“On the fly!”: Establishing the Need for and Capacity to Develop HPV Evidence-Based Policy Communication Tools

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Research Team

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What is Evidence-Based Policy Communication (EBPC)?
Background

• Race and economic disparities in cervical cancer incidence and death have persisted for years

• We can reduce or eliminate cervical cancer with HPV vaccination, screening, and treatment

• The policy climate is bad: few HPV vax requirements, little state funding for screening

• But state cervical cancer plans lack policy development and engagement capacity

• Can we engage the public and our partners in policy communication?
Goal: To Increase Adoption of Evidence-Based Cervical Cancer Policy Briefs

Science/Intervention Technology Push
- Integrated public health and policy evidence
- Validated messaging algorithm
- Piloted integrated policy brief for feasibility and effectiveness (per Brownson et al)

User Capacity to Create and Deliver Evidence-Based Policy Messages
- Web interface developed to facilitate use based on pilot feedback
- Repository of briefs developed from other communities to facilitate social influence
- Effectiveness studies among users and policy brief recipients

User Demand
- Needs assessment to understand and classify potential users and demand
- Continually adapt technology innovation to meet evolving need and user capacities
- Utilize social and professional networks to help drive demand
Study Objectives

1. Understand conceptualization of policy and evidence-based policy communication (EBPC)
2. Identify likely users of EBPC focused on HPV in Indiana
3. Identify the potential capacity to develop an online EBPC tool focused on HPV
Public health significance of cervical cancer and HPV in jurisdiction
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Key message #1
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- Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
- Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur.
- Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum

Key message #2
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- Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur.
- Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum

Potential figure/visual depicting key point

The ASK – What has to be done and by whom?
- Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur.
- Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est labor

Cervical Cancer
- Incidence Rate
  - 2004: <12
  - 2009: <10.5

- Mortality Rate
  - 2004: <7
  - 2009: <5

- HPV Vaccination Coverage Among Teens
  - 2006: <2.6
  - 2010: <0.3

- Adult Pap Test Within the Past 3 Years
  - 2007: 100.0
  - 2011: 100.0
  - 2009: <1.0

Policy
- Requires HPV Vaccine for Teens
  - 2007: <1.0
  - 2011: <1.0
  - 2009: <1.0
Our Sample

27 interviews with 30 key informants in Indiana
From October to December 2015

<table>
<thead>
<tr>
<th>Interview Sample</th>
<th>Interview Count</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Association</td>
<td>7 (25.9%)</td>
<td></td>
</tr>
<tr>
<td>Community Organization or Coalition</td>
<td>6 (22.2%)</td>
<td></td>
</tr>
<tr>
<td>Clinicians/Researchers</td>
<td>6 (22.2%)</td>
<td></td>
</tr>
<tr>
<td>Local Government</td>
<td>2 (7.4%)</td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td>2 (7.4%)</td>
<td></td>
</tr>
<tr>
<td>Individual Advocates</td>
<td>2 (7.4%)</td>
<td></td>
</tr>
<tr>
<td>State Government</td>
<td>1 (3.7%)</td>
<td></td>
</tr>
<tr>
<td>Elected Official</td>
<td>1 (3.7%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27 (100%)</strong></td>
<td></td>
</tr>
</tbody>
</table>
How did they Conceptualize Policy & EBPC?

- Most of the sample did **not** know what EPBC was or what it could look like
- **Conflation of public policy** with hospital policy, physician and parent behavior, private payer behavior
- **Conflation of policy communication** with education about HPV or vaccine
Conflation of Policy & EBPC

- Accurate Conceptualization of Policy and Policy Behaviors: State Legislation
- Administrative Action (Governor, Medicaid, ISDH)
- Advocacy Coalition Engagement/Grass Roots Engagement

Audiences:
Some Understanding that Grass Roots should Engage in Policy Behavior (Advocate for a Policy position). Others use Grass Roots just to Educate their Base.

Affiliates, Coalition, Partner Organizations, Legislators

Accurate Description of EBPC

Conflation of Public Policy with Hospital Policy, Physician and Parent Behavior, and Private Payor Behavior

Conflation of Policy Communication with Education about HPV or Vaccine

Audience: Doctors, Researchers, School Boards, Nurses, Public, Payors

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Policy Activity, Capacity, & Use of Evidence

- **Range** from *minimal* policy engagement to *full-time*
- Evidence *ranged* in delivery, type, and framing
- Capacity for EBPC for HPV was often *limited* by time, authority, knowledge, and efficacy
Current Policy
Communication Activity

Advocacy Engagement of the Base:

- Educational push out; tracking legislation, updates
- Advocacy behavior 'asks'
- Advocacy (inc media) consultation
- Provision of evidence for communication or models
- Aggregating evidence and to disseminate to base/members/affiliates
- Range of base control over content and delivery

Examples of EBPC:

- Policy Briefs and ‘report cards’
- Puts evidence in testimony
- Verbal statements (testimony not left behind)
- “Leave behinds” (pictures and bullet points); examples of evidence based practices
- Work group recommendations or organization policy statements

Advocacy Behavior ‘asks’:
- Letter to editor
- Media interview
- Call or email to policy maker
**Framing:**
- Around policy solutions
- Cancer, not sex
- As local as possible

**Delivery:**
- Story/narrative of human impact
- Facts/figures
- Images of real people
- Infographics
- Accessible (not too technical)
- Source credibility (audience specific)

**Evidence**

**Types:**
- Fiscal impact
- Comparative (by county or states), ranks
- Epidemiology (incidence, dx stage)
- Effectiveness of solutions (vax, R/R, screening)
- Audience specific and relevant
- Local and state wide; rural/urban
Organizational Policy Capacity:
• National infrastructure
• Policy FTE(s)
• Policy interns
• Policy committee (board level)
• Organizational culture
• Issue culture (Tobacco)
• Coalitions w/policy interest
• Individuals w/ interest
• Membership in policy oriented coalition

Capacity for EBPC
(Generally and for HPV specifically)

Advocacy Base Potential:
• None
• Learning
• Potential if training
• Engages when asked
• Statewide network of members or affiliates

Use vs. Development Capacity:
• No time
• No authority
• No knowledge
• Low self/org efficacy

Current Policy Communication Activity
## Potential Users by Capacity & Proximity to Policy Process

<table>
<thead>
<tr>
<th>In policy process full time</th>
<th>In policy process as needed</th>
<th>Called directly into policy process by others</th>
<th>Participates third party (letters, emails)</th>
<th>Minimal participation in policy process &lt;1x since 2013</th>
<th>Capacity for EBPC Development</th>
<th>Capacity for EBPC Use</th>
<th>Totals (% total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>High*</td>
<td>High</td>
<td>7(25.9)</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>High</td>
<td>Low</td>
<td>1(3.7)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>Medium</td>
<td>High</td>
<td>4(14.8)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>Medium</td>
<td>Medium</td>
<td>5(18.5)</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>Low*</td>
<td>Medium</td>
<td>3(11.1)</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>Low</td>
<td>Low</td>
<td>5(18.5)</td>
</tr>
<tr>
<td>9(33.3)</td>
<td>2(7.4)</td>
<td>6(22.2)</td>
<td>1(3.7)</td>
<td>9(33.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*political or organization limits to participation in policy process or in development of materials
What do you think we learned?
Lessons Learned

1. An online, user-built policy brief may not be used by most people (too much, too hard, no time)

2. BUT, pre-developed, fresh EBPC tools might be used (how many, what focus, ???)

3. Need for more structured learning opportunities – We need to teach our peeps!