The Struggle Is Real: Strategies For Improving HPV Vaccination Rates
Research Update: Pediatricians

- Nearly all clinicians believe Tdap and MCV4 are extremely or very important, only 80% said HPV vaccine is extremely or very important.
- Only 11% believe that parents think HPV vaccine is extremely or very important.
- Most clinicians who do not routinely recommend for patients at 11-12 years believe that parents will refuse vaccination.
Research Update: Parents

- Most parents think HPV vaccination is important (Tdap: 84.2%, MCV4: 79.2%, HPV: 63.4%)
- 40% did not get a clinician recommendation for HPV vaccine
- Half of the parents indicated hearing mostly positive information about HPV vaccine
- Most had no idea if their closest friends or other parents in their community get HPV vaccine for their kids
We’re All In This Together
Insights from Increases

Macro

2014 NIS-Teen

• Only 3% increase nationally
• 5 jurisdictions saw very large increases
• Multiple strategies in concert improved coverage

Micro

WellStar Health System

• Modest increase overall
• A few practices saw very large increases
• Multiple strategies in concert improved coverage
HPV Vaccination Projects Funded by PPHF

1. Immunization + Cancer Stakeholders
2. Communication Campaign
3. IIS-Based Reminder/Recall
4. AFIX/Assessment and Feedback
5. Provider Education
Georgia

• Received PPHF award
• Jurisdiction-wide training for stakeholders and regional immunization coordinators
• Striking public outreach campaign
• GRITS reminder phone calls
• Multiple CE presentations for physicians and nurses
Texas

• In top 3 in number of unvaccinated teens
• Includes 4 immunization jurisdictions
• Texas Pediatric Society
• Texas Children’s & Baylor College of Medicine
• The Immunization Partnership
• MD Anderson Cancer Center
• University of Texas
Florida

- In top 3 in number of unvaccinated teens
- PITCH
- Moffitt Cancer Center
- Florida LINC
- Comprehensive Cancer Project
- Be HPV Free Florida
- Train the Trainer
CDC-Funded Partners

Academic Pediatric Association
American Cancer Society
National AHEC Organization
American Academy of Pediatrics
NACCHO
National Association of County & City Health Officials
National Cancer Institute HPV Project

• Funded 18 NCI-Designated Cancers
• Another 18+ took on project without the additional NCI funding
• Funding has ended, cancer centers in collaborative continue to meet every 6 months
Comprehensive Cancer Control Project

• Funded 11 states, cancer + immunization
• 1.5 day reverse site visit = Action Plan
You Can Do It Too!

1. Identify
2. Convene
3. Plan
4. Communicate
5. Sustain
6. Evaluate
7. Share
Identify Partners

• Immunization Program
• Cancer Program
• Cancer Center
• Medical Society Chapters
• Immunization Partners
• Cancer Partners
• Health Systems/Payers
Convene the Network

• Meet in person
• Have meeting facilitated
• Distribute pre-meeting reading
• Assign pre-work and compile results to share
• Plan to walk away with concrete tasks
• Build in time for networking
• Establish structure and leadership/staffing
Mandatory Reading

President’s Cancer Panel Annual Report 2012-2013

ACCELERATING HPV VACCINE UPTAKE:
URGENCY FOR ACTION TO PREVENT CANCER

HOW TO ACCELERATE HPV VACCINE UPTAKE IN THE U.S.

- Reduce Missed Clinical Opportunities to Recommend and Administer Vaccines
- Increase Parents’, Caregivers’, and Adolescents’ Acceptance of HPV Vaccines
- Maximize Access to HPV Vaccination Services
## Create Action Plan

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Communications/Media Campaign</strong></td>
<td>Meet with Comm. to begin planning HPV message content and delivery.</td>
<td>Promotion of National Cervical Health Awareness Month.</td>
<td>Delivery of Communication messages for providers and general public. Teen vaccination week tentatively 3rd week of Feb.</td>
<td>Delivery of Communication messages for providers and general public. Summer-Avoid back to school rush (incorporate HPV vaccination with other adolescent vaccines)</td>
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<td><strong>AFIX Activities</strong></td>
<td>By looking at VFC Tdap/MCV4 orders, begin identifying VFC providers who see large number of adolescents.</td>
<td>IPCs begin Adolescent AFIX visits</td>
<td>IPCs conducting adolescent AFIX visits</td>
<td>IPCs conducting adolescent AFIX visits</td>
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<td><strong>Registry activities</strong></td>
<td>Meet with GRITS developers to discuss reminder/recall enhancement and coverage reports.</td>
<td>Development of GRITS reminder/recall and HPV coverage reports.</td>
<td>Feb–March: Testing of text messages and coverage reports.</td>
<td>Apr–May: Implementation of Text reminders &amp; HPV coverage reports.</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td>VTricks analyzed for Tdap and HPV VFC doses shipped in 2011, 2012, &amp; 2013</td>
<td>Initial PH clinic Adolescent CoCASA reports generated. 4th Quarter 2013 VTricks doses analyzed</td>
<td>1st Quarter 2014 VTricks doses analyzed.</td>
<td>PH clinics Adolescent CoCASA reports generated 6 months from initial report. VFC doses shipped reports analyzed for 2nd, 3rd, 4th quarters 2014.</td>
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Create Action Plan:

Turn Great Ideas Into Smart Objectives

• And assign the task to specific person or group

- Specific
  Not vague

- Measurable
  with numbers

- Attainable
  Possible to achieve

- Results-Oriented
  Tied to Goals

- Time-Bound
  Have an endpoint
Create Action Plan:

“This should be part of our cancer plan”

• State Comp Cancer program manager will have HPV vaccination coverage improvement added to the state cancer plan by March 2017.

“We need to motivate/educate clinicians”

• AAP & AAFP chapters will jointly hold HPV vaccination webinars on strategies to increase rates with first webinar to be scheduled for May.
Create Action Plan:

“Schools should tell parents about it”

• School nursing coordinator will assist school nurses with mailings in June to parents of 11-12 year olds about recommended vaccines.

“Use data to guide our activities”

• Immunization program will review ordering data for large practices and major health systems in area by January 2017 to prioritize AFIX visits and/or QI projects.
Create Action Plan:

“Let’s show the Someone You Love movie”

• Medical school and cancer center will jointly organize and host a screening with panel discussion about Someone You Love during the fall of 2016 with aim to have 300 people attend, including pediatricians and parents.

“We need to motivate/educate clinicians”

• AAP & AAFP chapters will jointly hold HPV vaccination webinars on strategies to increase rates with first webinar to be scheduled for May.
Communicate

Make a kit about the endeavor:

– “Why we’re doing this” one-pager
– Factsheets and infographics
– Matte articles
– Logos and other shareable images
– Clinician tip sheet
– Materials for parents
Communicate:

Bedazzle Your Data

HPV Vaccination IS THE BEST WAY TO PREVENT MANY TYPES OF CANCER. MANY ADOLESCENTS HAVEN’T STARTED THE HPV VACCINE SERIES.

Percentage of adolescent girls who have received one or more doses of HPV vaccine:

NATIONWIDE
4 OUT OF 10 GIRLS ARE UNVACCINATED

National average is 42%
- 20% or less
- 21-39%
- 40-49%
- 50% or greater

Percentage of adolescent boys who have received one or more doses of HPV vaccine:

NATIONWIDE
6 OUT OF 10 BOYS ARE UNVACCINATED

National average is 42%
- 20% or less
- 21-39%
- 40-49%
- 50% or greater

HPV BY THE NUMBERS - HPV vaccine IS cancer prevention, and YOU are the key. HPV vaccine is significantly underutilized in Iowa, and rates are lower than other adolescent vaccines. The data below includes your organization’s immunization rates which were extracted from the Immunization Registry Information System (IRIS). The data includes adolescent males and females 13 - 18 years of age. Compare your organization’s HPV rate with the state rate. Increase the consistency and the strength of how you recommend HPV vaccine. What you say matters, and how you say it matters even more. Together, we can protect Iowans from HPV-associated cancers and disease.

5 X
The increase in patient vaccine uptake when a health care provider strongly recommends HPV vaccine

262
The number of Iowans diagnosed with an HPV-associated cancer annually

81%
The percentage of HPV-associated cancers that can be prevented through 3 doses of HPV vaccine

Adair County Medical Clinic - Stuart

Organization’s HPV Vaccination Rates
- HPV 1: 40%
- HPV 2: 39%
- HPV 3: 38%

Organization’s Adolescent Immunization Rates
- Tdap: 98%
- Meningooccal: 57%

Iowa’s Adolescent Immunization Rates
- HPV 1: 34%
- HPV 2: 36%
- HPV 3: 39%
- Tdap: 66%
- Meningooccal: 52%

For more information or resources about HPV, visit the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines/recs/vacc-rec-hipv/default.htm. If you have questions regarding the Immunization assessment data, contact the Iowa Immunization Program at 1-800-834-6029.

www.cdc.gov/HPV
40 strategies to RAISE the RATES

INDIANA IS RATED 49th IN HPV VACCINATIONS
HERE IS WHAT WE PLAN TO DO ABOUT IT:

ADDRESS Health Disparities
1. Outreach to African American, Latino, Rural, and High Risk Communities
2. Targeted media - Recorder, Indy Latino, and NLMN publications
3. Targeted counties - Marion and Lake
4. Public Service Announcements
5. Editorials, stories, new releases
6. Black Expo and other health fairs
7. Community and advocacy groups
8. Rural Health Association lunch and learn

SEEK Expert Guidance
17. IU School of Medicine Center for HPV Research Experts
18. HPV Vaccination Research
19. Public Health Pediatrician
20. Cancer Care Indiana

IMPROVE Through Incentives
22. Collaboration with quality groups at MCOs, Medicaid, and healthcare networks
23. Advocacy for continuing education and certification
24. AFI followup visits to assess improvements
25. Recommendations for recognition through non-monetary rewards

INFORM the future
31. Third year medical student lunch and learn
32. Pediatric residency staff sessions
33. Pediatric Grand Rounds

PROMOTE Messages
34. Banner "WE CAN PREVENT CANCER"
35. CDC posters and "Ask how we can PREVENT CANCER" buttons
36. Newspaper advertisements and editorials
37. Public radio programming

PROMOTE OUTREACH at Conferences
38. Physician networking opportunities
39. Alumni Hospital
40. Indiana Rural Health Association
41. Indiana Primary Health Care Association
42. Summer health fairs

MENTOR & SUPPORT Primary Care Physicians
9. HPV vaccine toolkit
10. Physician’s role as influencer
11. Presumptive and effective recommendations
12. Clear answers to parent’s questions
13. Research summaries
14. Training emphasis on HPV vaccine at Assessment, Feedback, Incentives, and Education (AFI) visits
15. Performance measures information
16. One healthcare network & focus (IU Health) to replicate to other networks

ENGAGE Vaccine Champions
36. Peer-to-peer interventions in targeted medical offices
37. HPV experts presentations to colleagues
38. Roundtable discussion with experts

Communicate:

www.cdc.gov/HPV
Sustain

- Come together often
- Be interesting and be productive
- Utilize motivating HPV Champions as speakers
- Assign clear, achievable tasks that can be completed before the next meeting
- Provide ongoing communication
Evaluate

- Develop a plan for assessing progress
- Use data to refine action plan and tasks
- Report at regular intervals
- Change what isn’t working
- Celebrate success
The answer to “what can we do?”

WHAT SPECIFIC PARTNERS CAN BRING TO THE TABLE
What Health Departments Can Do

• Participate in faith-based health initiatives to have HPV vax info included
• Ask pharmacies to hang HPV vax posters next to other vaccine information
• Offer in-service or feedback visit to every pediatric/FP practice in local area
• State Medicaid office sends info to parents of 9-12 year olds
• Ask largest employers in area to send HPV vaccine and cancer screening info to employees
What Cancer Programs Can Do

• Include HPV vaccination as a priority and include in CCC State plan
• Analyze and share local data on HPV-related cancers
• Share survivor/caregiver stories
• Work with partners to promote HPV vaccination at other cancer events
• Ask local ACS chapter to co-sponsor events and/or co-brand materials/PSAs
What Cancer Centers Can Do

• Provide speakers for CME events for provider groups/grand rounds on why HPV vaccination is an urgent priority
• Sponsor a showing of “Someone You Love” for pediatricians and family physicians (offer CME credit)
• Write a letter to all family physicians and pediatricians on the urgency of HPV vaccinations
• Reach out to health system executives to encourage HPV vaccination initiatives
What Medical Society Chapters Can Do

• Include cancer specialists in conferences as speakers on why HPV vaccination is urgent
• Distribute to members (or mailing list) a letter from cancer center director about the urgency of HPV vaccination
• Identify and showcase providers with high HPV vaccination coverage
• Peer-to-peer sessions regarding best practices
• Lunch and learn sessions with clinic staff
• Distribute educational materials to offices

www.cdc.gov/HPV
What Pediatric and Family Medicine Practices/Clinics Can Do

- Every clinician knows their individual HPV vaccination rates
- Open scheduling up to 6 months in advance (like dentists do)
- Print registry of all 13 year old patients who haven’t initiated series and call/mail/text; repeat for series completion
- Send adolescent vaccine info to parents of all 10 y.o. patients
- Use CDC’s hold message scripts
- Use CDC web content syndication
- Utilize standing orders for nurses to administer HPV vaccine
- Offer nurse-only appointments or “no wait” walk in hours for 2nd/3rd doses
What Other Health Care Providers Can Do

- Pediatric dentists send info to parents of 9-12 year old patients
- Family dentists send info to all families about vaccination and oral cancer screening
- Ob-Gyns send letters to all patients about HPV vaccination and cervical cancer screening recommendations
- Ob-Gyns add HPV vaccine info to pap results
What Health Systems/Payers Can Do

• For Cervical Cancer Awareness Month in January, send postcards to moms with reminders for cervical cancer screening for themselves and HPV vaccination for their kids
• Send Tips & Timesavers and info on state/local rates to every pediatric/FP clinician in your plan
What Comms/PR/Marketing Can Do

• Pitch local radio stations to run CDC Radio PSAs
  – Local TV stations to run of CDC Video PSAS
  – Local movie theaters to run of CDC Vido PSAS
  – Local airports to post PSA-style ads
• Work with local university Greek system to take on HPV vaccination as their cause
• Encourage local book clubs skip a book one month and watch Someone You Love instead
What CBOs/NGOs Can Do

- Planned Parenthood clinics send HPV vax info to all patients
- Local Boys & Girls clubs, YMCA send info to all families on adolescent vax and cancer screening
- Local public health educators (AHEC) offer classroom lectures to health classes on vax and VPDs
What Schools/School Systems Can Do

- Have sports/camp physical forms changed to list all recommended vaccines
- Adolescent vaccine promotion at high school sporting event venues
- Send letters to parents of 11-12 y.o. students about recommended vaccinations
- Invite speakers to health classes to talk about vaccines and VPDs