervical cancer services. The task force also received information regarding clinical and technology issues relating to cervical cancer screening.

The task force submits a report to the Governor and the General Assembly by April 1 of each year, and expires on April 1, 2009, or upon submission of the task force's final report to the Governor and the General Assembly, whichever occurs earlier. This annual report represents the third submission by the task force. The annual reports submitted to the Governor and General Assembly have included information regarding progress made in fulfilling the duties of the task force, recommendations for developing the Cervical Cancer Prevention Plan, recommended strategies or actions to reduce the occurrence of cervical cancer, and the burdens from cervical cancer suffered by citizens of this state. The task force recently submitted an addendum report in October 2006 endorsing the newly licensed human papillomavirus (HPV) vaccine.

TASK FORCE ACCOMPLISHMENTS

HPV Vaccine

The field of cervical cancer prevention is rapidly evolving as a consequence of the identification of the cause of the disease: a limited number of viral types from the family of the human papillomaviruses (HPV). HPV has been recognized as a necessary cause of cervical cancer. The association applies equally to both squamous-cells and adenocarcinoma, and is consistent worldwide. Two of the oncogenic types – 16 and 18 – are together responsible for 70 percent of the world's cervical cancer cases.¹

In October 2006, the task force released an addendum to the annual report addressing the U.S. Food and Drug Administration's (FDA) approval of a quadrivalent human papillomavirus (HPV) vaccine. The task force endorsed the Advisory Committee on Immunization Practices' recommendation that the vaccine be given to females ages 11 to 12, and, at the discretion of families and their doctors, be administered as early as age 9. They also recommend that women in the 13 to 26 age group who have not yet been vaccinated receive "catch up" vaccinations. This applies to all women within this age cohort, whether sexually active or not.

The task force believes the best prevention against this disease is an informed public. The focus now is to better educate the public about the facts of cervical cancer, the importance of Pap tests, the treatments currently available including this breakthrough vaccine, and the lifestyle choices young women can make to reduce their chances of developing cervical cancer. Task force members will continue to work with federal and state officials on the issue of access so the vaccine can be available and affordable for anyone who can benefit from it.

Furthering their support of the vaccine, the task force wrote a letter to the Chicago Tribune agreeing with their characterization of the vaccine, that it was indeed a medical triumph. The American Cancer Society estimated that 9,710 women in the United States would be diagnosed with invasive cervical cancer in 2006 alone. Of this number, about 3,700 of these women, constituting more than one-third of all diagnosed patients, will die from the disease. The time is certainly now for this new technology.

Key issues of concern regarding the vaccine include identifying and addressing gaps in coverage for women who will not have access to the vaccine. Currently, Illinois will implement HPV vaccine use through the federally-funded Vaccines for Children (VFC) program. The VFC program provides vaccines for free for children ages 0 to 18 who are Medicaid enrolled, uninsured, American Indian or Alaskan Native or underinsured (child has insurance that does not cover the cost of immunizations) and who receive services at a Federally Qualified Health Insurance Center (FQHC). The problem becomes that FQHCs are not readily accessible statewide and some do not immunize solely. Some FQHCs require that you receive all of your primary care services at the facility, not just immunizations. There are "Delegated Authority

¹ Bosch, F.X., Cuzick, J., Schiller, J.T., Garnett, G.P., Meheus, A., Franco, E.L., Wright, T.C. (2006) *HPV Vaccines and Screening in the Prevention of Cervical Cancer*. 24:3.

Agreements" between FQHCs and local health departments that are done on a site-by-site basis that allow the FQHC to delegate immunization authority to the local health department. However, there is no requirement for the FQHC to transfer this authority. In Illinois, there are 62 of these agreements statewide.

Routine vaccination is recommended for all 11- and 12-year-old girls and before the first sexual contact. However, females up to age 26 who are sexually active should still be vaccinated. Vaccination also is recommended for girls and women, ages 13-26, who have not been previously vaccinated. However, the decision about whether to vaccinate a woman aged 19-26 should be made based on an informed discussion between the woman and her medical provider regarding her risk of previous HPV exposure and her potential benefit from the vaccination. Currently, resources are not available to cover those women needing vaccination in the age group between 19-26.

The task force strongly advocates measures to ensure the broadest possible coverage for vaccination against the most common carcinogenic HPV types. Insurers should be encouraged to cover the costs of vaccination. Mandating vaccination for school age students may be the ideal long-term strategy to achieve this goal.

Education and Outreach

Education and outreach to medical providers and consumers was an overarching theme in the 2006 annual report. The task force has worked diligently to bring those recommendations to fruition. A letter was sent to 10 professional medical associations along with the task force's annual report requesting these organizations participate in distributing a second letter to their membership. That letter encouraged members to provide increased screening and treatment, as well as serve those women who are rarely or never screened for this preventable cancer. In addition, the task force sent letters to 23 schools in Illinois that train clinicians, requesting information about the curricula they utilize to teach students about cervical cancer screening and diagnosis. The responses indicated there are no set protocols, recommendations or curricula utilized to train clinicians on the management of cervical cytological abnormalities. The task force hopes to use this information to alert the medical training community to the urgent need for education specifically targeted at cervical cancer screening, diagnosis and treatment.

In conjunction with the Illinois Rural Health Association, one task force member, Dr. L. Stewart Massad, presented a one-hour satellite broadcast on "HPV Epidemiology and Vaccination" to critical access hospitals in six geographic locations (Carthage, Chicago, Kewanee, Nashville, Springfield and Staunton) via the Southern Illinois University School of Medicine Telehealth Network. The satellite broadcast was taped and 100 DVDs of the training were made and distributed to the Illinois Breast and Cervical Cancer Lead and Consortia Agencies, Title X Family Planning Agencies as well as to four hospitals, which requested a tape of the program.

The second session of the series, "Cervical Cancer Screening – Latest Guidelines" was presented in February 2007, and Dr. Massad will present "Managing Abnormal Paps" in May of this year.

*Cervical Cancer Elimination Task Force Annual Report
April 1, 2007*

Another task force member, Dr. Yvonne Collins, presented a session at the Office of Women's Health Conference on human papillomavirus (HPV) and other sexually transmitted diseases.

Two task force members, Drs. Stacie Geller and Yvonne Collins presented "The Public Health Challenge to Eliminating Cervical Cancer" at the Paul Q. Peterson Grand Rounds Lecture Series in January 2007 in Chicago.

Partnerships

The task force has partnered with numerous organizations to learn more about their contributions to cervical cancer diagnosis, prevention and treatment. These same partnerships will share more of their ideas for improving cervical cancer diagnosis, prevention and treatment in Illinois.

Specifically, the task force teamed with the Gynecologic Cancer Foundation to distribute public education brochures about preventing cervical cancer titled "You can prevent cervical cancer. Vaccinate early. Screen regularly." A future campaign by the Gynecologic Cancer Foundation to reach out to college health facilities and to sororities will be shared upon completion.

The task force also joined forces with the Illinois Lt. Governor's Office and Olympic athlete Jackie Joyner-Kersey to urge every Illinois woman to get screened for cervical cancer. Press events were conducted in Chicago, Springfield and East St. Louis urging uninsured Illinois women to sign up under Gov. Rod R. Blagojevich's recently expanded Illinois Breast and Cervical Cancer Program. Administered through the Illinois Department of Public Health's Office of Women's Health, it is this statewide program that gives thousands of women access to free screenings and treatment for breast and cervical cancer. Thousands of educational packets on cervical cancer were distributed statewide.

For two years, the task force has supported Women in Government's efforts to eliminate cervical cancer. A summit involving key policymakers, advocates and clinicians met in Washington, D.C. in November 2006 to work together to ensure that all women have access to advanced and appropriate preventive technologies, such as the HPV test and the newly available HPV vaccine. The summit sought to ensure that women are not dying unnecessarily from this very preventable disease.

The task force will further collaborate with the Illinois Public Health Association to develop a targeted message for a 2007 Illinois Cervical Cancer and HPV Awareness Campaign. The target audience of the campaign will include racial and ethnic minority girls and young women, as well as those in medically underserved populations, to include rural poor communities in Illinois. This combined effort will allow the task force to work with the Association's wide network of local health departments and community-based health agencies to reach their youth clients, who are predominately low-income minorities. In addition, the Association has linkages to afterschool programs in minority and rural communities that serve youth, creating a key target audience for implementation of the campaign's message and educational material.

Funding for Statewide Communications Campaign

Of the utmost importance to the task force is the need for funding to be able to further advance and highlight their future work. Subsequently, the task force prepared a brief summary outlining activities, along with estimated costs, that the task force recommends to prevent the occurrence of cervical cancer among Illinois residents. Over a two-year period to begin in 2007, the identified activities are to be directed toward medical providers and health care consumers. The activities would increase awareness of cervical cancer preventive measures among health providers, educators and consumers through educational, advocacy and legislative efforts.

Activities directed toward medical providers and educators would include an educational outreach program to providers and health educators. Activities directed toward health care consumers are to include marketing research and key message development highlighting the importance of Pap tests and the role of the HPV vaccine. Television, radio, billboards and direct mail would all be utilized in a social marketing campaign targeting “hot spots” where cervical cancer is more prevalent.

Furthermore, the development of a toolkit for grassroots advocacy programs would focus on finding unscreened women and would include the development of communication tools for use with school-aged children, parents and underserved populations. A media toolkit also would be developed for local public health workers and would focus on gaining free media coverage.

On behalf of the Cervical Cancer Elimination Task Force, Rep. Sara Feigenholtz requested that an additional \$950,000 be included in the Governor’s 2008 budget for the Cervical Cancer Prevention Plan to develop a statewide communications campaign. The task force is committed to studying the prevalence of cervical cancer, raising public awareness of the causes, and developing a statewide education, prevention and control plan. Such an ambitious and exciting undertaking cannot be accomplished without essential resources.

2007 GOALS

The task force feels strongly that in order to reduce cervical cancer morbidity and mortality, increased awareness of cervical cancer and preventive health seeking behavior among high-risk women is needed. Because cervical cancer generally develops slowly and has a readily detectable and treatable precursor condition (severe dysplasia/carcinoma in situ [CIS]), it can be prevented through screening and treating those women most at risk. Invasive cervical cancer incidence and mortality has been reduced by as much as 90 percent through screening programs based on routine cytological examination of Papanicolaou (Pap) testing and treatment of precancerous conditions. Unfortunately, many women are either unaware of, or, do not have access to these important screening services.

Policymakers need to be aware of the problem of cervical cancer in the United States and Illinois and about how public health-oriented approaches to prevention can reduce incidence and mortality. Programs must expand available screening and treatment services, with the ultimate goal of screening all women aged 30 and older every three to five years. Communication campaigns lower the incidence of cervical cancer and work toward closing the racial and ethnic disparities in the rates of incidence.

In a study by J.E. Vardeman, a large majority of women had not seen any messages about cervical cancer. This was a reason many women – particularly the younger women – cited for not feeling involved with the disease. Specifically, many women talked about their gynecologists' lack of communication about cervical cancer; the uncertainty women felt they experienced regarding information they perceived to be about cervical cancer; the lack of promotion towards prevention of cervical cancer; and the overshadowing promotion of breast cancer awareness to women.²

If women do not understand the complexity of the cervical cancer threat and its prevention (i.e., having protected sex and a number of other factors) and the detection methods (regular Pap tests and appropriate medical follow-up compliance to abnormal tests) women may not be aware of their risk, thus leaving themselves susceptible to infection.

Therefore, one of the major goals of the task force is to develop a statewide communications campaign to increase awareness of cervical cancer preventive measures among medical providers, health educators and consumers through educational, advocacy and legislative efforts. This will only be possible given sufficient and critical funding.

Secondly, the task force seeks to ensure that Illinois develops an HPV vaccine policy guaranteeing access to all including consideration of legislation mandating vaccination once issues of access and availability are fully explored. One of the most significant advances in the fight against cervical cancer is the development of HPV vaccines. As reported in the task force's 2006 addendum report, one of these vaccines, Gardasil®, was approved by the FDA for use in 9- to 26-year-old women and girls. As previously reported, resources are not available to

² Vardeman, J.E. (2005). *Women's Meaning Making Of Cervical Cancer Campaigns: Using A Cultural Approach To Redefine Women's Involvement With Their Health.*

*Cervical Cancer Elimination Task Force Annual Report
April 1, 2007*

cover those women needing vaccination in all age groups who would benefit from the vaccine. In large clinical trials, the vaccine was found to be very effective in protecting women from developing pre-cancerous lesions of the cervix, vulva and vagina. Early vaccination with regular screening according to standard guidelines is now the most effective strategy to prevent cervical cancer.

With widespread use of this vaccine, it is expected that patient suffering and the economic burden from cervical cancer will decrease by up to 70 percent. The vaccine also will decrease the costs related to the treatment of abnormal Pap tests as well as the costs of managing genital warts. The actual effectiveness of HPV vaccination will depend on how widespread its use will be and on the continued practice of regular cervical cancer screening according to established guidelines.

While the task force remains committed to its charge, without appropriate financial resources to initiate these identified goals, those efforts will remain unattainable. Legislation dictates the development of a statewide comprehensive Cervical Cancer Prevention Plan and strategies for implementing the plan, and for promoting the plan to the general public, state and local elected officials, and various public and private organizations, associations, businesses, industries and agencies. The task force believes its duties have been achieved for the time being, as task force subcommittees have outlined rigorous plans of action that need funds to be implemented. The task force will continue to monitor legislative efforts, but ask Gov. Blagojevich and the Illinois General Assembly what future role they see for the task force without the necessary funding to implement the recommendations included in this report.

While much has been done to accomplish the promotion of this plan, funding is necessary for further widespread dissemination of information on the threat of cervical cancer. Placing this information in the hands of women who have been either misinformed or unaware of the health threat posed by cervical cancer will make a major positive contribution to the public health of the citizens of Illinois.

Public Act 093-0956

SB2424 Enrolled

LRB093 20684 DRJ 46553 b

AN ACT concerning health.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by adding Section 2310-353 as follows:

(20 ILCS 2310/2310-353 new)

Sec. 2310-353. Cervical Cancer Elimination Task Force.

(a) A standing Task Force on Cervical Cancer Elimination ("Task Force") is established within the Illinois Department of Public Health.

(b) The Task Force shall have 12 members appointed by the Director of Public Health as follows:

(1) A representative of an organization relating to women and cancer.

(2) A representative of an organization providing health care to women.

(3) A health educator.

(4) A representative of a national organization relating to cancer treatment who is an oncologist.

(5) A representative of the health insurance industry.

(6) A representative of a national organization of obstetricians and gynecologists.

(7) A representative of a national organization of family physicians.

(8) The State Epidemiologist.

(9) A member at-large with an interest in women's health.

(10) A social marketing expert on health issues.

(11) A licensed registered nurse.

(12) A member of the Illinois Breast and Cervical Cancer Medical Advisory Committee.

Public Act 093-0956

SB2424 Enrolled

LRB093 20684 DRJ 46553 b

The directors of Public Health and Public Aid, and the Secretary of Human Services, or their designees, and the Chair and Vice-Chair of the Conference of Women Legislators in Illinois, or their designees, shall be ex officio members of the Task Force. The Director of Public Health shall also consult with the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, and the Minority Leader of the Senate in the designation of members of the Illinois General Assembly as ex-officio members.

Appointments to the Task Force should reflect the composition of the Illinois population with regard to ethnic, racial, age, and religious composition.

(c) The Director of Public Health shall appoint a Chair from among the members of the Task Force. The Task Force shall elect a Vice-Chair from its members. Initial appointments to the Task Force shall be made not later than 30 days after the effective date of this amendatory Act of the 93rd General Assembly. A majority of the Task Force shall constitute a quorum for the transaction of its business. The Task Force shall meet at least quarterly. The Task Force Chair may establish sub-committees for the purpose of making special studies; such sub-committees may include non-Task-Force members as resource persons.

(d) Members of the Task Force shall be reimbursed for their necessary expenses incurred in performing their duties. The Department of Public Health shall provide staff and technical assistance to the Task Force to the extent possible within annual appropriations for its ordinary and contingent expenses.

(e) The Task Force shall have the following duties:

(1) To obtain from the Department of Public Health, if available, data and analyses regarding the prevalence and burden of cervical cancer. The Task Force may conduct or arrange for independent studies and analyses.

(2) To coordinate the efforts of the Task Force with

Public Act 093-0956

SB2424 Enrolled

LRB093 20684 DRJ 46553 b

existing State committees and programs providing cervical cancer screening, education, and case management.

(3) To raise public awareness on the causes and nature of cervical cancer, personal risk factors, the value of prevention, early detection, options for testing, treatment costs, new technology, medical care reimbursement, and physician education.

(4) To identify priority strategies, new technologies, and newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer.

(5) To identify and examine the limitations of existing laws, regulations, programs, and services with regard to coverage and awareness issues for cervical cancer, including requiring insurance or other coverage for PAP smears and mammograms in accordance with the most recently published American Cancer Society guidelines.

(6) To develop a statewide comprehensive Cervical Cancer Prevention Plan and strategies for implementing the Plan and for promoting the Plan to the general public, State and local elected officials, and various public and private organizations, associations, businesses, industries, and agencies.

(7) To receive and to consider reports and testimony from individuals, local health departments, community-based organizations, voluntary health organizations, and other public and private organizations statewide to learn more about their contributions to cervical cancer diagnosis, prevention, and treatment and more about their ideas for improving cervical cancer prevention, diagnosis, and treatment in Illinois.

(f) The Task Force shall submit a report to the Governor and the General Assembly by April 1, 2005 and by April 1 of each year thereafter. The report shall include (i) information regarding the progress being made in fulfilling the duties of the Task Force and in developing the Cervical Cancer Prevention Plan and (ii) recommended strategies or actions to reduce the

*Cervical Cancer Elimination Task Force Annual Report
April 1, 2007*

Appendix A

Public Act 093-0956

SB2424 Enrolled

LRB093 20684 DRJ 46553 b

occurrence of cervical cancer and the burdens from cervical cancer suffered by citizens of this State.

(g) The Task Force shall expire on April 1, 2009, or upon submission of the Task Force's final report to the Governor and the General Assembly, whichever occurs earlier.

Section 99. Effective date. This Act takes effect upon becoming law.

LEGISLATED TASK FORCE MEMBERSHIP

MEMBERS	CRITERIA ESTABLISHED BY LAW
<p>Stacie E. Geller, Ph.D., Associate Professor University of Illinois at Chicago Department of OB/GYN 820 S. Wood St. - MC 808 Chicago, IL 60612</p>	<p>Representative from an organization providing health care to women</p> <p>Serves as task force chair</p>
<p>Stanley Borg, D.O., Chief Medical Officer Blue Cross Blue Shield of Illinois 300 E. Randolph St., 24th Floor Chicago, IL 60601-5099 <i>Alternate: Sydney Ross-Davis, M.D., Medical Director Special Investigations/Medical Management</i></p>	<p>Representative of the health insurance industry</p>
<p>Yvonne Collins, M.D., Assistant Professor University of Illinois at Chicago Gynecologic Oncology 820 S. Wood St. - MC 808 Chicago, IL 60612</p>	<p>Representative of a national organization relating to cancer treatment who is an oncologist</p>
<p>Stephani Huston Cox, N.P., Colposcopist Director of Patient Services Planned Parenthood Springfield Area 1000 E. Washington St. Springfield, IL 62703</p>	<p>Representative from an organization relating to women and cancer</p>
<p>L. Stewart Massad, M.D., Associate Professor and Chief Division of Gynecologic Oncology Department of Obstetrics and Gynecology SIU School of Medicine, P.O. Box 19640 Springfield, IL 62794-9640</p>	<p>A member of the IBCCP Medical Advisory Committee</p>
<p>Elizabeth S.A. Patton, R.N., Administrator East Side Health District 3121 Virginia Place East St. Louis, IL 62203</p>	<p>A licensed registered nurse</p>
<p>Maria S. Pesqueira, President and CEO Mujeres Latinas en Acción 1823 W. 17th St. Chicago, IL 60608</p>	<p>A member at large with an interest in women's health</p>
<p>Carol Wilson Saffold, M.D., Assistant Professor University of Chicago, Department of OB/GYN 5729 S. Kenwood Ave. Chicago, IL 60637</p>	<p>Representative of a national organization of obstetricians/gynecologists</p>

LEGISLATED TASK FORCE MEMBERSHIP

MEMBERS	CRITERIA ESTABLISHED BY LAW
Quincy Scott, Jr., D.O., Associate Professor/Associate Director SIU Family Medicine 305 W. Jackson, Suite 200 Carbondale, IL 62901	Representative of a national organization of family physicians
Tiefu Shen, M.D., Ph.D., Division Chief, Epidemiologist Illinois Department of Public Health 605 W. Jefferson St. Springfield, IL 62702	State epidemiologist
Ray Valek, President Valek & Company 1327 W. 54 th Place LaGrange, IL 60525	A social marketing expert on health issues
Gwendolyn West, Senior Partnership Development Coordinator National Cancer Institute - Cancer Information Service 100 W. Randolph St., Suite 6-600 Chicago, IL 60601	Health educator

As required by the State Officials and Employees Ethics Act (5 ILCS 430/), which became law in December 2003, all state board appointees were required to take the 2006 Governor's Ethics Training Program for Board and Commission members, and complete the Acknowledgement of Participation form.

LEGISLATED TASK FORCE MEMBERSHIP

EX-OFFICIO MEMBERS	REPRESENTS
Eric E. Whitaker, M.D., M.P.H., Director Illinois Department of Public Health 535 W. Jefferson St. Springfield, IL 62761	Illinois Department of Public Health
Sen. Debbie DeFrancesco Halvorson, 40 th District Conference of Women Legislators Co-Chair 241 W. Joe Orr Road Chicago Heights, IL 60411	Conference of Women Legislators
Rep. Patricia Bellock, 47 th District Conference of Women Legislators Co-Chair Westmont Center, 1 South Cass Ave. Westmont, IL 60559	Conference of Women Legislators
Rep. Sara Feigenholtz, 12 th District 1051 W. Belmont Ave. Chicago, IL 60657	Conference of Women Legislators
Rep. Susana A. Mendoza, 1 st District 2500 S. Millard Ave. Chicago, IL 60623	Conference of Women Legislators
Jacquetta Ellinger, Deputy Administrator Division of Medical Programs Illinois Department of Healthcare and Family Services 401 S. Clinton St., Fourth Floor Chicago, IL 60607	Illinois Department of Healthcare and Family Services
Charlotte Rodems, Interim Administrator Family Planning Program Illinois Department of Human Services 535 W. Jefferson St. Springfield, IL 62761	Illinois Department of Human Services

ACKNOWLEDGEMENTS

STAFF
Jan Costello, Acting Deputy Director Illinois Department of Public Health Office of Women's Health 535 W. Jefferson St., First Floor Springfield, IL 62761
Pamela W. Balmer, Division Chief Illinois Department of Public Health Division of Women's Health Services Office of Women's Health 535 W. Jefferson St., First Floor Springfield, IL 62761
Chris Carver, R.N., M.S.N. Program & Policy Supervisor Illinois Department of Public Health Breast and Cervical Cancer Program 535 W. Jefferson St., First Floor Springfield, IL 62761
Jean Becker, R.N., B.S.N., M.P.H. Quality Assurance Coordinator Illinois Department of Public Health Breast and Cervical Cancer Program 535 W. Jefferson St., First Floor Springfield, IL 62761

PROGRESS REPORT

2006 ANNUAL REPORT RECOMMENDATIONS	PROGRESS
Professional Sub-committee	
Education of and outreach to providers. Who, how and in what format is yet to be decided.	December 2006: Requested \$950,000 in GRF for FY08 to provide outreach.
Increase involvement of the local health departments in programs to screen women and obtain follow-up services.	September 2006 – Present: Ongoing - Increased outreach efforts as part of the IBCCP expansion.
Identification of methods to locate providers who treat women who are rarely or never screened needs further consideration.	December 2006: Requested \$950,000 in GRF for FY08 to provide outreach.
A letter, signed by Dr. Whitaker, should be sent to provider organizations to solicit input on how best to reach clinicians who provide screening and cancer prevention services in Illinois. The sub-committee has developed a draft letter that recommends the Director encourage provider organizations to send to their members emphasizing the importance of screening and treatment for this preventable cancer.	June 5, 2006: Under Director Whitaker’s signature, the Office of Women’s Health sent a letter to 10 professional medical associations along with the task force’s annual report requesting these organizations participate in distributing a letter to their membership. The letter encouraged members to provide increased screening and treatment, as well as serve those women who are rarely or never screened for this preventable cancer.
The Director should send a second letter to the deans of medical schools that train clinicians asking them to report on curricula used to teach cervical cancer screening and prevention measures.	June 10, 2006: Under Director Whitaker and Chair Geller’s signature, the Office of Women’s Health sent letters to 23 schools in Illinois that train clinicians, requesting information about the curricula utilized to teach students about cervical cancer screening and diagnosis. Follow-up letters were sent June 30 and phone calls were made in July to those who did not respond by the deadline. In total, 12 schools responded. The respective responses indicated there was no set protocol, recommendation or curriculum utilized to train clinicians on the management of cervical cytological abnormalities.
Legislators should consider mandating patient notification of the results of Pap results as is required after mammography. The goal of this recommendation is to minimize loss to follow-up, a distinct problem with the management of cervical cancer precursors.	It was determined that there are no MQSA standards that statutorily require mammography facilities to implement a reminder system. The only requirement is that a mammography facility must provide mammography results to the patient no later than 30 days after their mammography exam or if a facility closes or stops performing mammography, the facility must take steps to notify the patients of how to access their films and records. There is no mandatory notification system.

<p>Task force members should develop a speaker network to provide provider education to clinicians, especially those in areas identified as having high rates of cervical cancer mortality. Collaboration with the faculty of state-supported schools may be useful in this regard.</p>	<p>November 16, 2006: In conjunction with the Illinois Rural Health Association, Dr. Massad presented a one-hour satellite broadcast on “HPV Epidemiology and Vaccination” to critical access hospitals in six geographic locations (Carthage, Chicago, Kewanee, Nashville, Springfield and Staunton) via the SIU School of Medicine Telehealth Network. “Cervical Cancer Screening – Latest Guidelines” was presented in February 2007 and “Managing Abnormal Paps” will be presented as soon as the consensus guidelines for abnormal cervical cytology are released.</p> <p>December 6, 2006: Dr. Collins presented a session on human papillomavirus (HPV) and other sexually transmitted diseases at the Office of Women’s Health Conference in Rosemont.</p> <p>January 31, 2007: Two Task Force Members, Drs. Geller and Collins presented “The Public Health Challenge to Eliminating Cervical Cancer” at the Paul Q. Peterson Grand Rounds Lecture Series.</p>
<p>Consider the creation of state incentives to foster the use of electronic reminder systems that, in turn, will maximize timely screening.</p>	<p>Explore drafting a bill to: Consider incentives to providers such as insurance premium benefits and or tax incentives.</p>
<p>Educate legislators and staff from areas identified by state epidemiology staff as having disproportionately high rates of cervical cancer. Educational messages may include highlighting the scope of the cancer burden among their constituents and developing outreach to providers using specific local resources to maximize coordination between existing private and public services.</p>	<p>September 26, 2006: The Office of Women’s Health worked with the Lt. Governor’s Office to distribute cervical cancer awareness materials that encourage screening. The materials are available through the National Lieutenant Governors Association. On October 10, 2006, the OWH participated in three press events (Chicago, Springfield, East St. Louis) related to cervical cancer with the Lt. Governor’s Office.</p>
Consumer Sub-committee	
<p>Recommendation to implement a public health education campaign to address the prevention of cervical cancer and HPV with priority given to geographic hot spots in the state and Chicago. Reaching all at-risk populations requires mass media techniques, including paid television advertising, as well as direct mail to individuals in state hot spots. Mass media can be supplemented by grassroots advocacy and statewide and local public relations efforts focused on gaining free media coverage. These public relations efforts would include developing strong story platforms based on clinical data and/or consumer/provider attitudes, creating a</p>	<p>July 6, 2006: Chair Geller met with Dr. Whitaker and Jan Costello via conference call to discuss the Department’s position on the HPV vaccine. The Director and Governor’s Office will be providing more information to the task force this fall regarding the state’s position on the vaccine.</p>

<p>statewide network of experts who could speak knowledgeably about cervical cancer prevention and writing a series of news releases and articles. Grassroots advocacy efforts could include peer mentoring programs and screening guideline communication.</p>	<p>July 7, 2006: A special conference call of the task force was held to respond to the numerous media requests around the HPV vaccine. The task force chose to endorse the HPV vaccine as approved by the Advisory Committee on Immunization Practices. On this call, Rep. Feigenholtz asked the task force to prepare a one-page justification for funding to support the activities delineated in the annual report.</p> <p>November 2006: The Illinois Public Health Association requested a non-continuing education grant from Merck and Co. Inc., in the amount of \$50,000 to sponsor the Illinois Cervical Cancer and HPV Awareness Campaign. The Association is providing other funding support for the social marketing campaign through an agreement with the Illinois Department of Public Health. The total cost of the project is expected to be \$75,000.</p> <p>December 6, 2006: Rep. Feigenholtz submitted a \$950,000 request to Governor’s Office for Cervical Cancer Prevention Plan to be included in the Governor’s 2008 budget.</p>
<p>Identify and partner with other screening programs in the state.</p>	<p>Currently partner with Title X Family Planning Programs and Illinois Healthy Women.</p>
<p>Encourage legislators to stay involved with the fight.</p>	<p>June 20, 2006: The Office of Women’s Health met via conference call with Legislators Halvorson, Bellock and Feigenholtz to elicit a response to the Annual Report and gain direction on legislative and fiscal impact of the recommendations.</p> <p>November 16-18, 2006: Jan Costello attended the Women in Government Cervical Cancer Summit in Washington, D.C.</p>
<p>Identify the patterns of screening, follow-up and treatment for women.</p>	<p>Need further clarification.</p>
<p>Identify other educational avenues (i.e., school systems, including adding cervical cancer education to health education materials; libraries; YMCA or YWCA).</p>	<p>The Office of Women’s Health is waiting available funding to develop training material prior to making contact with the Illinois State Board of Education to determine how best to incorporate training into their existing health curriculum.</p>

<p>Build relationships with those working in underrepresented communities to eliminate attitudinal and cultural barriers to care.</p>	<p>December 2006: Requested \$950,000 in GRF for FY08 to provide outreach.</p> <p>Ongoing – Currently through work in IBCCP, partner with American Cancer Society, IDPH Comprehensive Cancer Program, National Cancer Institute and the Lesbian Community Cancer Project.</p>
<p>Ally with those in the community to speak with others in their communities on cervical cancer prevention.</p>	<p>July 2007: Chicago Tribune letter to the editor endorsing HPV vaccine and promote the importance of screening.</p> <p>Ongoing – through lead agencies involved in the IBCCP program.</p>
<p>Write and submit an article on cervical cancer to community papers where women are affected.</p>	<p>Dr. Collins to write a “Letter to the Editor” for distribution to communities with highest cervical cancer morbidity and mortality.</p>
<p>Develop public service announcements on the importance of cervical cancer screening and the ability to prevent the disease.</p>	<p>December 2006: Requested \$950,000 in GRF for FY08 to provide outreach.</p>
<p>Develop media tool kits for local public health workers.</p>	<p>December 2006: Requested \$950,000 in GRF for FY08 to provide outreach.</p>
<p>Encourage relevant state agencies to work with insurers to develop systems for reporting rates of cervical cancer screening modeled after the national HEDIS program and then develop strategies to improve screening rates among insured women.</p>	<p>September 21, 2006: According to IDPH’s Office of Infectious Diseases, Illinois will implement HPV vaccine use through the Vaccines for Children (VFC) program. The VFC program provides vaccines for free for children who are Medicaid eligible, uninsured, or who are American Indian or Native Alaskan. It covers children ages 0-18 so with HPV, girls ages 9-18 will have access if they are eligible for the VFC program.</p> <p>The VFC program involves first a resolution, which occurred in June. The next step involves negotiation of a federal contract price. Once that is in place, IDPH will be able to order for the VFC program.</p> <p>December 18, 2006: This month IDPH received additional federal funding (\$3 million) to purchase the HPV vaccine for VFC providers. Currently, IDPH is notifying VFC providers that they can order the HPV vaccine through the state. The vaccine would reach providers who ordered by the first part of January.</p>

Additional activities related to the task force's goals:	July 19, 2006: The Gynecologic Cancer Foundation (GCF) has a number of actions in the works to educate the public about preventing cervical cancer with the message: <i>"You can prevent cervical cancer. Vaccinate early. Screen regularly."</i> The Office of Women's Health requested the informational brochure and will share with the Breast and Cervical Cancer Lead Agencies. These are available at no charge for the first 100 brochures; for orders greater than 100, there is a charge of 50¢ per piece over 100. They are also putting together a web broadcast targeted at young woman from 18-26 years of age. The content of that could be shared with our network. They are just beginning to work on a campaign to reach out to college health facilities and to sororities, and are particularly anxious to get information out to that population.
	September 22, 2006: As stated in a Sun Times article, Sen. Debbie Halvorson announces plans to introduce a bill early next year requiring all Illinois girls be inoculated at age 11 or 12.
	December 6, 2007: Introduction of HB0115 by Rep. Naomi D. Jakobsson.
	January 31, 2007: Introduction of SB0010 by Sen. Emil Jones and Sen. Debbie Halvorson.

MINORITY REPORT



DISTRICT OFFICE
1 SOUTH CASS AVENUE, SUITE 205
WESTMONT, ILLINOIS 60559
(630) 852-8633
FAX (630) 852-6530
E-MAIL: rep@pbellock.com

PATRICIA R. BELLOCK
STATE REPRESENTATIVE • 47TH DISTRICT

CAPITOL OFFICE
227-N STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
(217) 782-1448
FAX (217) 782-2289

**MINORITY REPORT
TO THE CERVICAL CANCER TASK FORCE**

The 2006 annual report of the Cervical Cancer Task Force emphasized that the best prevention for this disease is an informed public. There also was agreement that the focus should be on education regarding the facts of cervical cancer, the importance of Pap tests, the current treatments available including the new vaccine, and the lifestyle choices young women can make to reduce their chances of developing cervical cancer.

At the time, we felt that it was premature to recommend mandating the vaccine. I still support this approach after researching the opinions of the Center for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics, who are opposed to the mandate of the vaccine.

The Task Force has now changed its position to possibly mandating the vaccine as an ideal long term study. It is communicating this position in the 2007 report to the Governor and the General Assembly, and I cannot support this stance.

RECYCLED PAPER • SOYBEAN INKS

