

HPV Cancer Prevention Roundtable
MEMPHIS & SHELBY COUNTY

BBQ, Blues, HPV Vaccination, & YOU

September 24 and October 1
1:00-4:15 p.m. Central

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Welcome to the Memphis and Shelby County HPV Cancer Prevention Roundtable!

Dr. Heather Brandt
St. Jude HPV Cancer Prevention Program

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Memphis and Shelby County HPV Cancer Prevention Roundtable Planning Committee

- Cara Azhar, Memphis Medical Society and Memphis Pediatric Society
- Leanne Bailey, Merck
- Elizabeth Berardi, Tennessee Department of Health
- Dr. Jennifer Berger, Le Bonheur Children's Hospital
- Dr. Michelle Bowden, UTHSC and Le Bonheur Children's Hospital
- Dr. Heather Brandt, St. Jude Children's Research Hospital
- Berita Carney, Shelby County Health Department
- Rob Clark, St. Jude Children's Research Hospital
- Dr. Seok Won Jin, University of Memphis
- Ursula LeFlore, St. Jude Children's Research Hospital
- Dr. Ariel Long, Cherokee Health Systems
- Lauren McCann, Le Bonheur Children's Hospital
- Carol Minor, St. Jude Children's Research Hospital
- Julia Neely, St. Jude Children's Research Hospital
- LQ Rousseau, American Cancer Society
- Andrea Stubbs, St. Jude Children's Research Hospital
- Dr. Michael Ulm, West Cancer Clinic
- Michelle Whitlock, cervical cancer survivor and super advocate
- Dr. Tina Williams, Williams Comprehensive Health Care

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HPV vaccination is cancer prevention.

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HPV causes a significant health burden in the U.S. and right here in our community.

- Cervical cancer
- Oropharyngeal cancer
- Anal cancer
- Vulvar cancer
- Penile cancer
- Vaginal cancer
- Precancers of the cervix
- Genital warts
- Recurrent respiratory papillomatosis (RRP)

HPV vaccination is the best protection against 6 types of cancer.

- Cervical Cancer** (Preventable by early detection and HPV vaccination): 11,000 deaths
- Cervical Precancers** (Preventable by HPV vaccination): 196,000 cases
- Other Cancers Covered by HPV Vaccination** (Preventable by HPV vaccination): 14,000 deaths

PREVENT OVER 90% of HPV-associated cancers.

Good news! We have a vaccine that is safe, effective, and long-lasting to prevent HPV diseases.

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Opportunity for Impact

Up-to-Date HPV Vaccination Coverage among Adolescents Age 13-17 Years, 2020, National Immunization Survey-Teen

Rate of New HPV-associated Cancers, All HPV-associated Cancers, 2018-2019

Rate per 100,000 people

9.0-10.4 10.5-11.9 12.0-13.4 13.5-14.9 15.0-16.4

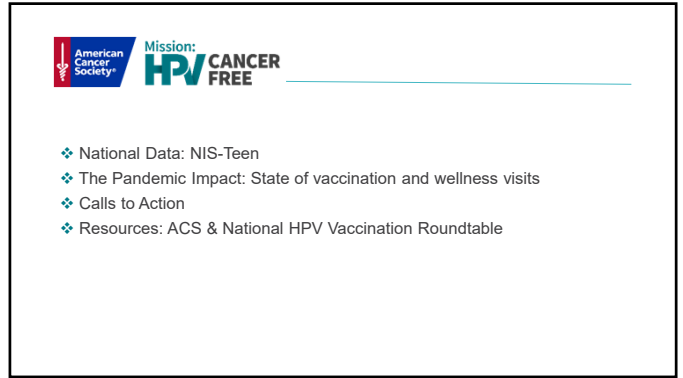
City & Territory Abbreviations

Data sources: Pappalardo, C., Tenkley, D., Eichen-Evers, L.D., et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Age 13-17 Years - United States, 2020. MMWR Morbidity and Mortality Weekly Report 2021;70:1163-1165. DOI: 10.1093/cdc/cnaa222. Centers for Disease Control and Prevention, Atlanta, GA. 2021. Evans, L.D., Tenkley, D., Shingleton, A., et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Age 13-17 Years - Outer States, 2018. Morbidity and Mortality Weekly Report 2020;69:1106-1116. DOI: 10.1093/cdc/cnaa222. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute. <https://gis.cdc.gov/Cancer/USCS/>. Released in June 2021.

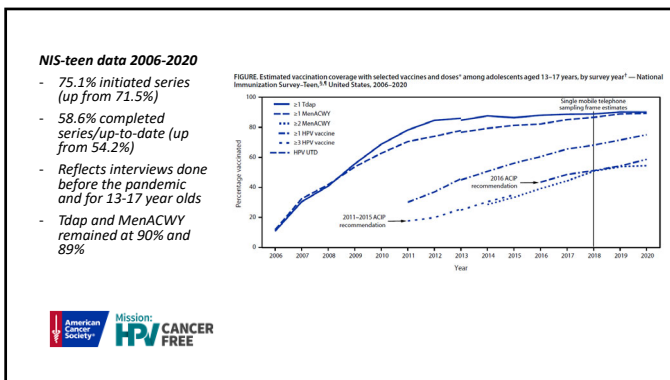
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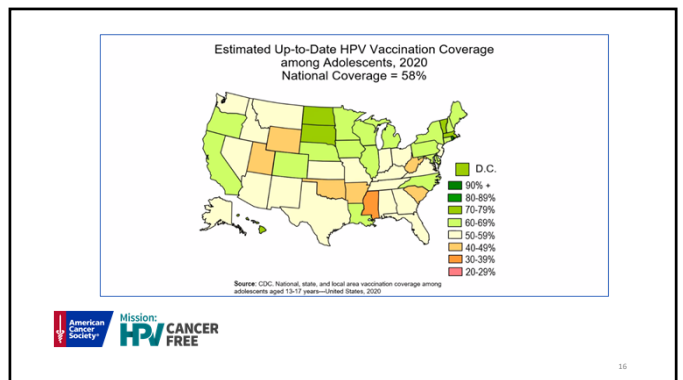
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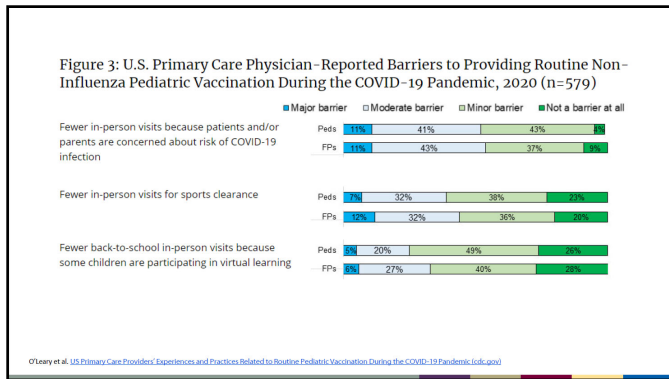
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Implications of Pandemic

- Cancelled or delayed well child visits
- Development & rollout of new clinic safety protocols
- Safer at home framework
- Virtual work & school; no or less need for sports physicals

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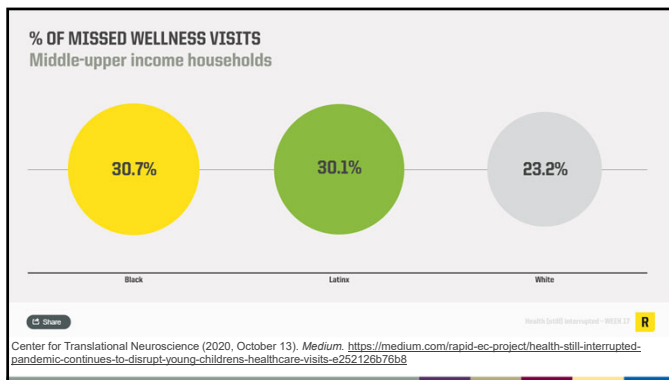


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Routine Adolescent Vaccines: CDC

- As of September 9, 2021, overall VFC provider orders (other than influenza) are down by almost 13 million doses compared to 2019.
- This gap is largest in vaccines primarily given to adolescents.
 - Tdap – down 14.7%
 - HPV – down 17.5% (about 1.4 million doses—just for public sector)
 - Meningococcal conjugate vaccine – down 12.3%

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COVID-19 vaccines and other vaccines **may now be administered without regard to timing**. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as coadministration within 14 days, for adolescents ages 12 and up.

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Call to Action: Activate Health Partners

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The time for action is now!

We need your help to close the adolescent vaccination gap

Health systems and providers can effectively close the vaccination care gap.

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Health systems are where the patients and providers are.

They are key partners to make impact.

- Hospitals
- FQHCs and State Primary Care Associations
- Payors
- Government and State Organizations

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Start With Data

- Review last 12-24 months of data
- Assess by geography, age, provider, if applicable
- Discuss systems and provider-level data
- Consider vaccine registry interoperability

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Recommended EBIs: HPV Vaccination

| Patient/Parent | Provider & Staff | Access |
|---|--|---|
| <ul style="list-style-type: none"> CLIENT REMINDERS PATIENT EDUCATION | <ul style="list-style-type: none"> PROVIDER REMINDERS / RECALL PROVIDER ASSESSMENT & FEEDBACK PROFESSIONAL EDUCATION STANDING ORDERS | <ul style="list-style-type: none"> REDUCE BARRIERS Modify hours of service Nurse only visits Schedule 2nd dose at visit Start at 9 years of age |

Abdulahi LH, Kagira BM, Nize VN, Hussey GD, Wilyonge CL. Improving vaccination uptake among adolescents. Cochrane Database Syst Rev. 2020 Jan 17;1(1):CD011895. doi: 10.1002/14651858.CD011895.pub2. PMID: 32078250; PMCID: PMC6984654. The Community Guide www.thecommunityguide.org

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What Can Health Systems Do?

| Communicate Proactively to Families | Activate Reminder/Recall Efforts | Miss No Opportunity to Vaccinate |
|---|---|---|
| <ul style="list-style-type: none"> Office safety measures Availability of appointments Activate multiple channels to communicate with parents including calls, texts, emails, and patient portals Review all opportunities to create consistent messaging and activation (Providers, Parents, Public) | <ul style="list-style-type: none"> Review current adolescent rates by site and provider Pull overdue and newly due patient lists Send letters/emails inviting patients in for annual well-child visits and immunizations Call patients to schedule well-child and immunization visits | <ul style="list-style-type: none"> Educate all care team members on the growing vaccination gap Use standing orders to increase immunization capacity Recommend all ACIP-recommended vaccines at every visit Consider recommending HPV vaccination starting at age 9 Expand hours and locations for well-child and immunization-only visits |

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HPV Vaccination Resources

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Resources for Parents and the Public

- [Take a Shot at Cancer](#)
- [Protecting our Children from HPV Cancers](#)
- [Don't Wait to Vaccinate](#)
- [HPV Vaccination: Just the Facts](#)
- [HPV info and materials in Spanish](#)

**All parent documents can be co-branded with a licensing agreement.*

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Health Systems Messaging Toolkit

- Infographics
- Communication Content
- Social Media Shareables
- Health System + Parent Video Playlists
- Promising Practices
- Letter Templates
- [Combating Vaccine Misinformation](#)
- [hpvroundtable.org/action-guides](#)
- Much more!

<https://hpvroundtable.org/get-involved/health-systems>

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HPV ROUNDTABLE RESOURCE LIBRARY

hpvroundtable.org/resource-library/

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HPV Vaccination In the Memphis Metro

9.24.2021 **Seekwon Jin, PhD, MSW, MA**
Associate Professor
School of Social Work

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HPV Vaccination Project

| Study 1 | | | Study 2 | | |
|-----------------|--|------------------|-----------------|---|------------------------------|
| Project | HPV Vaccination in African American Communities | | Project | HPV Vaccination in the Memphis Metropolitan Area | |
| Location | Shelby Co., TN | | Location | Shelby Co. (TN), Tipton Co. (TN), & DeSoto Co. (MS) | |
| Funding | College of Arts & Sciences, The UofM | | Funding | West Cancer Foundation | |
| Data Collection | Face-to-face interview | Zoom interview | Data Collection | Online survey | Online survey |
| Period | 8/2019 – 2/2020 | 10/2020 – 5/2021 | Period | 3/2021 – 5/2021 | 3/2021 – 5/2021 |
| Participant | 26 community health workers + 22 African American dads + 11 African American moms (of unvaccinated children aged 11-17) | | Participant | 497 parents of children aged 11-17 | 417 UofM students aged 18-26 |

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Study 2: Parent Survey

| Project | HPV Vaccination in the Memphis metropolitan area | | |
|-----------------|---|------------------------------|---|
| Location | Shelby Co. (TN), Tipton Co. (TN), & DeSoto Co. (MS) | | |
| Funding | West Cancer Foundation | | |
| Data Collection | Online survey | Online survey | Zoom interviews |
| Period | 3/2021 – 5/2021 | 3/2021 – 5/2021 | 5/2021 |
| Participant | 497 parents of children aged 11-17 | 417 UofM students aged 18-26 | 6 unvaccinated UofM students aged 18-26 |

Seekwon Jin, PhD, MSW
Associate Professor
The UofM

Heather Brandt, PhD
Director of HPV CFP
St. Jude Hospital

Sohye Lee, PhD, RN
Assistant Professor
The UofM

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Research Question

RQ1.

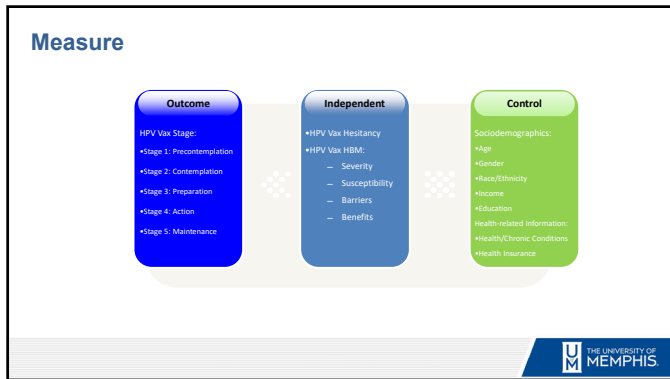
What are characteristics of stages of change for HPV vaccination?

RQ2.

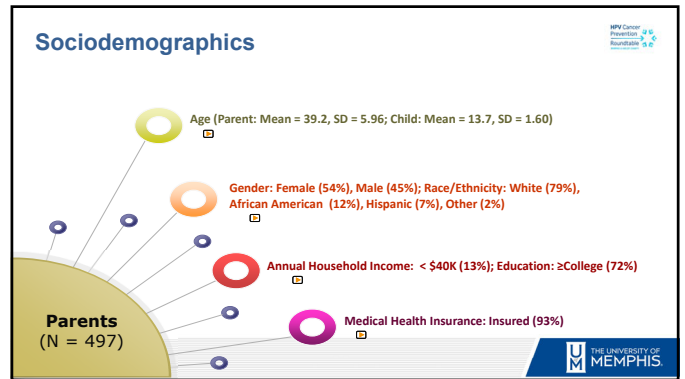
What factors are associated with the stages of change for HPV vaccination?

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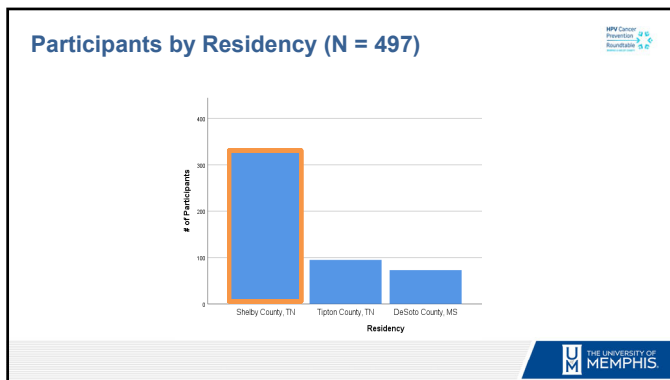
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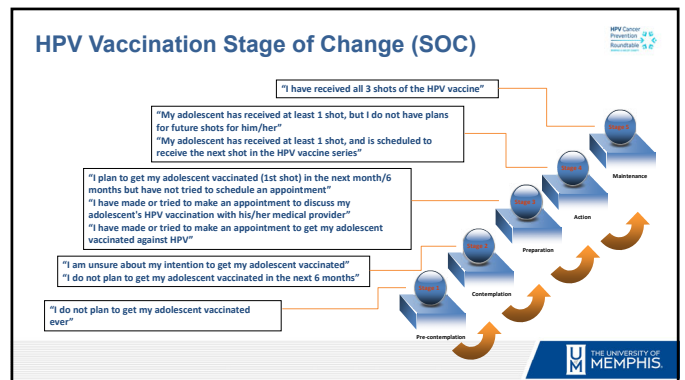
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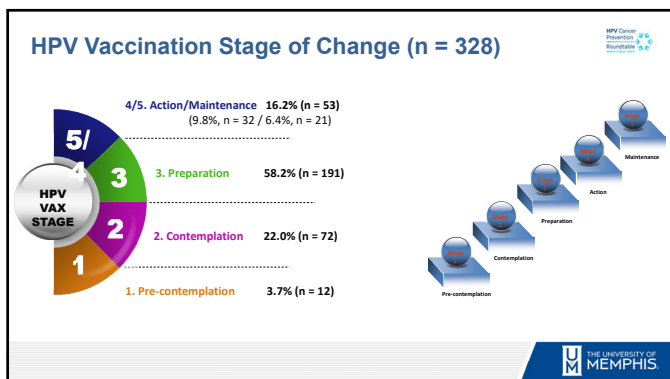
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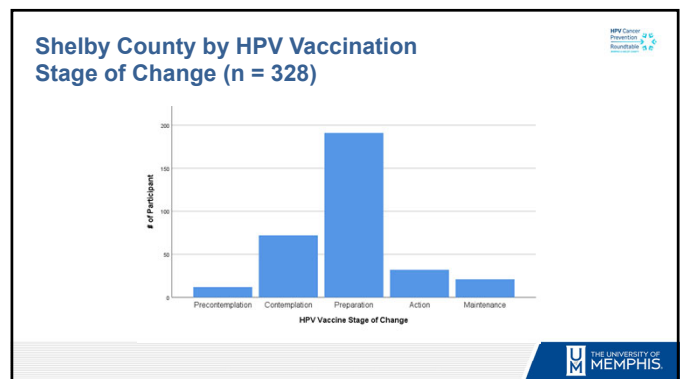
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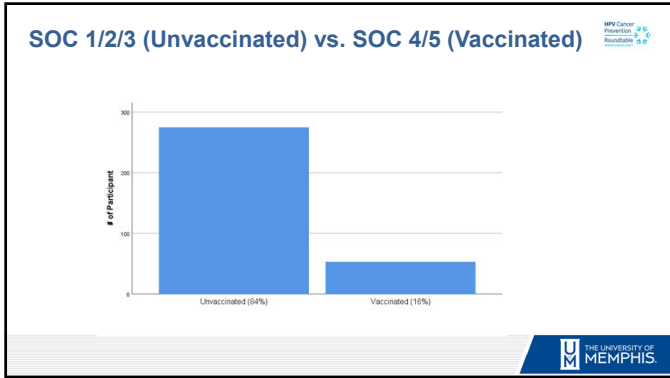
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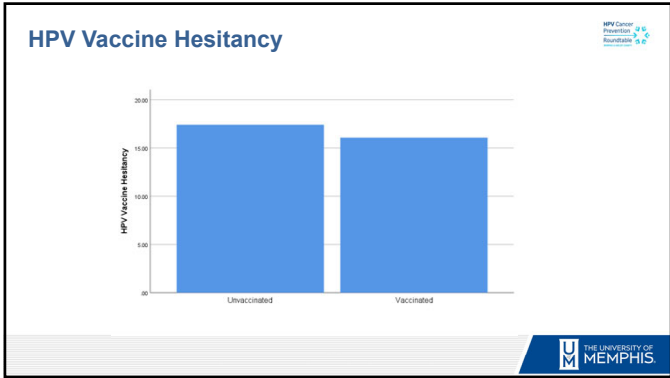
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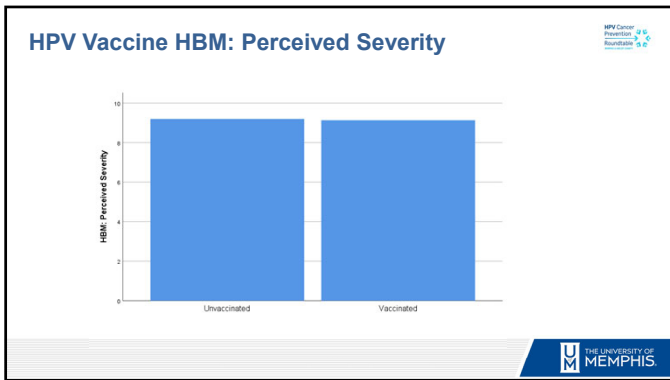
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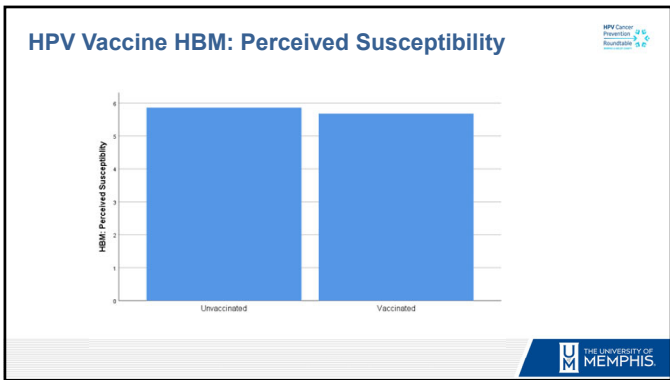
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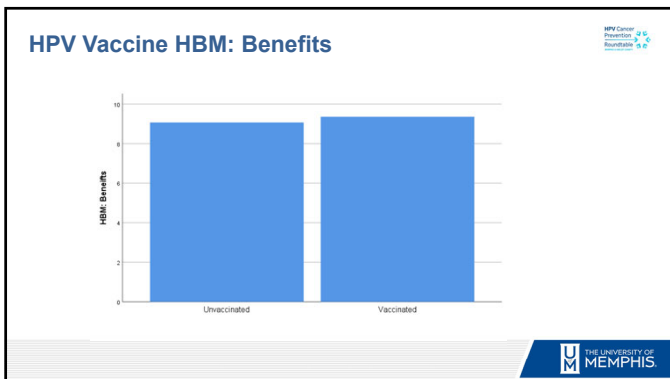
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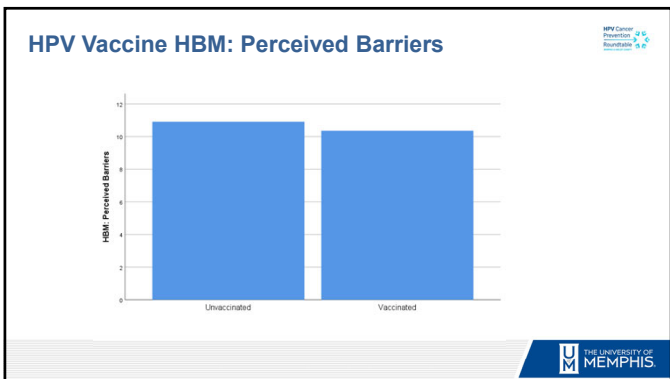
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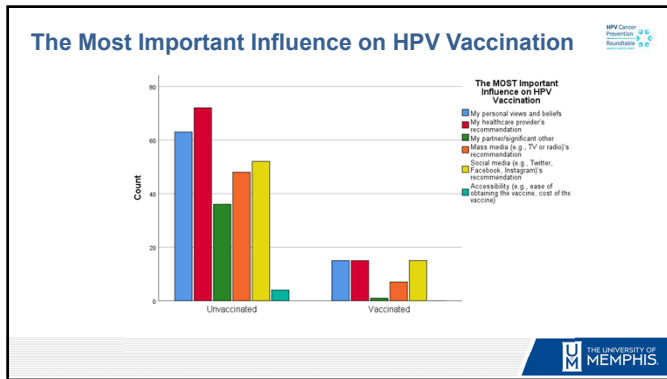
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- ### Implications for Action
- Reducing barriers to HPV vaccination:
 - ✓ HPV Vaccine Hesitancy
 - ✓ HPV-related Beliefs
 - Enhancing facilitators to HPV vaccination:
 - ✓ Healthcare provider's recommendation
 - ✓ Social media-based approaches

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IF YOUR KID ASKS FOR THEIR OWN CELL PHONE,
IT MAY BE TIME FOR THEIR HPV VACCINATION

Thank You!

Seokwon Jin, PhD, MSW, MA
Associate Professor
School of Social Work

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The Local Perspective of HPV vaccination: Where do we go from here?

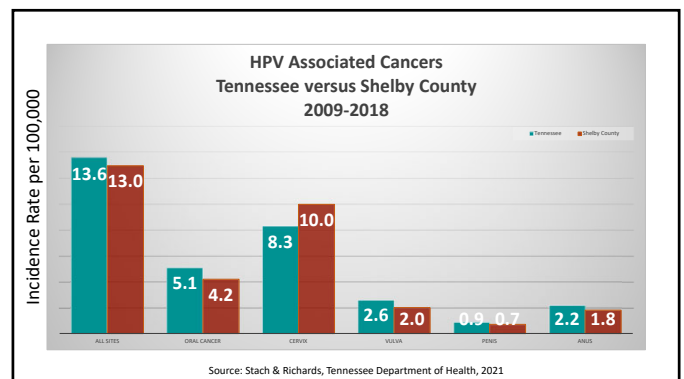
Jennifer Cunningham-Erves, PhD, MPH, MAED, MS

Meharry Medical College

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- ### Objectives
- Overview of HPV Cancers in Shelby County, TN
 - Recap of HPV vaccination rates
 - Vaccine Confidence Issues
 - Potential Strategies to Improve Confidence

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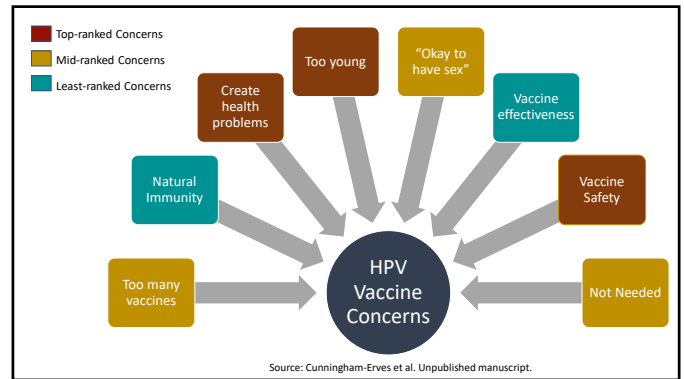
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HPV Vaccine Rates in Tennessee

- Improving vaccine rates is necessary to reduce HPV-attributable diseases.
- Tennessee vaccination rate is at 52.9%.
- Shelby County vaccination rate is 2.31%.
- Parental HPV vaccine hesitancy is a growing public health problem, increased from 50.4 to 64.0% from 2012-2018.

Source: Centers for Disease Control and Prevention, 2021; Sonawane et al. 2021; Stach & Richards, 2021

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Looking at safety more in depth...


| Impact on Child | |
|-----------------------------|--|
| <input type="checkbox"/> | Unaware of effect on vaccine on child |
| <input type="checkbox"/> | Unaware of effect on child's underlying medical conditions |
| <input type="checkbox"/> | Create Health Issues |
| <input type="checkbox"/> | Autism |
| <input type="checkbox"/> | Infertility |
| <input type="checkbox"/> | Neurological Issues |
| <input type="checkbox"/> | Seizure and comas |
| Vaccine | |
| <input type="checkbox"/> | Ingredients |
| <input type="checkbox"/> | Unaware of or Question Development Process |
| Lack of trust in Government | |

Source: Cunningham-Erves et al. Unpublished manuscript.

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"I'm unclear about it. I guess why it's needed for children, like my son, because he is medically fragile special needs. So I'm unclear about why he might need it because I don't really know much about HPV."  ~Parent with Special Needs Child

 "You know the doctors got a half foot out the door because they're ready for their next appointment and you know. I just felt like I had a lot of questions in the short answers I was getting it just didn't make me feel comfortable." ~Parent of Male Adolescent

"I already had concerns about the vaccine and it was developed and works. Now with how quick they are making this new one, I question the HPV, all vaccines."  ~Parent with Female Adolescent

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Strategies to Improve Vaccine Confidence

- Enhanced Provider Communication
- Parent Champions
- Tailored Messaging
- Incorporation of Researcher Talks into Community
- Implementation of Community-Engagement
- Identify and Implement Trust Building Strategies

Source: Cunningham-Erves et al. Unpublished manuscript.

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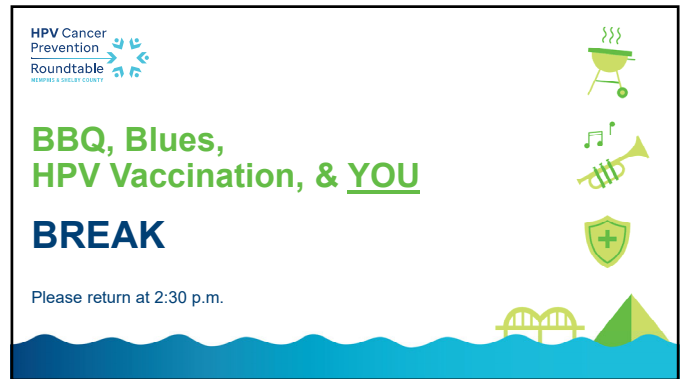
Conclusion

- Vaccine hesitancy is a public health threat!
- A multi-level approach is necessary to increase HPV vaccine confidence.
- Tailored and targeted approaches are necessary to meet the needs of individuals, groups, or local context.
- Key stakeholders especially the community should be at the table when strategies are being developed and implemented.

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“I’ll take you there” – The Staples Singers: Putting what works into practice

Moderators:

- Dr. Michelle Bowden, University of Tennessee Health Science Center and Le Bonheur Children’s Hospital
- Dr. Jennifer Berger, Le Bonheur Children’s Hospital

Presenters:

- Dr. Susan Vadaparampil, Moffitt Cancer Center
- Dr. Marcie Fisher-Borne, American Cancer Society
- Dr. Melissa Gilkey, University of North Carolina at Chapel Hill
- Dr. Rebecca Perkins, Boston University and National HPV Vaccination Roundtable
- Dr. Bowden and Dr. Berger

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Putting What Works into Practice

Susan T. Vadaparampil, Ph.D.
Associate Center Director, Community Outreach Engagement & Equity
Moffitt Cancer Center

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About Moffitt

- Free Standing Comprehensive NCI Designated Cancer Center
- Located in Tampa, FL
- Catchment area is West Central Florida (15 counties)
- Provide mainly clinical cancer care (some screening)
- Generally, we see adult patients
- HPV has been a longstanding research, outreach, and policy priority supported by our community and our team members

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What Works? Provider Recommendation

- Partner:**
 - American Cancer Society
 - Lakeland Regional Hospital
- Evidence Based Intervention:**
 - Provider Communication
- Approach:**
 - Partner with physicians from that health system
 - Model the actual strategy
 - Offer CME

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What Works? Reminder Recall; Assessment and Feedback; Provider Recommendation

- Partner:**
 - Comprehensive Cancer Program
 - DCH Immunization Program
 - Local Health Departments
 - VFC Providers
 - American Cancer Society
- Evidence Based Intervention:**
 - Provider Communication
 - Assessment and Feedback
 - Reminder/recall
- Approach:**
 - Partner with VFC Providers
 - Leverage State Immunization Registry Data

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What Works? Community Outreach

- Partner:**
 - Community organizations
 - Local clinics
- Intervention:**
 - Community Education
- Approach:**
 - In person
 - Digital

| FY 21 | FY 22 (to date) |
|----------------------------------|---------------------------------|
| 11 HPV/Cervical Cancer workshops | 5 HPV/Cervical Cancer workshops |
| 6 Spanish, 5 English | 3 Spanish, 2 English |
| 83 people reached | 24 people reached |

Community Partners for Workshops in FY 21: Lee Davis Community Center | Salvation Army Rehabilitation Center | Hispanic Services Council | Intercultural-Advocacy Institute | Ventanilla de Salud Consulado de Mexico

HPV Social Media Campaign: June 2021 – July 2021
 435,295 impressions | 48,214 views | 97 post reactions

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What Works? Policy Changes (not just laws)

- Partner:**
 - Government Relations Team
 - Policy Makers
 - Community Leaders
- Intervention:**
 - National Policy
 - State Goals
 - Local Proclamations
- Approach:**
 - Meetings
 - Editorials/letters
 - Issue briefs
 - Position statements

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Lessons Learned


- OPPORTUNITIES EXIST EVERYWHERE
- OFTEN COORDINATION IS LACKING
- CHANGE TAKES TIME
- SOMETIMES YOU LEAD AND SOMETIMES YOU FOLLOW
- YOU HAVE TO BE AROUND AND IN IT FOR THE LONG TERM

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Engagement is beyond your "day to day"

Goal is to improve HPV vaccine rates

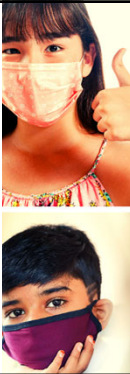
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HPV VACs Projects: What Works

Dr. Marcie Fisher-Borne
 Managing Director, Interventions and Implementation
 Office of Cancer Research and Implementation

September 24, 2021



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VACs QI Project Overview

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What is the HPV VACs QI Project?


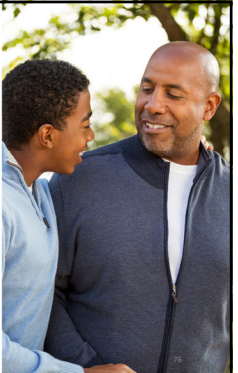
HPV VACs (Vaccinate Adolescents against Cancers) interventions are quality improvement projects to increase HPV vaccination rates and eliminate missed vaccination opportunities through improved clinical processes and systems.

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VACs QI Project Goals

- Increase on-time HPV vaccination
- Use data to inform all aspects of the project
- Implement effective evidence-based interventions
- Secure leadership support for practice changes
- Create a comprehensive quality improvement action plan led by core team including ACS staff
- Create a culture of team-based quality improvement
- Execute sustainable and meaningful process improvement





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Partnering with Health Systems to Improve Cancer Outcomes through Quality Improvement

Quality improvement (QI) is a process that leads to continuous improvement of healthcare services.

Evidence-based Interventions (EBIs) are QI strategies that are proven to be effective at increasing cancer prevention efforts.




cancer.org 77

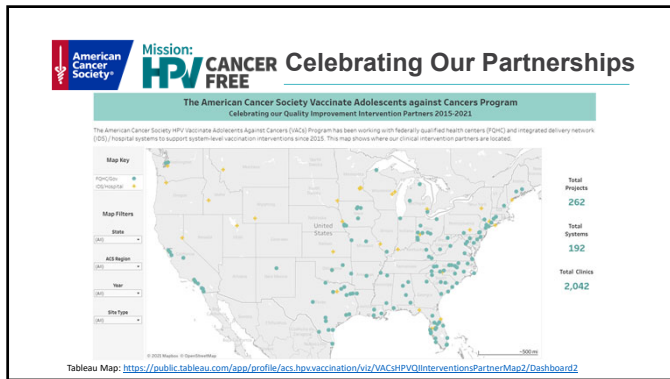
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Role of ACS Cancer Control Staff

| | |
|---------------------|---|
| Serve | Serve as a Quality Improvement (QI) practice coach |
| Integrate | Integrate intervention into system's QI structure |
| Support/Deliver | Support/Deliver provider and staff training and recruit external presenters |
| Connect | Connect partner to external local, state, and national resources |
| Champion | Champion collection and discussion of project data and required paperwork |
| Continuous Learning | Participate in internal ACS monthly learning collaborative |



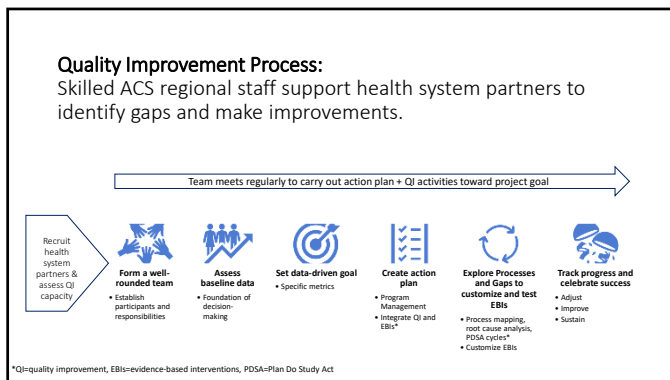
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Steps for Increasing HPV Vaccination in Practice

An Action Guide to Implement **Evidence-based Interventions** in Clinical Practice

[Steps Guide Link](#)

- Toolkit+
- Road map
- Portal to resources

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Steps for Increasing HPV Vaccination in Practice

Your clinic system may not initially tackle every step. Steps 1-3 can help you build capacity to implement the evidence-based strategies in Step 4. Consider starting with one or two strategies that are most realistic for your clinic.

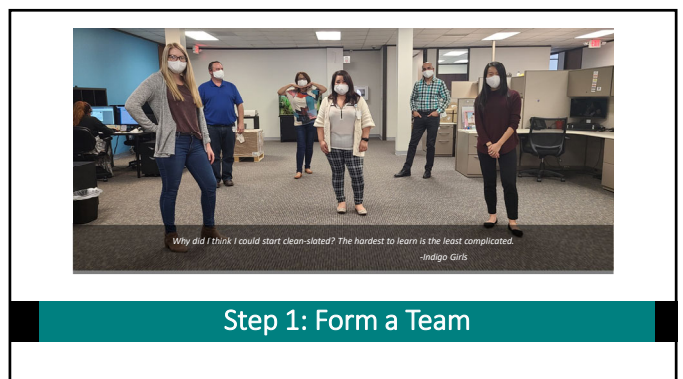
Step #1 Assemble a Team

Step #2 Make a Plan

Step #3 Engage & Prepare All Staff

Step #4 Get Your Patients Vaccinated By Their 13th Birthday

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Key QI Team Members

- Health System Leadership
- Health System Core Team
 - Clinical champions, QI leads, IT, Front desk, admin, etc.
- ACS Staff
- Clinic-Specific Champions
- All Health System Staff
- Who else?

Who may you need to add to your team?

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Characteristics of an Effective QI Team

- Empowered and engaged
- Use QI methods
- Involve members from all areas of the system
- Meet regularly (schedule regular meetings ahead of time)
- Communication plan
- Action plan with clear vision

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Steps for Increasing HPV Vaccination in Practice: Step 2: The Plan

Your clinic system may not initially tackle every step. Steps 1-3 can help you build capacity to implement the evidence-based strategies in Step 4. Consider starting with one or two strategies that are most realistic for your clinic.

- Step #1 Assemble a Team
- Step #2 Make a Plan
- Step #3 Engage & Prepare All Staff
- Step #4 Get Your Patients Vaccinated By Their 13th Birthday

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Start With Data

- Review last 12-24 months of data
- Assess by geography, age, provider, if applicable
- Discuss systems and provider-level data
- Consider vaccine registry interoperability

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Data Considerations

- Where is your data coming from?
- What time period, age group and sex are you focusing on?
- Is data reflecting system, clinic or provider level data?
- Do you trust this data?
- What conclusions can be drawn when looking at this data?
- Does the data surprise you?
- Are you setting goals based on data we have available?

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Health System Rate Report

2020 HPV Vaccination Quality Improvement Project

| Your System's Impact on HPV Vaccination Rates in 2020 | | | |
|---|------|-----------------------|--------|
| Initiation Rate (9/15/20) | 1.7% | Providers Trained | 108 |
| Completion Rate (9/15/20) | 1.4% | Sites Participating | 37 |
| | | Total Active Patients | 31,491 |

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Aim Statement: Where do we want to go?

Specific
What do you want to do?

Measurable
How will you know when you've reached it?

Achievable
Is it in your power to accomplish it?

Realistic
Can you realistically achieve it?

Timely
When exactly do you want to accomplish it?

What?
By how much?
When?
Who?
Where?
Why?

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Action Plan: How will we get there?

- Living document
- Integrate QI and EBIs
- Key stakeholder buy-in
- Be specific and thorough

| | Activity | Timeline | Person/People Responsible |
|----------|----------|----------|---------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 etc... | | | |

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Strong Provider Recommendation: *Necessary for any intervention to work*

A **strong provider recommendation** from a child's healthcare provider is the **most significant factor** in a parent's decision to vaccinate their children.

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*Opat et al. "Presumptive Recommendation"

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All Staff Engagement is Critical to Success

All guides are available online for free download at hpvroundtable.org/action-guides.

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Resources for Parents and the Public

- [Take a Shot at Cancer](#)
- [Protecting our Children from HPV Cancers](#)
- [Don't Wait to Vaccinate](#)
- [HPV Vaccination: Just the Facts](#)
- [HPV info and materials in Spanish](#)

**All parent documents can be co-branded with a licensing agreement.*

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Your clinic system may not initially tackle every step.

Steps 1-3 can help you build capacity to implement the evidence-based strategies in Step 4.

Consider starting with one or two strategies that are most realistic for your clinic.

Steps for Increasing HPV Vaccination in Practice:

Step 4: Interventions

- Step #1 Assemble a Team
- Step #2 Make a Plan
- Step #3 Engage & Prepare All Staff
- Step #4 Get Your Patients Vaccinated By Their 13th Birthday

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Evidence-based Interventions (EBIs)

Best when done in combination!

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Recommended EBIs: HPV Vaccination

| Patient/Parent | Provider & Staff | Access |
|---|--|---|
| <ul style="list-style-type: none"> CLIENT REMINDERS PATIENT EDUCATION | <ul style="list-style-type: none"> PROVIDER REMINDERS / RECALL PROVIDER ASSESSMENT & FEEDBACK PROFESSIONAL EDUCATION STANDING ORDERS | <ul style="list-style-type: none"> REDUCE BARRIERS <ul style="list-style-type: none"> Modify hours of service Nurse only visits Schedule 2nd dose at visit Start at 9 years of age |

Abdulahi LH, Kagira BM, Nduu VN, Hussey GD, Wilyong CL. Increasing vaccination uptake among adolescents. Cochrane Database Syst Rev. 2020 Jan 17;1(1):CD011895. doi: 10.1002/14651858.CD011895.pub2. PMID: 32070250. PMCID: PMC6988654. The Community Guide www.thecommunityguide.org

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The Pandemic Impact

Adolescent Vaccines and Wellness Visits

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Implications of Pandemic

- Cancelled or delayed well child visits
- Development & rollout of new clinic safety protocols
- Safer at home framework
- Virtual work & school

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% OF MISSED WELLNESS VISITS
Middle-upper income households

| Race | % of Missed Wellness Visits |
|--------|-----------------------------|
| Black | 30.7% |
| Latinx | 30.1% |
| White | 23.2% |

Center for Translational Neuroscience (2020, October 13). Medium. <https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8>

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What Can Health Systems Do?

| Communicate Proactively to Families | Activate Reminder/Recall Efforts | Miss No Opportunity to Vaccinate |
|---|---|---|
| <ul style="list-style-type: none"> Office safety measures Availability of appointments Activate multiple channels to communicate with parents including calls, texts, emails, and patient portals Review all opportunities to create consistent messaging and activation (Providers, Parents, Public) | <ul style="list-style-type: none"> Review current adolescent rates by site and provider Pull overdue and newly due patient lists Send letters/emails inviting patients in for annual well-child visits and immunizations Call patients to schedule well-child and immunization visits | <ul style="list-style-type: none"> Educate all care team members on the growing vaccination gap Use standing orders to increase immunization capacity Recommend all <u>ACIP</u>-recommended vaccines at every visit Consider recommending HPV vaccination starting at age 9 Expand hours and locations for well-child and immunization-only visits |

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The time for action is now!

We need your help to close the school-age vaccination gap.



Health systems and providers can effectively close the vaccination care gap.

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Key Resources



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Resources



[ACS Key Resources Page](#) [National HPV Roundtable Resource Library](#) [CDC HPV Vaccination Information page](#)

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EXPLORING MARS IS ON HER TO-DO LIST. IS PROTECTING HER FROM CANCER ON YOURS? [Learn how at cancer.org/donorsbig](#)

DESIGNING SKYSCRAPERS IS ON HIS TO-DO LIST. IS PROTECTING HIM FROM CANCER ON YOURS? [Learn how at cancer.org/donorsbig](#)

THANK YOU!

Marcie.fisherborne@cancer.org


American Cancer Society Mission: **HPV CANCER FREE**

Our VACs Program is supported in part by Centers for Disease Control and Prevention Cooperative Agreement #6 NU38OT000283. [cancer.org](#) | 1.800.227.2345

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What proportion of Tennessee parents received an HPV vaccine recommendation for their age-eligible adolescents?

To participate:
Go to www.menti.com and use the code 7569 0594
Go to <https://www.menti.com/kafpcii6x5>
Scan the QR code with your phone camera



RRG, BLUES, HPV, VACCINATION, & YOU.

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Communicating Confidence

Tips for Recommending HPV Vaccination in Primary Care

Melissa B. Gilkey, PhD, University of North Carolina at Chapel Hill

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Background

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Provider recommendations matter

Adolescents who receive a recommendation have **10x higher odds** of starting the HPV vaccine series

Recommendations are more powerful than


- Parents' vaccination beliefs
- Race/ethnicity
- Education

National Immunization Survey—Teen, 2019. Elam-Evans, et al., 2019, *MMWR* © hpvIQ.org 111

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We can improve recommendations

- Only 77% of TN parents report receiving recommendations
- Some providers recommend HPV vaccine weakly, late or not at all
- Training providers to improve their recommendations can increase HPV vaccine uptake



National Immunization Survey—Teen, 2018. Walker, et al., 2019, *MMWR* © hpvIQ.org 112


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Building communication skills

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Share 3 steps for effective communication

- Use presumptive announcements
- Address parents' main concerns
- Try again another day if needed



Brewer, et al., 2017, *Pediatrics*. Malo, et al., 2018, *Implementation Science*, © hpvIQ.org 114

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Step 1. Use a presumptive announcement

A presumptive announcement assumes a family is ready to vaccinate

The provider should treat HPV vaccine just like other vaccines

- Focus on cancer prevention
- Put HPV cancers in the middle of the list to normalize HPV vaccination
- Offer same-day vaccination

© hpvIQ.org 115

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How to give a presumptive announcement

Note child's age

Announce children this age are **due** for vaccines that prevent several diseases, placing HPV cancers in **middle of list**

Say you will vaccinate **today**

Now that Sophia is 11, she's due for 3 vaccines to protect against meningitis, HPV cancers, and pertussis. We'll give them at the end of the visit.

Slide adapted from the Announcement Approach Training, courtesy of Dr. Brewer © hpvIQ.org 116

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If a parent is hesitant...

Step 2. Ask for their main concern

Some parents will have questions

But hesitancy doesn't mean no

- Ask what their **main concern** is
- Use a research-tested message to address hesitant parents

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Use research-tested messages for hesitant parents

The messages were tested in research with ~1,200 parents

- These messages are short so you can remember the main points
- Build on these based on what you know about HPV vaccination

Shah, et al., 2019, *Pediatrics* © hpvIQ.org 118

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AGE
"Kids respond more strongly to HPV vaccine when they are younger. This may give better protection against some cancers."

SEX
"This really isn't about sex. The HPV vaccine is about preventing cancer."

REQUIREMENTS
"School requirements don't always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers."

BOYS
"HPV infections don't care if you're a boy or girl. The virus can cause cancer and many other diseases."

SAFETY
"This vaccine is one of the most studied medications on the market. The HPV vaccine is safe, just like the other vaccines given at this age."

© hpvIQ.org 119

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If you hear "no"...

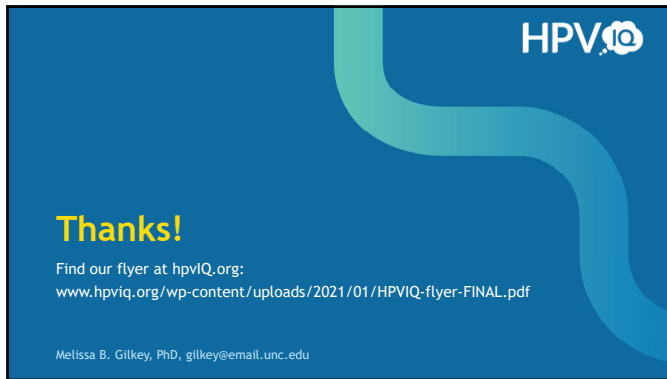
Step 3. Try again another day

Almost 70% of parents who initially declined later consent to HPV vaccination

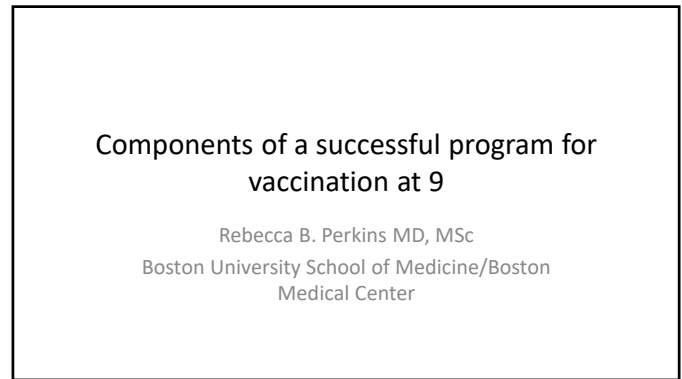
- 45% report getting HPV vaccine at a later visit
- 24% plan to in the next year
- A recommendation at a follow-up visit increases vaccination

Survey of 494 parents of US adolescents. Kornides, et al., 2018, *Academic Pediatrics* © hpvIQ.org 120

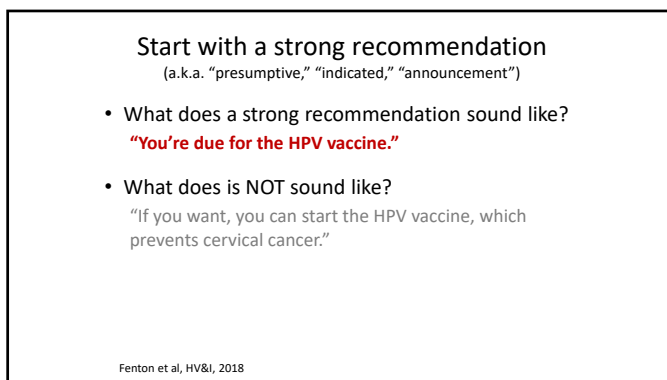
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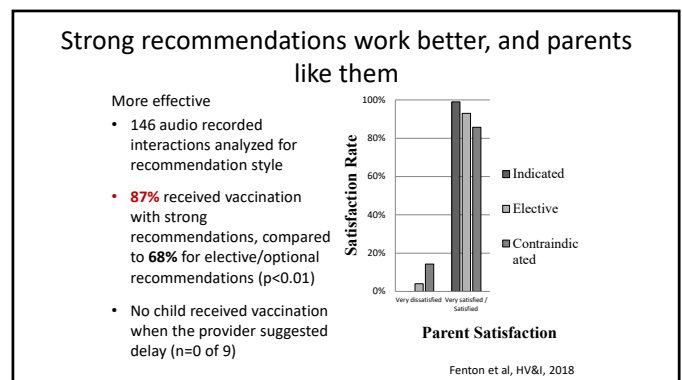
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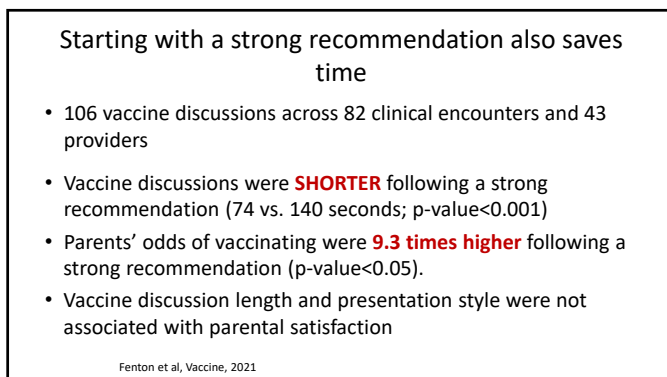
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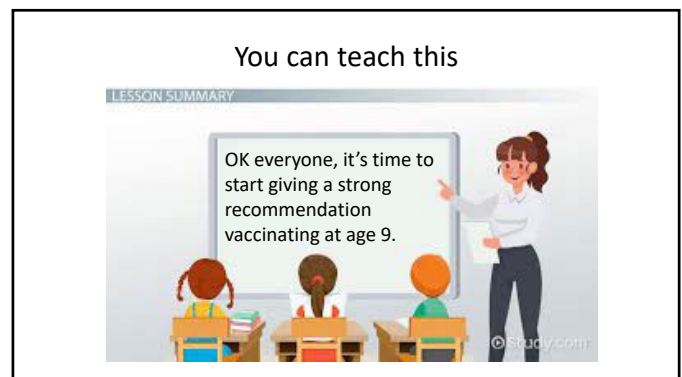
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Program: DOSE HPV

NIH NATIONAL CANCER INSTITUTE BOSTON UNIVERSITY

Research-Tested Intervention Programs (RTIPs) School of Medicine Continuing Medical Education

DOSE HPV: Development of Systems and Education for HPV Vaccination

- Evidence-based program to increase HPV vaccination rates
- Core principles: repeated contacts, education, QI support
- Incentives: MOC and CME credits for providers

Perkins et al, Pediatrics, 2020

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Key intervention components

- Education on strong recommendation
 - Analysis of 129 audio-recorded clinical interactions
 - Use of a strong recommendation increased from 62.5% pre-intervention to 79.6% post-intervention (p = .047)
- Initiation of the HPV vaccine series before 11
 - 3 practices started at age 9
 - 2 practices started at age 10

Perkins et al, Pediatrics, 2020

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“Easier than I thought”

Providers’ experience with vaccinating before 11

- Initial concerns about removing the HPV vaccine from the adolescent bundle were not confirmed
- Providers uniformly reported
 - high parental acceptance
 - reduced stigma relating to sexual activity
 - administer fewer shots at each visit
 - more opportunities to complete the series

“We present it as this is a shot that we recommend, and it prevents cancer, and it is more effective when kids are younger, and if they get it now, they don’t have to have it when they have the other two shots when they’re 11. Those three things seem to convince most people that it’s a good idea.”

Biancarelli et al, Journal of Pediatrics, 2020

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Increased vaccine initiation

Likelihood of vaccination at an eligible visit increased by >10 percentage points

Vaccine initiation increased from 75% (preintervention) to 90% (postintervention)

| Site | Pre-intervention (%) | Post-intervention (%) |
|----------------------|----------------------|-----------------------|
| All Sites (n=39,355) | 75 | 90 |
| Sites 1&2 (n=19,290) | 75 | 90 |
| Site 3 (n=13,794) | 75 | 90 |
| Site 4 (n=2973) | 75 | 90 |
| Site 5 (n=3298) | 75 | 90 |

Perkins et al, Pediatrics, 2020

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Increased vaccine completion

Vaccine completion increased from 60% (preintervention) to 69% (postintervention)

| Site | Pre-intervention (%) | Post-intervention (%) |
|----------------------|----------------------|-----------------------|
| All Sites (n=39,355) | 60 | 69 |
| Sites 1&2 (n=19,290) | 60 | 69 |
| Site 3 (n=13,794) | 60 | 69 |
| Site 4 (n=2973) | 60 | 69 |
| Site 5 (n=3298) | 60 | 69 |

Perkins et al, Pediatrics, 2020

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Early vaccination led to improvements in series completion 4 years after the initial program— despite COVID

Increase in on time completion from 62% to 88%

March 2016


October 2020

Jansen and Casey et al, under review

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Summary


- Change practice culture
 - Strong recommendation
 - Start at 9
- Sustained improvement in on-time completion for years beyond initial intervention
 - EMR prompts can be helpful to sustain behavior



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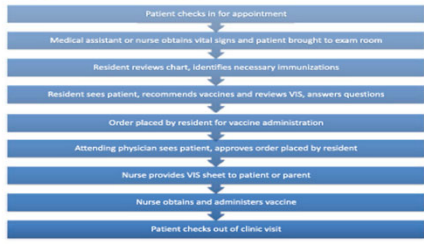

Putting into Practice: Clinical Applications

Dr. Jennifer Berger, Memphis Pediatrics
Dr. Michelle Bowden,
Le Bonheur General Pediatrics



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Identifying the HPV Vaccination Process

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Targeted Interventions

- Provider education
- Nursing staff in-service
- Providing Vaccine Information Sheets (VIS) at beginning of visit
- Give scripts to providers
- EMR prompt/starting at age 9



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Clinical QI outcomes

Vaccine Initiation Rates (by percentage of patients eligible)

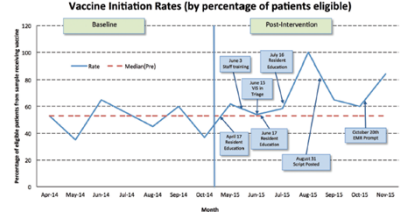




Fig. 3. Run chart with time (x axis) vs percentage of eligible patient initiating HPV vaccination (y axis). QI interventions are annotated by arrows within the run chart.



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Measuring Clinical Outcomes

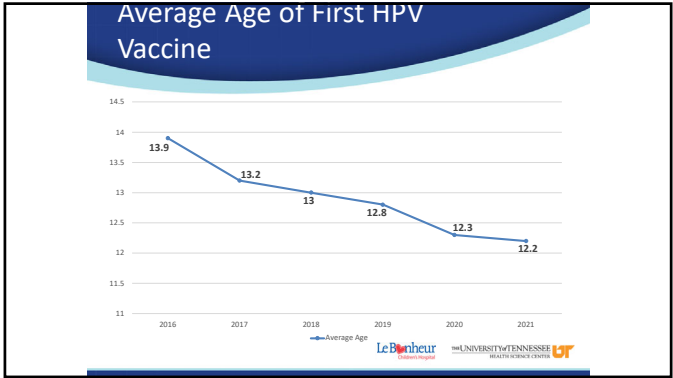
- Overall vaccination initiation rates increased 20%
- Mean vaccination rates showed a statistically significant increase after all interventions completed (OR 2.071, p= 0.0042)



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Memphis Pediatrics HPV Vaccine History

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Total 1 st Doses |
|-----------------------------------|------------|------------|------------|------------|------------|------------|-----------------------------|
| 9 | | | 1 | 1 | 24 | 26 | 52 |
| 10 | 3 | 2 | 1 | 8 | 33 | 19 | 66 |
| 11 | 180 | 171 | 190 | 194 | 192 | 127 | 1,054 |
| 12 | 238 | 152 | 132 | 134 | 112 | 62 | 830 |
| 13 | 142 | 64 | 43 | 51 | 35 | 30 | 365 |
| 14 | 108 | 53 | 40 | 31 | 22 | 12 | 266 |
| 15 | 81 | 49 | 27 | 26 | 15 | 7 | 205 |
| 16 | 49 | 42 | 24 | 30 | 12 | 11 | 168 |
| 17 | 59 | 38 | 32 | 21 | 15 | 7 | 172 |
| 18 | 41 | 28 | 28 | 11 | 6 | 3 | 117 |
| 19 | 5 | 3 | 2 | 2 | 1 | 1 | 14 |
| 20 | | | 1 | | | | 1 |
| Total 1st Doses | 906 | 602 | 521 | 509 | 467 | 305 | 3,310 |

LeBonheur UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

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“Whole Lotta Shakin’ Goin’ On” – Jerry Lee Lewis: Action planning

- What can we do in Memphis and Shelby County to prevent HPV cancers?
- How can we collaborate on efforts to convert information to action locally in Memphis and Shelby County?
- What are the most effective ways to use evidence-based approaches to increase HPV vaccination in Memphis and Shelby County?

Attendees will be placed into small groups for discussions led by a facilitator and notetaker to identify action opportunities for the roundtable.

BRQ, BLUES, HPV VACCINATION, & YOU

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Action Planning Session HIGHLIGHTS

BRQ, BLUES, HPV VACCINATION, & YOU

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Day 1 EVALUATION

Please take a few moments to complete the evaluation for today's event. The link is available in the chat. You also can scan the QR code to access the evaluation.

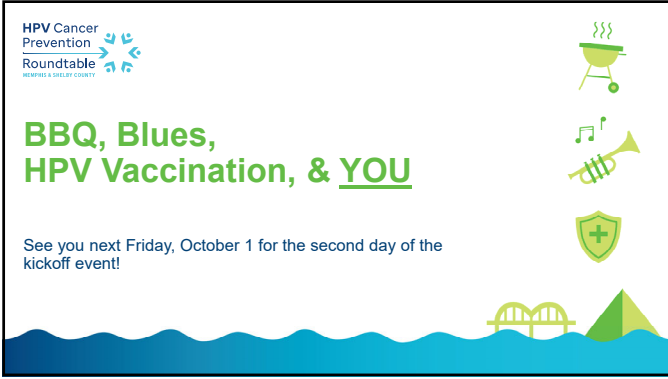
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HPV Cancer
Prevention
Roundtable
ALLEGANY & CALDWELL COUNTY

**BBQ, Blues,
HPV Vaccination, & YOU**

See you next Friday, October 1 for the second day of the
kickoff event!



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