National Alliance for Hispanic Health
1501 Sixteenth Street, N.W. • Washington, D.C. 20036-1401 • (202) 387-5000 • www.hispanichealth.org

September 29, 2016

James Macrae, MA, MPP
Acting Administrator
Health Resources and Services Administration
5600 Fishers Lane; Rockville, MD 20857

Hal C. Lawrence III, MD
Executive Vice President and Chief Executive Officer
American Congress of Obstetricians and Gynecologists
409 12th Street SW; Washington, DC 20024-2188

Re: Women's Preventive Services Initiative

Dear Mr. Macrae and Dr. Lawrence:

The National Alliance for Hispanic Health appreciates ACOG and HRSA's efforts to update the guidelines for the Women's Preventive Services Initiative. The result should be a marked improvement in the care made available to all women and especially to Hispanic women.

However, the Alliance has both substantive and procedural concerns about the proposed guidelines. Primarily, we are provided as a nearly *fait accompli* a series of recommendations that are almost entirely based on research on non-Hispanic white populations and reflect no adjustment for the experiences of other populations. Consequently, an opportunity is being lost to make the guidelines more culturally proficient and of greater value to all, including underserved racial and ethnic communities.

The Alliance also objects to the current format for responding, which is limited to "recommendation by recommendation" feedback. It does not provide any opportunity for global comments or cross-disciplinary perspectives. Ideally, a new comment period should be opened that invites more global critique of the proposed recommendations. This letter represents our larger views and we trust that you will include it in any record of the Initiative's outreach and any summary of comments.

Women face a number of unique health issues and concerns that are ignored. Women are more than the sum of their parts. As a result, these recommendations fall short of the promised goal of recommending "comprehensive guidelines for women's preventive services." As an example, major health threats for women--particularly cardiovascular disease (CVD) and non-reproductive cancers such as lung and colon--are not specifically addressed. The recommendations assure that inadequate attention will be directed at the complete spectrum of a women's physical and mental health. Instead, the recommendations are business as usual for defining women primarily by their reproductive organs. Some of the choices themselves seem odd. There are multiple adverse pregnancy outcomes other than the specified gestational diabetes. Some are more prevalent and predictive of future CVD (e.g. gestational hypertension, pre-eclampsia/eclampsia, pre-term delivery). Similarly, we do not understand the emphasis on gestational diabetes at 24 to 28 weeks. The recommendation should focus on screening at the first pre-natal visit, with the fallback being first tested at the 24-28 week mark.

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Cultural, ethnic and genomic differences—some quite significant—among women are not reflected in the recommendations. For example, under the breast cancer recommendation, while a significant improvement on the USPTF guidelines, there is no acknowledgment that race and ethnicity are major variables in both who is of average risk and when a first mammogram becomes vital to a specific woman's health. In addition, there is no recognition of the role of genetics and the need to cover screening for women younger than 40 years of age at risk of inheriting the *BRCA1* and *BRCA2* genetic mutations. Similarly, under the cervical cancer screening recommendation there is no recognition of differentials in screening that may be necessitated by HPV16 non-European variants and risk of cervical cancer.

Furthermore, none of the recommendations take into account different cultural experiences, except for a one-word mention of "literacy" under gestational diabetes. All recommendations should emphasize the mandate to deliver services in a culturally and linguistically proficient manner in compliance with DHHS limited English proficiency (LEP) Guidance and Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

The central role of mental health services in women's health and well-being is absent from the preventive services recommendations. Except for a one-word mention of "psychosocial" under the well women preventive visit, there is no discussion of the role of mental health. Given higher rates of depression among women, higher rates of suicide attempts and ideation among girls, and higher rates of Alzheimer's it is critical, at a minimum, that screening for depression and Alzheimer's screening be incorporated into the preventive services recommendations. This is particularly critical for Hispanic women who have higher rates of depression, suicide attempts among girls, and Alzheimer's than non-Hispanic women. Ideally mental health should be specifically integrated into the well women preventive visit recommendation.

The Initiative lacks the transparency that usually accompanies public guideline setting activities. This lack of transparency is even more important since ultimately the ACOG recommendations will form the basis for which services are paid for and which not. When the Alliance requested the names of members of the multidisciplinary steering committee (MSC), we were told that: "ACOG has strict confidentiality requirements and agreements with its partner organizations prohibiting the release of the names of individual committee members to the public." It is unusual, if not inappropriate under a federally funded effort, to not name the actual individuals. NAM (formerly IOM), NIH, CDC, FDA, and many others name the people who serve on their committees. This is a basic standard for transparency. In this case, ACOG is doing this same type of work for a government agency under a cooperative agreement. Because it is not a grant, HRSA can and should specify much of what ACOG does and how they do it. The current process is not transparent and as a result undermines the Initiative.

Sincerely,

Jane Delgado

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President and CEO