Motivating Diverse Partners to Address HPV Vaccination Rates

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Every year in the United States 27,000 people are diagnosed with a cancer caused by HPV. That’s 1 case every 20 minutes.
State and county-level immunization coverage (completion rates) among 13-17 year-olds Jan-June 2015

<table>
<thead>
<tr>
<th></th>
<th>3+ HPV (female)</th>
<th>3+ HPV (male)</th>
<th>Tdap</th>
<th>MCV&lt;sub&gt;4&lt;/sub&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado*</td>
<td>42.10%</td>
<td>21.90%</td>
<td>90.20%</td>
<td>76.80%</td>
</tr>
<tr>
<td>CIIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adams</td>
<td>33.10%</td>
<td>20.50%</td>
<td>67.70%</td>
<td>65.90%</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>33.90%</td>
<td>22.00%</td>
<td>68.90%</td>
<td>69.50%</td>
</tr>
<tr>
<td>Denver</td>
<td>40.40%</td>
<td>30.20%</td>
<td>68.90%</td>
<td>70.40%</td>
</tr>
<tr>
<td>Douglas</td>
<td>27.30%</td>
<td>16.80%</td>
<td>76.60%</td>
<td>68.90%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>30.20%</td>
<td>19.30%</td>
<td>70.60%</td>
<td>68.00%</td>
</tr>
</tbody>
</table>
Denver Metro Alliance for HPV Prevention

Coordinated regional partnership funded by the Colorado Department of Public Health and Environment.

Led by:

- Denver Public Health
- Jefferson County Public Health
- Tri-County Health Department
- Colorado Children’s Immunization Coalition (CCIC)
- The Adult and Child Consortium for Health Outcomes Research and Delivery Science (ACCORDS)
Project Goals

The Alliance aims to increase HPV vaccination rates in Adams, Arapahoe, Denver, Douglas and Jefferson Counties through four approaches:

1. Forming an **Advisory Council** to promote and champion HPV vaccine education, promotion and awareness.
2. Developing **sustainable analytic infrastructure** to measure HPV vaccination rates and CIIS penetration.
3. Developing and implementing a **practice intervention** to increase adherence to national HPV vaccination guidelines.
4. Developing and implementing a targeted **communications plan** to increase knowledge about and demand for the HPV vaccine among parents/guardians of adolescents aged 11 to 17 years.
Alliance Structure

Denver Metro Alliance for HPV Prevention

- **HPV Advisory Council**
  Role: Stakeholders who provide feedback

- **Steering Committee**
  Role: Decision Makers

  - Communications Committee
  - Analytic Committee
  - Practice Intervention Committee
• Oversee, manage, and guide the overall Denver Metro Alliance for HPV Prevention grant, including the work of the Advisory council and subcommittees

• Develop an annual work plan and timeline to guide the work of the grant

• Ensure overall success of the project

• Sustain the Denver Metro Alliance for HPV Prevention after grant activities are complete
• Champion HPV vaccine education, promotion and awareness through common policy, systems and environmental approach across multidisciplinary agencies in the greater Denver metro area

• Strengthen interagency connections by aligning stakeholder goals and strategies that address challenges to increased HPV vaccination rates

• Sustain a collaborative working group for future HPV vaccination projects

• Contribute to identifying gaps, new needs and growth for the project
Currently no coordinated approach to monitor HPV vaccination rates and CIIS utilization

There is a need for consensus on uniform measures to accurately track impact

Developing a centralized Business Intelligence tool to address these concerns and ensure that data visualization is user-friendly

Inform and guide the work of the Alliance and its subcommittees with data reports
Preliminary Results

Denver County
Percent of 11-12 Year Old Residents in CIIS with 0 Valid HPV Vaccine Doses
Spatially Smoothed Census Tract Level Map

Legend
- [50 – 53%] (25 census tracts)
- [54 – 57%] (42 census tracts)
- [58 – 61%] (17 census tracts)
- [62 – 64%] (30 census tracts)
- [65 – 68%] (28 census tracts)
- No Data (2 census tracts)
Preliminary Results

Percent of Children with 0 Valid HPV Doses by County and Age Group

- Adams
- Arapahoe
- Denver
- Douglas
- Jefferson

% with 0 valid doses

11-12
13-17
Preliminary Results

Percent of 11-12 Year Olds by County and Number of Valid HPV Doses

- Adams
- Arapahoe
- Denver
- Douglas
- Jefferson

- % with 0 valid doses
- % with 1 valid dose
- % with 2 valid doses
- % with 3+ valid doses

Percent of 13-17 Year Olds by County and Number of Valid HPV Doses

- Adams
- Arapahoe
- Denver
- Douglas
- Jefferson

- % with 0 valid doses
- % with 1 valid dose
- % with 2 valid doses
- % with 3+ valid doses
Preliminary Results

Percent of Denver County Residents by Age Group, Insurance Status, and Number of Valid HPV Doses

- Medicaid
  - 11-12
  - 13-17

- Private Insurance
  - 11-12
  - 13-17

- Uninsured / Underinsured
  - 11-12
  - 13-17

Legend:
- % with 0 valid doses
- % with 1 valid dose
- % with 2 valid doses
- % with 3+ valid doses
• Develop and implement a strategic, integrated communication plan targeting parents/guardians of adolescents aged 11-12 years

• Advertisements on radio, print and social media

• Provide guidance and updates to the Alliance on the project’s overall communications strategy

• Creating a public information campaign to address attitudes and beliefs of parents and guardians
Communication Focus Groups

Her dream is to be a vet when she grows up.

His dream is to be an architect when he grows up.

The HPV vaccine is cancer prevention.
Ask your healthcare provider about getting your 11 or 12 year old sons & daughters vaccinated against HPV today.

The HPV vaccine is cancer prevention.
Ask your healthcare provider about getting your 11 or 12 year old sons & daughters vaccinated against HPV today.

immunize nevada.org
Communication Focus Groups

HPV vaccine is cancer prevention.

Talk to the doctor about vaccinating your sons and daughters against HPV.

For more information call your health care provider, school based health center, or 311.
Communication Focus Groups

BIKE HELMET

SHIN GUARDS

CANCER PREVENTION

HPV VACCINE IS CANCER PREVENTION.

ASK FOR IT FOR YOUR CHILD.

LEARN MORE
Communication Focus Groups

If there was a vaccine to prevent cancer, would you get it for your kids?

For more information about the HPV vaccine, talk to your child's healthcare provider, local health department or pharmacist. 1-800-275-0659 | www.immunize-utah.org
• Lack of a provider recommendation is a significant driver of low HPV vaccination rates

• Adapting previously developed toolkits and frameworks to engage providers and clinics and strengthen their recommendation for the HPV vaccination

• Will oversee LPHA’s implementation of toolkit
# Grant Timeline

## Denver Metro Alliance for HPV Prevention Grant Activities

<table>
<thead>
<tr>
<th>Year 1 Quarter 1 (July 2015)</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Intervention Committee</td>
<td>First committee meeting</td>
<td>Begin MOC and CME applications</td>
<td>Begin building provider toolkit and implementation strategy</td>
</tr>
<tr>
<td>Analytic Committee</td>
<td>First committee meeting</td>
<td>Begin reviewing data quality concerns and solutions</td>
<td>Begin reviewing appropriate measures</td>
</tr>
<tr>
<td>Communications Committee</td>
<td>First committee meeting</td>
<td>Research HPV media-related articles</td>
<td>Review existing campaigns</td>
</tr>
<tr>
<td>Yr 2 Quarter 1 (July 2016)</td>
<td>Quarter 2</td>
<td>Quarter 3</td>
<td>Quarter 4</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>-----------</td>
</tr>
<tr>
<td>Train LPHA nurses</td>
<td>Pilot toolkit with 25 clinics</td>
<td>Evaluate pilot</td>
<td>Implement toolkit in 25 more practices</td>
</tr>
<tr>
<td>Recruit practices based on BI tool maps/reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create reports for other committees</td>
<td>Continue creating maps for communications committee</td>
<td></td>
<td>Continue making adolescent report cards for practice committee</td>
</tr>
<tr>
<td>Plan areas of focus via BI tool maps/reports</td>
<td>Begin implementing campaign</td>
<td></td>
<td>Review BI tool maps and update campaign reach as needed</td>
</tr>
</tbody>
</table>

COLORADO CHILDREN'S IMMUNIZATION COALITION
Denver Metro Alliance for HPV Prevention Advisory Council
Why an Advisory Council?

• Many organizations already working on HPV immunization coverage
• Consistent messaging
• More effective and efficient delivery of results, programs and communications
• Pooling of resources
• Long-term, permanent change
Advisory Council Goals

• To **champion** HPV vaccine education, promotion and awareness through a common policy, systems and environmental approach across multidisciplinary agencies

• To **strengthen** interagency connections by aligning stakeholder goals and strategies that address challenges to increased HPV vaccination rates

• To **sustain** a collaborative working group for future HPV vaccination projects
Member Activities

• Contribute to identifying gaps, new needs, and growth for the Denver Metro Alliance for HPV prevention project
• Provide a lens to refine products and tools created by the Alliance
• Provide input on opportunities for policy change
• Share resources and lessons learned related to HPV prevention
• Disseminate materials created during the course of the project
Recruitment

• Identify lead organization/group to recruit members and plan group activates
• Identify key stakeholders
  – Research, local public health, immunization advocacy, youth organizations, schools
  – Utilize current relationships between key organizations
• Outline expectations and commitment
• Invite members and organizations individually
• Strong representation of all populations in the community
Engagement

- Plan meetings using input from the entire group, not just key members
- Invitations sent out on a consistent schedule
- Standard meeting format developed
- Concrete timeline and plan to demonstrate what next steps will be
- Use time wisely
- Location, location, location!
- Evaluation is key!
Meeting Format

• Welcome/Introductions

• Recap of last meeting
  – Allows high level recap of last meeting and discussion about progress for the overall project
  – Demonstrates how group input is being utilized for project

• Expectations for current meeting

• Breakout session
  – Allow for high levels of engagement and interaction between different individuals/organizations
  – Use facilitation methods proven to engage and involve each group member

• Wrap-up/Closing Remarks
Planning Timeline

- Initial invitation to meeting
  - 8 weeks prior
- 1st Reminder to RSVP
- Initial agenda ideas
  - 6 weeks prior
- 2nd Reminder to RSVP
- Input from steering committee
  - 4 weeks prior
- 3rd Reminder to RSVP
- Finalize agenda
- Identify small group facilitators
  - 2 weeks prior
- Meeting reminder w/ agenda
  - Week of meeting
Facilitation Methods

Fish Bone Method

Main Cause → Main Cause → Main Cause → Problem

Main Cause → Main Cause → Main Cause → Problem
Facilitation Methods

Five Whys
• Identify a cause of problem and address the questions as to “Why does this happen?”

Vaccination rates are low
Parents are hesitant to vaccinate
Education around safety and efficacy needed
Facilitation Methods

Low HPV vaccination rates

Data
- Rates differ based on metrics and inputs used
- Lack of qualitative data
- Lack of information sharing
- Adverse events data misunderstood
- What does "up to date" mean?
- CIS data not consistent
- Don't enter data into CIS

Community
- People do not know where to get vaccine
- Medical neighborhoods are not coordinated
- Lack of knowledge and misinformation about vaccine
- Stigma associated with HPV and STIs

Parents
- Denial that child will be sexually active or get HPV
- Think child is up to date when they are not
- HPV not required for school
- Multiple doses, need to come back for multiple visits

Clinics
- Consent issues with minors
- No common message about vaccine
- Patient-friendly
- Missing HPV uncomfortable subject
- Ped's offices don't see long-term health outcomes of pts
- VFC issues
- Vaccine cost/stocking cost
- Don't know or have difficulty implementing effective QI strategies for improving rates
- Variation between clinics
- Providers’ perceptions of parents’ perception of vaccine importance
- Scheduling issues

Prevention not a valued strategy
- Lack of school-based health centers
- Stigma associated with HPV and STIs

COLORADO CHILDREN'S IMMUNIZATION COALITION
Facilitation Methods

Barriers to increasing HPV vaccination rates the Denver Metro Alliance for HPV Prevention is addressing

Clinics
- Variation in practices
- Inability to know or to have capacity to implement effective QI strategies for improving rates
- No common message and coordinated effort
- Denial that child will be sexually active or will be at risk for cancer

Data
- Vaccination rates differ based on metrics and inputs used
- No common message and coordinated effort

Parents
- Need for common QI tool for managers
- Denial that child will be sexually active or will be at risk for cancer
- Lack of information sharing
- What does "up to date" mean?

Community
- Prevention not a priority
- Medical neighborhood not well coordinated
- Need for common QI tool for managers
- Perceptions of vaccine's importance

CIS data entry
- Not all clinics connected to CIS
- Need to come in for vaccine doses
- Medical neighborhood not well coordinated
- Need for common QI tool for managers

COLORADO CHILDREN'S IMMUNIZATION COALITION
### Evaluation Questions

<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>Organization of the meeting</td>
</tr>
<tr>
<td>Goals of the meeting</td>
</tr>
<tr>
<td>General level of participation at the meeting</td>
</tr>
<tr>
<td>Ability to voice your opinion during the meeting</td>
</tr>
<tr>
<td>Material was presented in a clear and effective manner</td>
</tr>
<tr>
<td>Facilitation of the meeting</td>
</tr>
<tr>
<td>Productivity of the meeting</td>
</tr>
<tr>
<td>Length of the meeting</td>
</tr>
<tr>
<td>Meeting location</td>
</tr>
<tr>
<td>Meeting space</td>
</tr>
<tr>
<td>Overall satisfaction</td>
</tr>
</tbody>
</table>

- Important to ensure group is not only engaged but also satisfied
- Allows for additional input
  - Time of next meeting
  - Specific needs of ongoing projects
  - Identification of new members
Lessons Learned

• Conflicting schedules
• Investment is different for each member of the group
• Difficult to ensure that each person in a group is able to vocalize opinions
• Be sure to allow enough time to cover all necessary topics
• Needs and wants of group members may vary
• Location/parking
• If you feed them, they will come!
Successes

• Level of diversity in participating individuals and organizations
  – Over 30 different organizations including local public health and other governmental agencies, schools, youth organizations, and non-profits
• 40 or more individuals at each meeting
• Advice from council has been integrated in to both tentative and current projects for each subcommittee
Summary

- Timeline is important
- Clear goals for each meeting are key
- Breakout sessions highly effective
- Show progress and integration of feedback
- Consistent and repetitive communication necessary
- Constant evaluation ensures success
- Don’t ignore any group input!
- Plan as far ahead as possible
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