



# Healthcare Policy Roundup

October 9, 2018

## Catch the Highlights!

- FDA approves use of HPV vaccine among adults aged 27 to 45
- New York creates funding mechanism for school-based health centers
- Study links faith-based interventions to reduced hypertension in communities of color

## Questions? Comments?

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## FDA approves use of HPV vaccine for certain adults:

Gardasil 9, a vaccine used to protect against certain strains of human papillomavirus (HPV), will now be offered to adult men and women aged 27 to 45, according to the U.S. Food and Drug Administration (FDA) Friday. The Gardasil 9 vaccine was previously approved in 2014 for use among individuals aged 9 to 26.

HPV is a sexually-transmitted infection that may lead to genital warts and various forms of cancer among both men and women. In most cases, the infection will go away on its own. According to the Centers for Disease Control and Prevention, nearly 80 million Americans are currently infected with some type of HPV, with an additional 14 million new infections occurring each year. The virus is comprised of 150 strains, of which Gardasil protects against nine.

According to the FDA, the expanded age range for vaccination is the result of a 3.5 year study examining Gardasil's efficacy in preventing precancerous lesions, genital warts, and cervical cancer among 3,200 women. Efficacy among men was inferred from female data and a separate clinical trial involving 150 men over a six-month period. It is expected that the FDA's recent approval will clear the way for insurance coverage among men and women aged 27-45 requesting the vaccine.

## State creates new school-based health center funding mechanism:

New York taxpayers will now have the opportunity to donate to a statewide school-based health center (SBHC) fund according to new legislation signed by Governor Andrew Cuomo last week. The new law will add a checkbox to state personal income tax forms directing money towards a fund administered by the New York State Department of Health (NYSDOH) to establish and expand school-based health center services.



School-based health centers – of which Community Healthcare Network has two – provide a wide range of primary care services for. Academic literature supports a positive link between SBHC use and social and clinical outcomes including: reduced emergency room use, decreased absenteeism and tardiness, increased healthcare access and utilization, and decreased disciplinary referrals among students using school-based behavioral health services.

There are 255 school-based health centers throughout New York State and 158 SBHCs in New York City alone. While SBHCs serve over 200,000 school-aged children throughout NYS, they are largely underfunded. Lawmakers estimate that the new legislation will generate over \$2 million a year for school-based health centers throughout the state.

## Communities of color may benefit from church-based health programs:

Faith-based interventions may effectively reduce hypertension – high blood pressure – among communities of color, according to a new [study](#) published in *Circulation: Cardiovascular Quality and Outcomes*. According to the study, individuals receiving lifestyle counseling from community health workers (CHW) in a church setting saw a greater reduction in systolic blood pressure than those receiving health education alone.

Between 2010 and 2014, researchers collected data from nearly 400 individuals of color belonging to one of 32 churches throughout New York City. All participants reported a diagnosis of uncontrolled blood pressure. Participants in the experimental arm of the study received a six-month intervention consisting of traditional health education and a church-based lifestyle intervention, involving weekly group sessions incorporating elements of prayer, scripture, and faith-based discussion. Researchers observed a sustained treatment effect three months beyond the intervention period.

High blood pressure disproportionately affects black communities and can lead to heart attack or stroke when left unmanaged. Academic literature supports the use of church-based interventions to effect lifestyle change among black parishioners. According to study researchers, similar interventions and outcomes could be sustained by demonstrating the cost-effectiveness of faith-based disease management to insurers.



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