

# Rural Reach: Accelerating HPV Vaccination Coverage: Empowering Rural Communities for HPV Prevention

February 29, 2024

MARCH 4 IS  
INTERNATIONAL HPV  
AWARENESS DAY

# Why focus on rural HPV vaccination?



Higher HPV cancers among rural populations



Lower HPV vaccination among rural populations



Rural doesn't mean "one size fits all"

# Rural HPV Vaccination Priorities



Start at Age 9

Promote starting HPV vaccination at age 9 in rural communities.



Existing Resources

Compile and share existing resources for addressing HPV vaccination with rural communities.



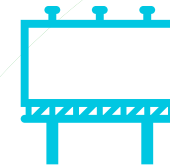
Training Providers

Develop or adapt health care provider and health care professional HPV vaccination training resources for those serving rural communities.



Advocacy and Policy

Explore policy influences on HPV vaccination in rural areas.



Communication

Develop, test, and disseminate easy-to-use messages for rural audiences.

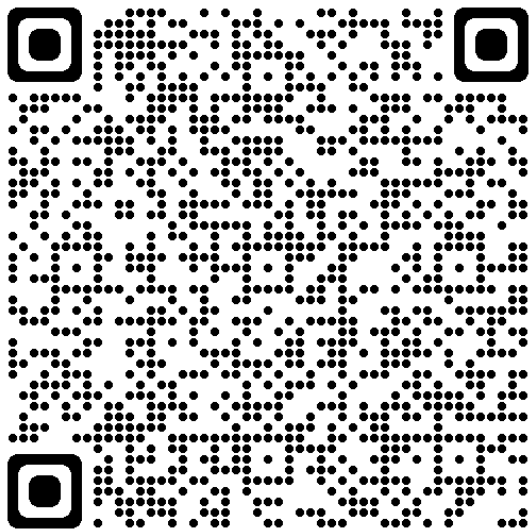


Data

Review and update existing resources and data on HPV vaccination and HPV cancers in rural communities.

# Rural HPV Vaccination Webpage

Use the QR code to access the following resources:



- Priority action steps to improve rural HPV vaccination coverage
- Rural quarterly updates meetings (register and view past recordings)
- Wide Open Spaces articles
- Rural HPV vaccination fact sheet
- And more!

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# Moderator

Sara Lolley, MPH, Immunization Initiatives Program  
Manager, American Academy of Pediatrics.

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 St. Jude Children's  
Research Hospital | HPV Cancer  
Prevention  
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# Welcome

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**Electra Paskett, PhD**  
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to prevention



**HPV Cancer  
Prevention  
Program**

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# Improving Uptake of the HPV Vaccine in Appalachia: I Vaccinate

Electra Paskett, PhD

Director, Division of Cancer Prevention and Control, Department of Internal Medicine, The Ohio State University College of Medicine

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 St. Jude Children's  
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***Improving Uptake of the HPV Vaccine in  
Appalachia:  
I Vaccinate***

**ELECTRA D. PASKETT, PHD**

**THE OHIO STATE UNIVERSITY**

**FEBRUARY 29<sup>TH</sup>, 2024**



# Disclosures

- **Grant funding to the Institution:**
  - Pfizer
  - Merck Foundation
  - Breast Cancer Research Foundation
  - FoxConn Technology Group
  - Genentech
  - Guardant Health
  - AstraZeneca
- **Advisory Board Member:** GSK, Merck
- **The research I will discuss was/is funded by:**
  - The NIH, National Cancer Institute

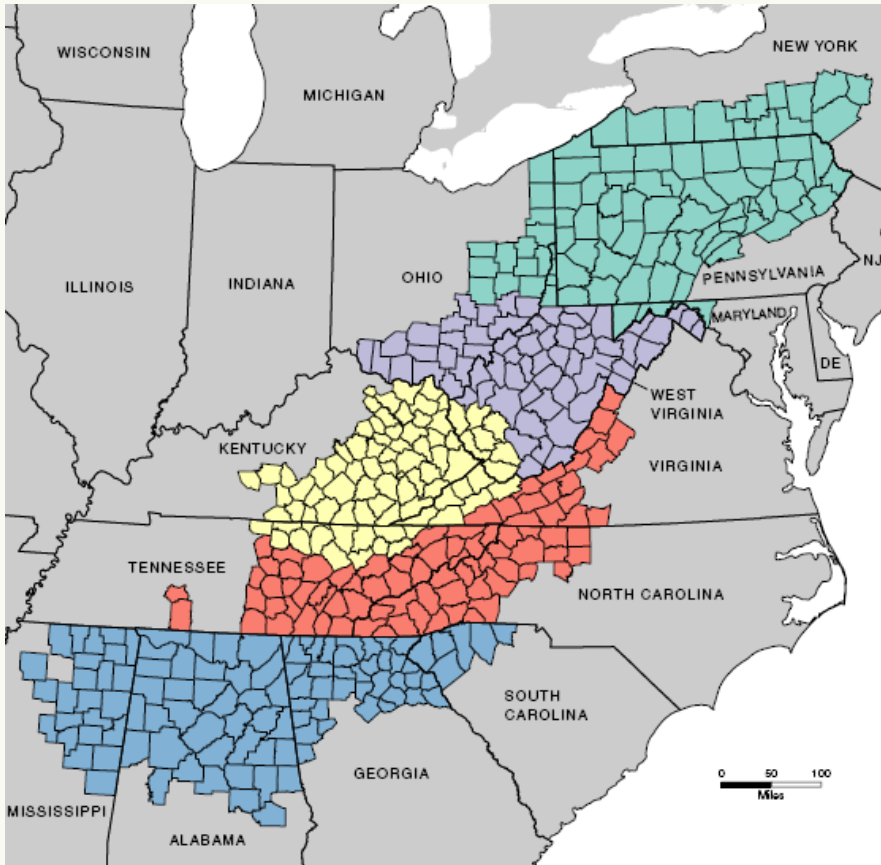


# Learning Objective

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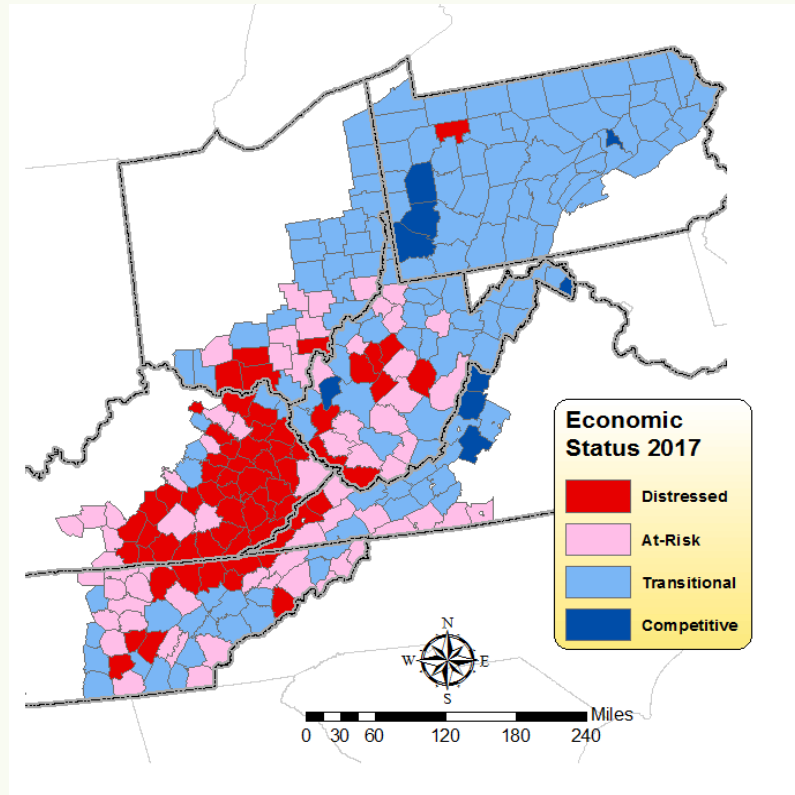
*Discuss how implementation science methods and an integrated approach can reduce HPV associated cancer risk among patients from rural communities*

# Appalachian Region



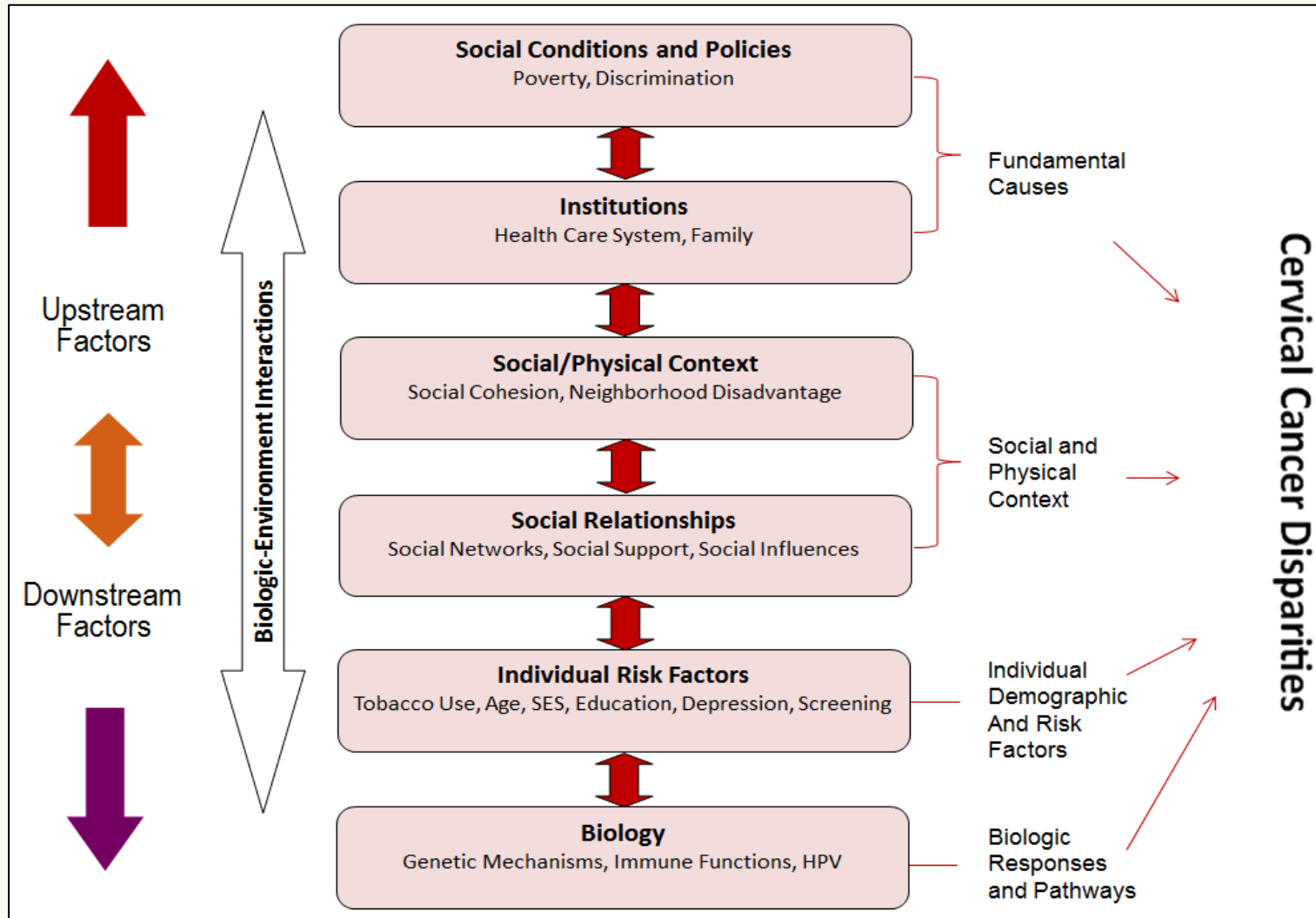
- Appalachia consists of 423 counties in 13 states
- 5 regions: Northern, North Central, Central, South Central and Southern
- 26.3 million residents (about 8% of total U.S. population)
- Median age = 41.3 years old
- Population is 20.2% minority
- Median household income of \$56,780 (US=\$69k)

# Prior Work by Team in Appalachia



- High incidence and mortality rates for cervical cancer
- High prevalence of risk factors for cervical cancer:
  - smoking, lack of cervical screening, high rates of high-risk HPV infection, and low HPV vaccination rates
- Genetic alterations contribute to elevated risk of cervical cancer in non-smokers
- Social networks of smokers reinforce smoking
- Poor follow-up after abnormal Pap tests
- Stress increases risk of persistent HPV infection

# Multi-Level Model for Cervical Cancer Disparities in Appalachia



# Program Description

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Take CARE is a clinic-based, integrated cervical cancer prevention program to address cervical cancer burden in Appalachian Kentucky, Ohio, Virginia, and West Virginia through three complementary initiatives.

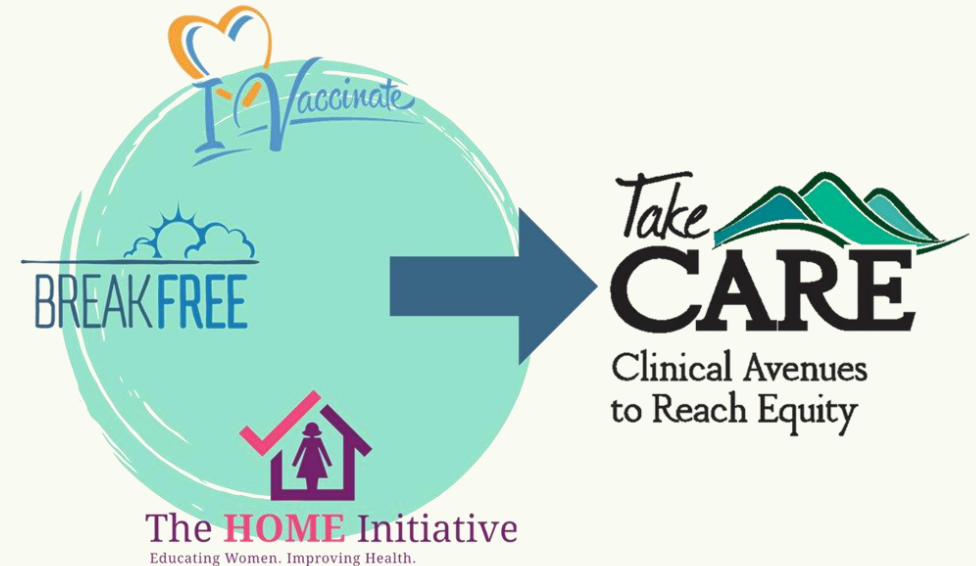
- Designed to target individual, social and community, health system and broader contextual-level barriers related to the burden of cervical cancer.
- 4 States, 10 Health Systems, 39 Health Centers
  - >370 providers and staff trained.



# Take CARE – 3 Initiatives, 1 Program

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1. I Vaccinate – HPV vaccination and education
2. Break Free – Smoking cessation through NRT and counseling
3. The Home Initiative – HPV and cervical cancer screening



# Aims

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- Test the effectiveness of an integrated cervical cancer prevention program designed to address three causes of cervical cancer
- Evaluate the impact of the cervical cancer prevention program at the clinics, including:
  - Implementation
  - Acceptability
    - Short term impact
    - Long term impact
  - Bundling of 3 Initiatives
  - Sustainability

# Formative Phase

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- Community Profiles
- Health Center Scans
- Key Informant Interviews
- Focus Groups
  - Providers
  - Parents of 9-26-year-olds
- Identified health center champions

Completed from  
January – December 2020.

# Focus Group and Key Informant Interview Results

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- Focus groups were conducted in all 4 states
  - Discussed cervical cancer knowledge, attitudes, screening barriers
  - Participants provided feedback on HPV self-test instructions and FAQ document
- Second round of focus groups completed with the same participants for additional feedback on study materials

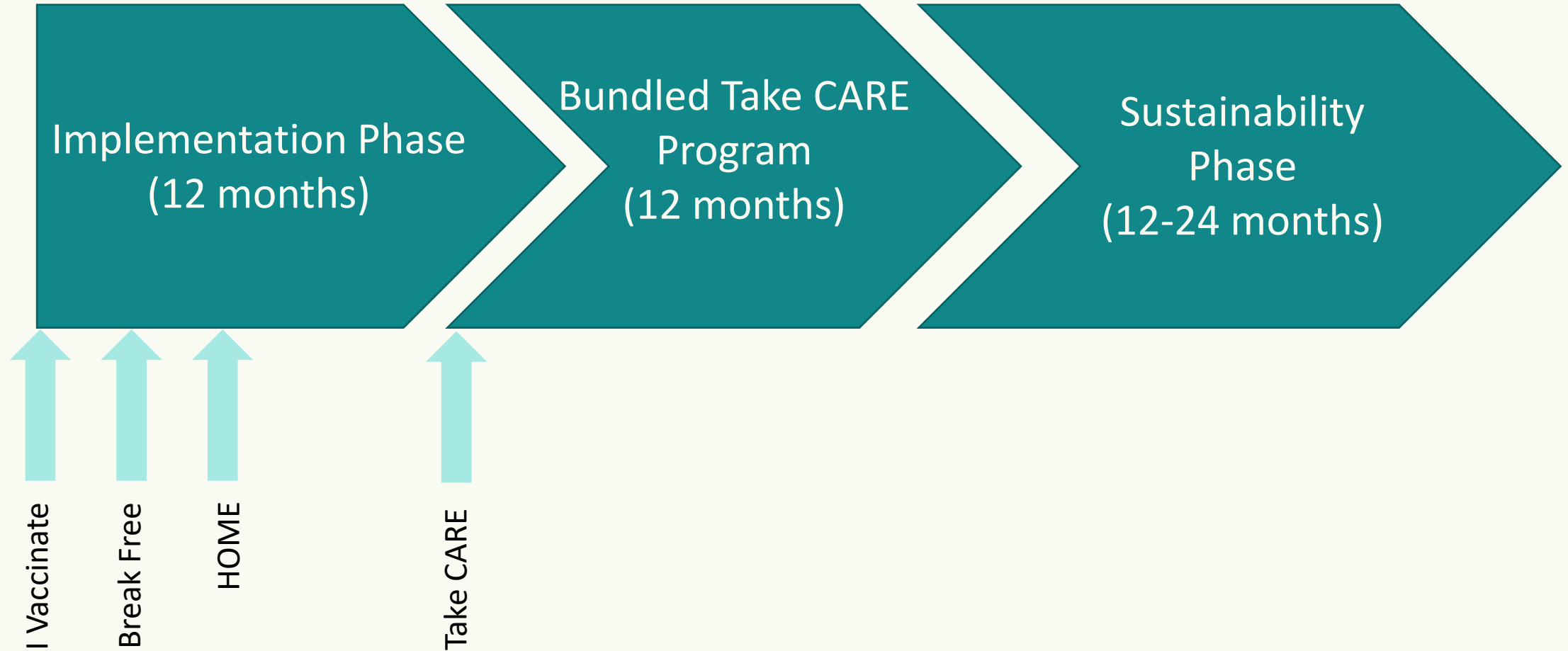
# Themes from Formative Work about HPV Vaccination

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- From providers:
  - Concerns about side effects, promotion of sexual activity, parental consent
  - Great deal of misinformation about vaccine and side effects
  - Work, time, insurance are concerns for those 18+
  - Difference in approach for differing age cohorts
  - Providers need conversation starters
- From community members:
  - Parents seen as a barrier due to misinformation
  - Lack of provider recommendation still a barrier in some areas
  - Young adults not concerned about prevention and cost/lack of insurance are barriers
  - Campaigns should focus on benefits and minimize sex and morality aspects

# Trial Phase

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# Initiative to Increase HPV Vaccination Uptake

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- Reframe the conversation: HPV vaccine is cancer prevention
- Strengthen vaccination commitment by healthcare providers
- Reduce concerns about safety
- Maximize access to vaccination services
- Ensure adherence to follow-up doses
- Utilize the EHR to track patients' HPV vaccine progress

# I Vaccinate: Target Populations

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- Promote bundled vaccines at 11–12-year-old well-child visit with 6-month booster
  - Can be administered in patients as young as age 9.
- Facilitate “late” vaccination for 13–45-year-olds.
  - Engage in shared decision-making with patients aged 27-45.

# Shared Decision Making

For adults 27-45 years old, a shared decision-making approach is recommended:

<b>S</b> eek your patient's participation	Communicate that a choice exists, ask patient to share in decision
<b>H</b> elp your patient explore and compare treatment options	Discuss the benefits and harms of vaccinating or not vaccinating
<b>A</b> ssess your patient's values and preferences	Take into account what matters most to patients
<b>R</b> each a decision with your patient	Decide together on the best option. Arrange for the action and follow-up
<b>E</b> valuate your patient's decision	Plan to monitor decision or revisit the decision

<https://www.ahrq.gov/health-literacy/curriculum-tools/shareddecisionmaking/index.html>

# Research Coordinator and Champion Activities

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## Vaccination Strategies Checklist

Reviewed and updated annually to inform action plan

## Action Plans

Strategies selected, timeline to implement and status

## I Vaccinate Toolkits

Digital and physical copies of all resources and order forms

## Social Media Resources

Suggested schedules, wording and imagery

# Roles of the Community Health Center Staff

I Vaccinate Role	Health Center Position	Role Description
Initiator	Front desk	Provides immunization/education handout to eligible patients
Supporter	Check-in nurse	Gives VIS handout
Reinforcer	Provider	Supports immunizations due today
Closer	Check-out/front desk	Schedules follow-up appointments
Follow-up	EHR & reminders	Re-contacts for missed follow-up appointments
Reviewer	Champion	Reviews data and continues to educate team

# Health Center-Level Interventions

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- Custom posters and buttons
- Follow-up reminder system within the EHR





# Reframing the Conversation

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- A healthcare professional's recommendation is the single most important factor in a patient's decision to receive the HPV vaccine.
  - **The HPV Vaccine is cancer prevention!**
  - Recommend the HPV vaccine the same way you recommend others.
  - Listen to and answer parents'/patients' concerns and questions.
  - Make firm recommendations.
  - Share your own success stories and experiences.
  - Use the tip sheet.

**REFRAME THE  
CONVERSATION**

# Provider Education Session Pre/Post Tests

	Pre-Test			Post-Test		
State	N	Mean Score	Std Dev	N	Mean Score	Std Dev
Kentucky	194	8.4	1.3	158	9.1	1.0
Ohio	50	8.2	1.7	47	8.8	2.1
Virginia	66	7.5	2.1	35	7.7	2.9
West Virginia	53	8.3	1.4	54	9.1	0.9

# Patient and Parent-Level Interventions

- Information about the HPV vaccine, in-person and via mail, email, patient portal, and social media
  - Posters in the facility
  - Brochures and fact sheets
  - Reminder magnets
  - Social media messaging
- Reminder contact for follow-up shot
  - Phone, text, email, mail



# Social Media Messaging

Summer is flying by and it is time to begin planning to return to school. Remember vaccinations are a great tool to keep kids healthy, in school, and ready to learn. Talk to your healthcare provider today to determine what vaccines are right for your child.



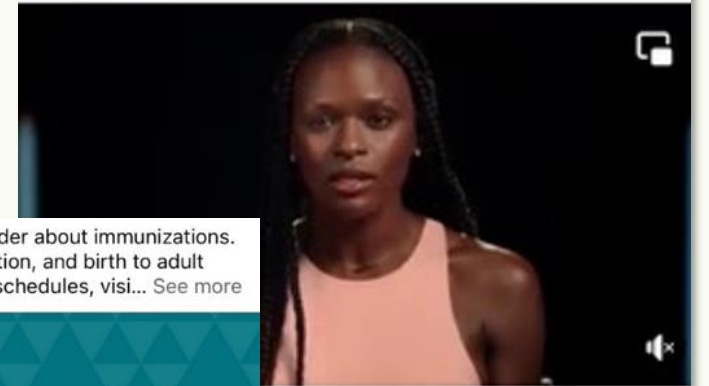
January is Cervical Health Awareness Month. Vaccination and regular screening can prevent cervical cancer. Talk to your health care p... See more



The HPV vaccine can prevent more than **9 out of 10** cases of cervical cancer.

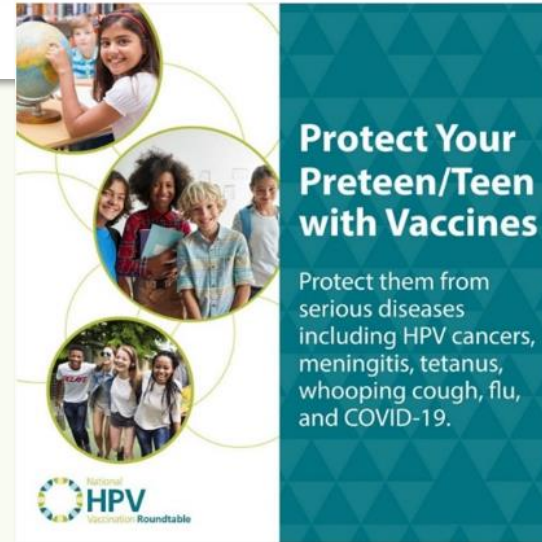
Learn more at [hhs.gov/immunization](https://hhs.gov/immunization)

The most important things you can do to help prevent cervical cancer are to get vaccinated against HPV, have regular screening tests, and go back to the doctor if your screening test results are not normal. Learn More at: [https://www.cdc.gov/cancer/cervical/basic\\_info/prevention.htm](https://www.cdc.gov/cancer/cervical/basic_info/prevention.htm) #ohhchpv

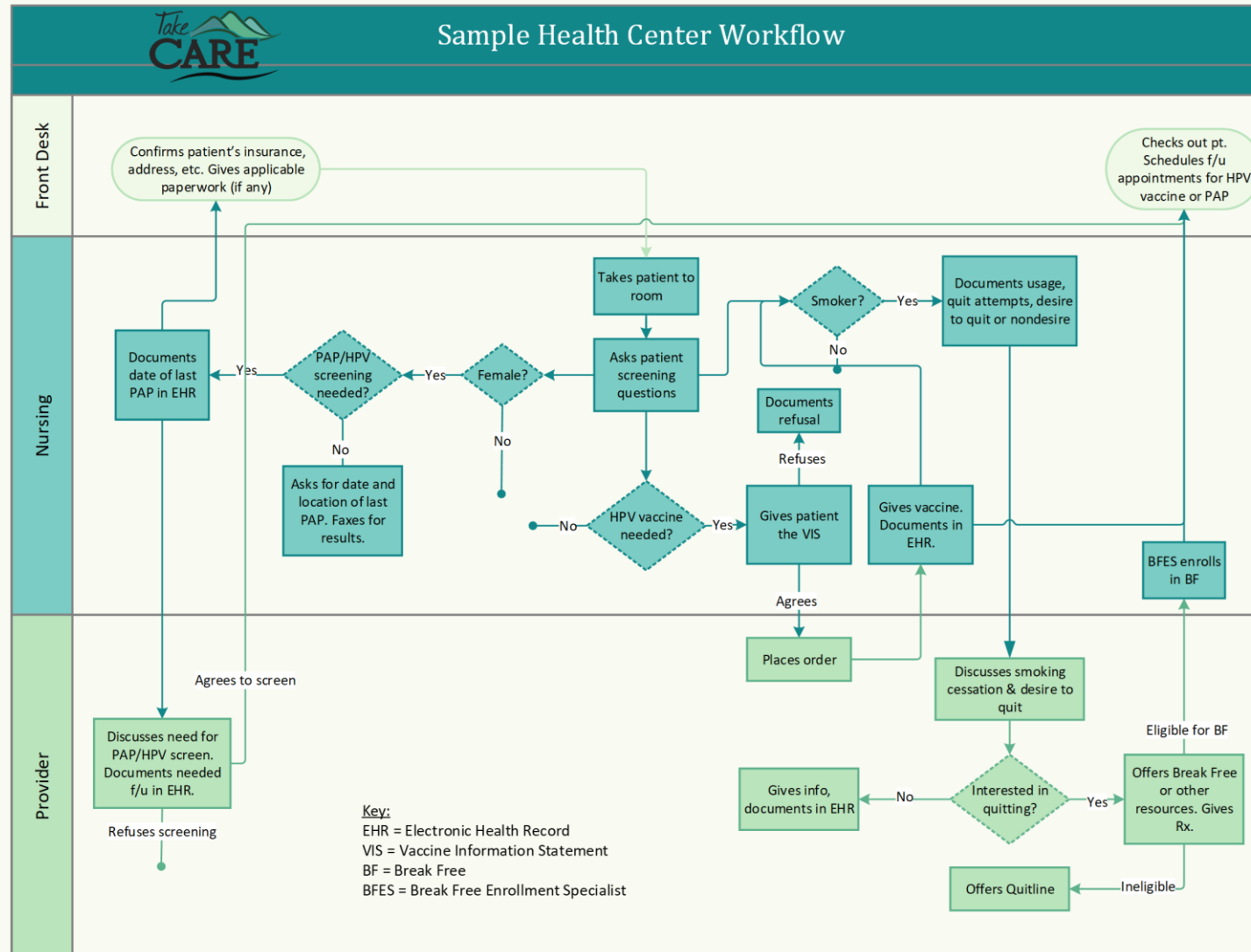


Be sure to talk to your provider about immunizations. For comprehensive information, and birth to adult recommended vaccination schedules, visi... See more

According to the CDC, HPV causes thousands of preventable cancers in the United States every year. The good news? The HPV vaccine can pre... See more



# Health Center Workflows



# Example Outcomes: *I Vaccinate*

Implementation Outcomes	Service Outcomes	Client Outcomes
<b>Acceptability:</b> Provider-reported through regular meetings and annual process evaluation assessments	<b>Equity:</b> Vaccination rates and race, gender, age from EHR	<b>Satisfaction:</b> Provider-reported through regular meetings, annual and exit assessments
<b>Fidelity:</b> Provider education session attendance	<b>Efficiency:</b> Time to implement program components	<b>Knowledge:</b> Provider information session pre- and post-tests
<b>Sustainability:</b> Vaccination rates from electronic health records	<b>Effectiveness:</b> Vaccination initiation and completion rates: 11-12y, 13-26y, 27-45y	

# Lessons Learned

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- Approach every patient, every time.
  - Provider prompts and vaccine reminder systems in health management software.
- Promotion
  - Digital displays, info sheets and brochures in waiting room, roadside signs all encourage patients to discuss HPV vaccination in visit.
  - Magnets are a great reminder tool to assist in series completion.
- Get outside!
  - Parking lot vaccination days, health fairs and other community events have been effective in delivering knowledge and vaccines broadly.

# Remaining Activities

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- Recently requested and received a no-cost extension through March 2025 due to COVID delays during startup.
- NCE allows for sustainability phase in Delayed health systems and final data collection across all sites.
- Health centers will update workflows, complete a final HPV Vaccination Strategies Checklist, and continue in or begin an abbreviated Sustainability Phase, depending on randomization arm.

# Take CARE Team

---

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Lovoria B. Williams

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Cecil Pollard

Questions?



# HPV vaccine communication interventions for rural communities



William A. Calo, PhD, JD  
Associate Professor of Public Health Sciences, Co-leader, Cancer Control  
Program, Interim Associate Director, Community Outreach & Engagement,  
Penn State Cancer Institute

# HPV vaccine communication interventions for rural communities

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Associate Professor of Public Health Sciences

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# Rural Think Tank – Priority Action Steps

- Promote starting HPV vaccination at age 9 in rural communities.
- Compile and share existing resources for addressing HPV vaccination with rural communities.
- Develop or adapt health care provider and health care professional HPV vaccination training resources for those serving rural communities.
- Explore policy influences on HPV vaccination in rural areas.
- Develop, test, and disseminate easy-to-use messages for rural audiences.
- Review and update existing resources and data on HPV vaccination and HPV cancers in rural communities.



# The Announcement Approach for Increasing HPV Vaccination

Take these steps to more effectively recommend HPV vaccination. They will save you time and improve patient satisfaction.

1

If a parent is hesitant

## ANNOUNCE

Start with a presumptive announcement that assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.<sup>1</sup>

KEY ELEMENTS OF AN ANNOUNCEMENT:

Note child's age to cue that this is part of routine care

Say you will vaccinate today

Announce children this age get a vaccine that prevents six HPV cancers.

ANNOUNCEMENT EXAMPLE

"Marcus is now 9, so today he'll get a vaccine that prevents six HPV cancers."

2

## CONNECT & COUNSEL

Connect with parents by asking for their main concern about HPV vaccine. Counsel parents by using a research-tested message to address their concern.<sup>2</sup> Then clearly recommend getting HPV vaccine today.

If a parent declines

3

## TRY AGAIN

Say you'll bring up HPV vaccine at the next visit. Then make a note in the child's chart. Almost 70% of parents who initially decline later agree to HPV vaccine or plan to soon.

1. Brewer, et al., 2017, *Pediatrics*. 2. Shah, et al., 2019, *Pediatrics*. 3. Kornides, et al., 2018, *Academic Pediatrics*.  
hpvIQ.org



# IMPACT Center at UNC-Chapel Hill (Brewer)

Wraps interventions around Announcement Approach Training (AAT)

- Standing orders (P1)
- Vaccine incentives (P2)
- Vaccine champions (P3)

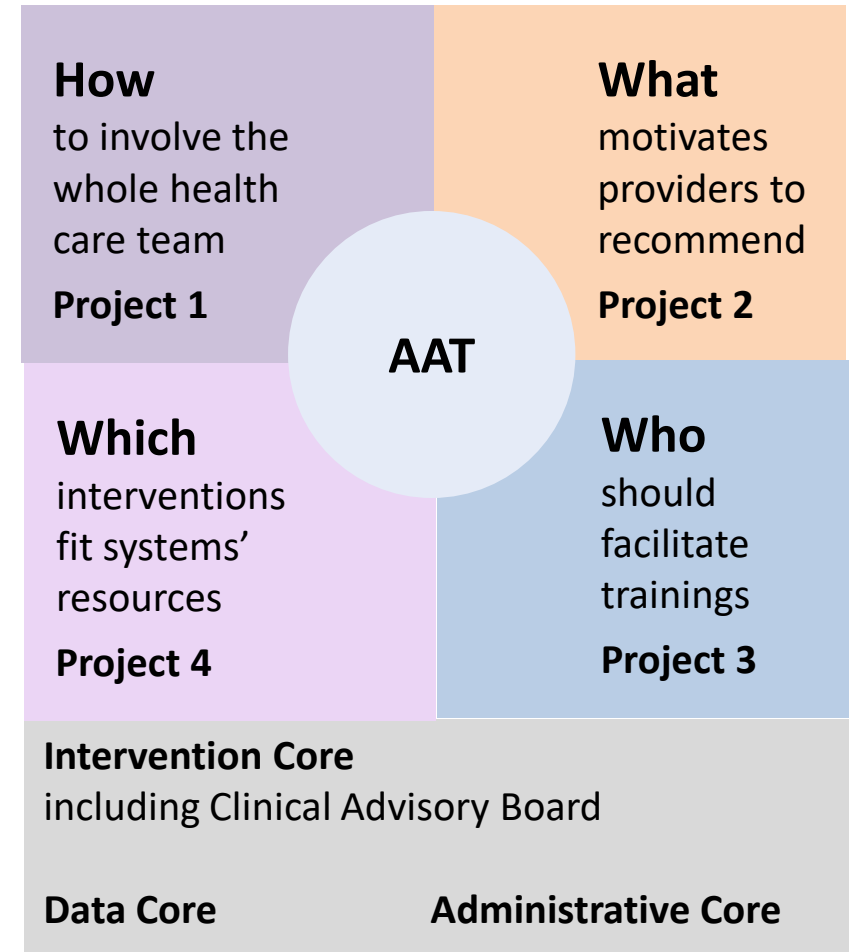
Implementation focus

- Cost-effectiveness analysis of interventions (P4)
- Integrated intervention package

Rural and DEI focus

NCI P01CA250989 to Noel Brewer

<https://www.med.unc.edu/hpvcommunication>



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Domain	P1: Standing orders	P2: Financial incentives	P3: Vaccine champions
Implementation strategy	Facilitation	Alter incentive/payment structures Audit and provide feedback	Champions
Actor	<ul style="list-style-type: none"> <li>Meeting facilitator</li> <li>System QI specialists</li> <li>Clinic representatives</li> </ul>	<ul style="list-style-type: none"> <li>Meeting facilitator</li> <li>Clinic representatives</li> </ul>	<ul style="list-style-type: none"> <li>Vaccine champion</li> <li>System QI specialists</li> </ul>
Action	Prepare an action plan for consistent use of standing orders using template Improve clinic process maps	Incentivize clinics for their HPV vaccine rates, conduct audit using EHR Provide report to clinics	Deliver the AAT to clinics Coordinate AAT with other QI Plan for sustainability
Temporality	Working meeting 1 starts the intervention Working meeting 2 one month later Action plan between meetings Clinic staff orientation a month after AAT Learning collaboratives 2, 4, 6 mos later	Kick-off meeting starts the intervention Audit and feedback monthly for 12 months after kick-off meeting Incentive program over 12 months	Facilitator orientation prior to AAT AAT in spring/early summer of intervention years Other enhancements and sustainability plans after AAT
Dose	Two working meetings (90 mins each) Action plan (60 mins/clinic) Orientation (10-20 mins/clinic) Learning collab's (10-20 mins/meeting)	Kick-off meeting (60 mins) Twelve feedback reports over 12 months Incentive paid as vaccination targets met	Facilitator orientation (150 mins) AAT (60 mins) Up to 6 tech assistance calls over 6 months Enhancements at champions' discretion
Action target	Improve clinic flow for HPV vaccination Consistent use of standing orders Improve HPV vaccine recs Increase HPV vaccine initiation	Improve reliance on HPV vaccination data  Improve HPV vaccine recs Increase HPV vaccine initiation	Leverage local relationships and knowledge  Improve HPV vaccine recs Increase HPV vaccine initiation
Implementation outcome	Acceptability, appropriateness, adoption, cost, feasibility, fidelity, penetration, and sustainability		

NCI P01CA250989 to Noel Brewer



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# HPV Vaccine Communication ECHO Study

- Evidence-based interventions for HPV vaccine communication are underused:



Announcement Approach Training (AAT)



Systems communication

- Never tested to support HPV vaccination efforts, the ECHO Model is a promising implementation strategy that allows “hub” specialists to connect with “spokes” to discuss best practices in care.
- This cluster RCT tests the effectiveness and implementation of two ECHO-delivered HPV vaccination communication interventions in primary care clinics.
- Priority to rural clinics or clinics serving large numbers of rural patients.




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# 3-arm RCT with primary care clinics in Pennsylvania

## HPV ECHO



- 8 one-hour sessions
- Flash talks following the AAT
- 1-2 case presentations or role play scenarios per session
- Online resource library, infographic cards
- No cost CME, MOC Part 4, nursing continuing education

## HPV ECHO+




- Same HPV ECHO curriculum

*PLUS*

- Electronic or mailed recall notices to vaccine-declining parents
- Research-tested messages
- Visual aids to facilitate comprehension

## Control



- No intervention
- At the end of the study, clinics gain access to online resource library

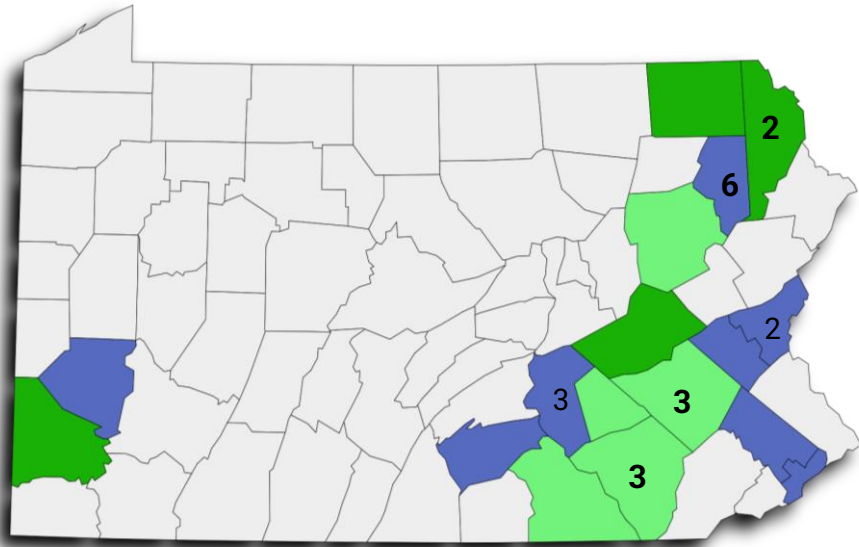
ClinicalTrials.gov Identifier: NCT04587167  
NCI R37CA253279 (Calo)



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# HPV Vaccine Communication ECHO



- Rural
- Urban location serving rural communities
- Urban



**30** primary care clinics



**135** providers trained



**17** counties



**~40,000** adolescent patients

ClinicalTrials.gov Identifier: NCT04587167  
NCI R37CA253279 (Calo)



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# Stories to Prevent (StoP) HPV Cancers

- **Trusted messengers** are people seen as credible sources of information by specific populations
- **Narrative communication** is the use of stories to educate the public, instead of using traditional didactic communication
- We assessed the feasibility of using video narratives from cancer survivors to increase parents' intentions to get HPV vaccination
- We recruited 37 parents who watched our 4-minute video intervention

American Cancer Society Institutional Research Grant #124171-IRG-13-043-01



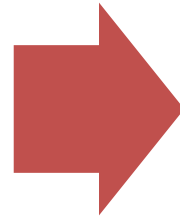
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## Phase 1: Video library

Using Narrative Persuasion Framework and professional recording, we developed a 4-min video intervention of a local cancer survivor narrating his story with an HPV-related cancer and promoting HPV vaccination as cancer prevention.



**STUDYfinder**  
SEARCH FOR STUDIES AT [STUDYFINDER.PSU](https://STUDYFINDER.PSU)

**Are you a parent of an adolescent male**  
VOLUNTEERS ARE NEEDED FOR A RESEARCH

**ABOUT THIS STUDY**  
This research study is seeking parents to complete two online surveys describing their thoughts about adolescent vaccinations. Parents will also be asked to watch a brief video.

**WHO CAN VOLUNTEER?**

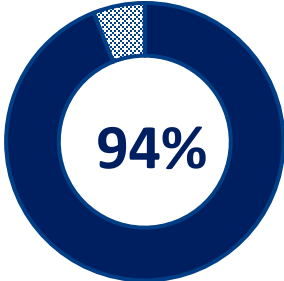
- Parents and guardians of an adolescent male
- Individuals who read and understand English
- Individuals with an email address

## Phase 2: Pilot

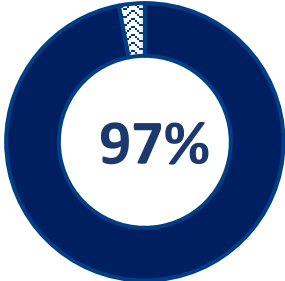
Parents of males (9-17 yo) were recruited from primary care clinics in Central Pennsylvania.

Participants completed a survey both prior to, and following, the video intervention which preceded their child's wellness visit.

# Pilot study findings



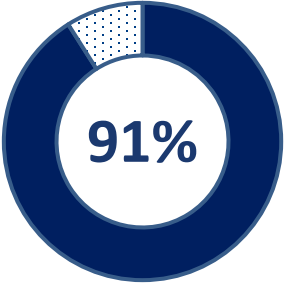
Believe to be true



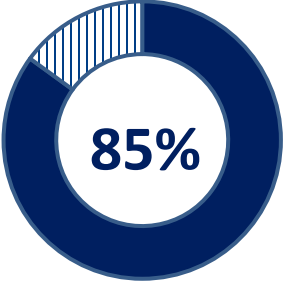
Easy to follow



Helpful to understand risks

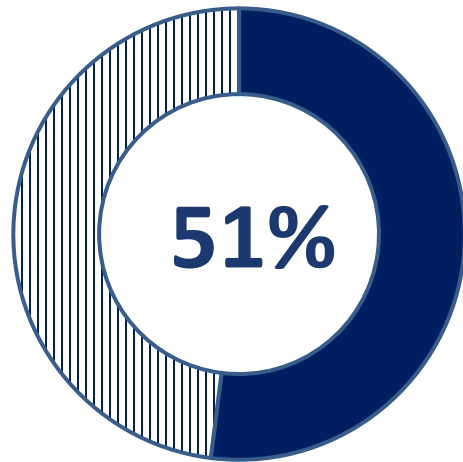


Consistent information



Relevant to parents





**Parents said their decision to get the HPV vaccine was influenced by our video intervention**



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Stories to Prevent Cancer | Craig's Story



Copy



Stories to Prevent Cancer | George's St...



Watch l

Watch on YouTube

Access our video library  
<https://ctsi.psu.edu/isc/resources/>

Stories to Prevent Cancer | Patrice's Sto...



Watch la



ent Cancer | Mike's Story

Watch later

Share

Watch on YouTube

uTube

Questions?

[wcalo@pennstatehealth.psu.edu](mailto:wcalo@pennstatehealth.psu.edu)



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# Rural Reach: Accelerating HPV Vaccination Coverage Through Provider Communications and Implementation Science

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Research Hospital | HPV Cancer  
Prevention  
Program



THE UNIVERSITY OF NEW MEXICO COMPREHENSIVE CANCER CENTER

# Rural Reach: Accelerating HPV Vaccination Coverage Through Provider Communications and Implementation Science



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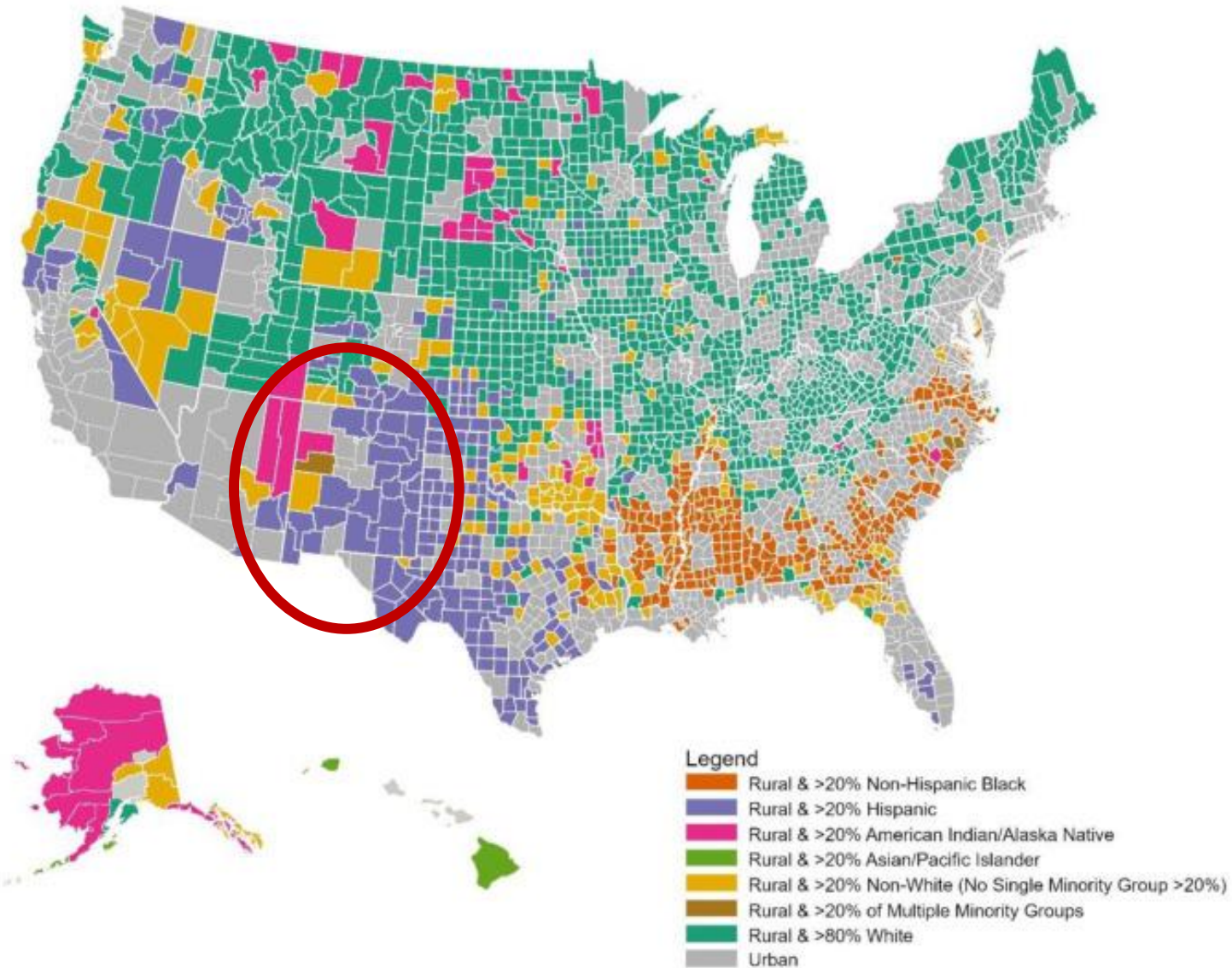


**UNM** COMPREHENSIVE  
CANCER CENTER



## Racial/ethnic composition across rural counties, 2018

Figure from [Zahnd, et al., 2019](#)



Rural and urban counties are defined by the non-metro and metro designations from the United States Department of Agriculture. Racial/ethnic composition by county is based on the 2018 Census Bureau Population Estimates Program.

# Rural America



- Rural populations are about 20% population, approximately 59 million, one in every 25 individuals ([Zahnd et. al., 2019](#); [Bennett, et. al., 2019](#))
- Historical segregation and discrimination ([Dennis, et. al., 2021](#)); and migration and trauma ([Yellow Horse Brave Heart, et. al., 2011](#))
- Inequities in social and structural determinants of health; including safe, healthy, and affordable, food, water, housing and transportation ([Rural Health Hub, 2023](#))
- “Too simplistic” rural/urban political divide with not enough attention paid to underlying political determinants of health ([Dawes, 2020](#))
- Lack of focus on the assets in rural America; population growth fueled by immigration ([Lichter, 2012](#)) and community social capital ([Arriola, et. al., 2023](#))

# Situating health and healthcare in rural America

- Lack of recognition around regional differences for health and healthcare in rural areas (i.e., Southwest, Appalachian, Deep South)
- Non-existent evidence-base on strategies and interventions to improve access to high quality health care
  - Recruiting and retaining health care professionals, and
  - Market-driven approaches to healthcare facility closures
- Unequal improvements in environment and infrastructure for health (i.e., clean water, access to nutritious and affordable food, communications and broadband)
- Social isolation and lack of access to information and education







# HPV vaccination in rural America

- Continued poor outcomes for cancer prevention and control in rural residents ([Zahnd, et. al., 2019](#))
- Lack of interventions specific to improving HPV vaccinations in rural settings ([Brandt, et. al., 2021](#))
- Key factors that influence vaccination mapped on the socioecological levels ([Peterson, et. al., 2020](#)) call for an improved focus on organizations and community
- Implementation challenges in rural primary care settings ([Askelson, et. al., 2019](#))

Cancer Causes & Control (2020) 31:801–814  
<https://doi.org/10.1007/s10552-020-01323-y>

ORIGINAL PAPER

## Barriers and facilitators to HPV vaccine uptake among US rural populations: a scoping review

Caryn E. Peterson<sup>1,2</sup>  · Abigail Silva<sup>3,4</sup>  · Hunter K. Holt<sup>5</sup> · Alexandrina Balanean<sup>3</sup> · Abigail H. Goben<sup>6</sup>  · Jon Andrew Dykens<sup>2,5</sup> 

Received: 21 November 2019 / Accepted: 5 June 2020 / Published online: 14 June 2020  
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Preventive Medicine  
Volume 145, April 2021, 106407



Review Article

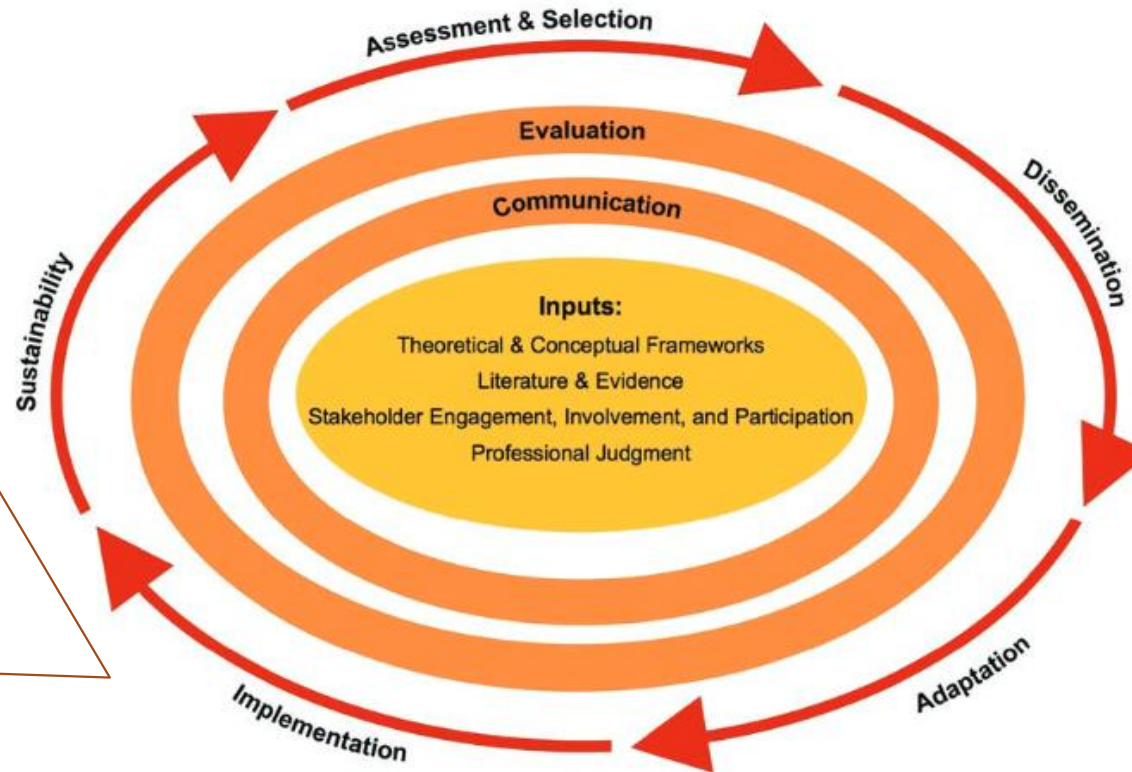
## A narrative review of HPV vaccination interventions in rural U.S. communities

Heather M. Brandt<sup>a</sup>  , Robin C. Vanderpool<sup>b</sup> , Meagan Pilar<sup>c</sup> ,  
Maria Zubizarreta<sup>d</sup> , Lindsay R. Stradtman<sup>e</sup>

# Dissemination and Implementation Science

(NIH PAR -22-105; Koh, S., et al. 2020)

“... use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and benefit population health ”



“...targeted distribution of information and intervention materials to a specific public health or clinical practice audience”

## Key tenets of D&I science

- Take what we know in research and actively assist in spreading evidence based information for adoption into practice
- Know that how an intervention is implemented in practice can have an important influence on whether the intervention achieved population health outcomes
- Contextual factors can influence how an intervention gets implemented
- Co-designing strategies with dissemination and implementation partners can help promote effective implementation



# Strategies to disseminate evidence-based information



## Rural communities

- Reducing the controversy around HPV vaccination using evidence-based messaging around cancer prevention and vaccine safety ([Vanderpool, et al., 2018](#))
- Consider local health communication campaigns in communities, especially in school settings ([Vanderpool, et al., 2015](#); [Ramos, et al., 2023](#))
- Leverage local immunization registries for campaigns and generating awareness ([Rane, et al., 2021](#))



# Strategies to disseminate evidence-based information and interventions



- **Rural health care settings and providers**
  - Improving provider's knowledge and awareness through didactic, case-based learning, and learning collaboratives ([Oliver, et al., 2020](#))
    - Project ECHO (Extending Community Health Outcomes) known to work in a rural contexts ([Arora, et al, 2011](#))
  - Receiving a provider recommendation is strongly associated with HPV vaccination initiation! ([Dorell, et al., 2011](#))
    - Improving skills for collaborative decision making with parents ([Gilkey, et al., 2016](#))
    - Committing to adaptations for incorporating the local context of providers ([Zhang and Tang, 2022](#))

# Strategies to implement interventions in rural healthcare settings



- Acknowledge the unique context for implementation in rural healthcare setting and how decisions for intervention uptake or quality improvement are made ([Askelson, et. al., 2019](#))
- Consider shifting settings to rural community pharmacies ([Daniel, et al, 2021](#)) and school based health centers ([Rane, et al., 2021](#))
- Leverage strategies that have worked in rural settings ([Gunn, et al., 2020](#))
  - Standardized workflows
  - Vaccine support champions
  - Provide immunizations regardless of visit type
  - Use of clear persuasive language



**Let's connect!**

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# Moderated Discussion

MARCH 4 IS  
INTERNATIONAL HPV  
AWARENESS DAY



**Sara Lolley, MPH**



**Electra Paskett, PhD**



**William Calo, PhD, JD**



**Prajakta Adsul, PhD**

**PATH** →  
to prevention



**HPV Cancer  
Prevention  
Program**

Please use Q&A function to pose questions to presenters

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# Closing Remarks

MARCH 4 IS  
INTERNATIONAL HPV  
AWARENESS DAY



HPV Cancer  
Prevention  
Program

# International HPV Awareness Day 2024 Virtual Seminar Series

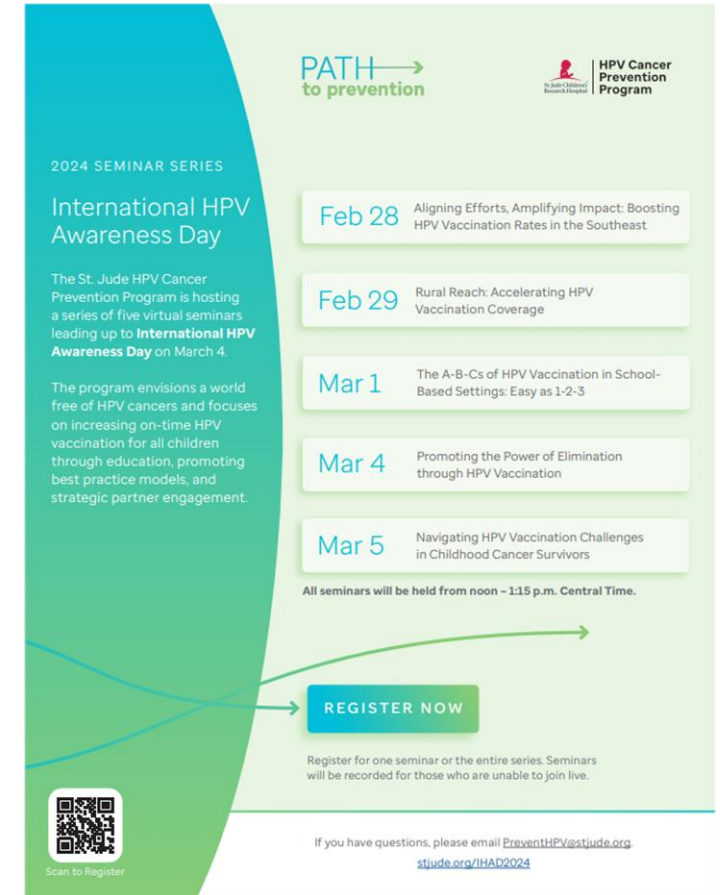
- **Feb 28:** Aligning Efforts, Amplifying Impact: Boosting HPV Vaccination Rates in the Southeast
- **Feb 29:** Rural Reach: Accelerating HPV Vaccination Coverage
- **Mar 1:** The A-B-Cs of HPV Vaccination in School-Based Settings: Easy as 1-2-3
- **Mar 4:** Promoting the Power of Elimination through HPV Vaccination
- **Mar 5:** Navigating HPV Vaccination Challenges in Childhood Cancer Survivors



[stjude.org/IHAD2024](https://stjude.org/IHAD2024)

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MARCH 4 IS  
INTERNATIONAL HPV  
AWARENESS DAY



2024 SEMINAR SERIES

International HPV Awareness Day

The St. Jude HPV Cancer Prevention Program is hosting a series of five virtual seminars leading up to **International HPV Awareness Day** on March 4.

The program envisions a world free of HPV cancers and focuses on increasing on-time HPV vaccination for all children through education, promoting best practice models, and strategic partner engagement.

**Feb 28** Aligning Efforts, Amplifying Impact: Boosting HPV Vaccination Rates in the Southeast

**Feb 29** Rural Reach: Accelerating HPV Vaccination Coverage

**Mar 1** The A-B-Cs of HPV Vaccination in School-Based Settings: Easy as 1-2-3

**Mar 4** Promoting the Power of Elimination through HPV Vaccination

**Mar 5** Navigating HPV Vaccination Challenges in Childhood Cancer Survivors

All seminars will be held from noon – 1:15 p.m. Central Time.

**REGISTER NOW**

Register for one seminar or the entire series. Seminars will be recorded for those who are unable to join live.

If you have questions, please email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org) or [stjude.org/IHAD2024](https://stjude.org/IHAD2024)

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HPV Cancer Prevention Program

St. Jude Children's Research Hospital

Scan to Register

HPV Cancer  
Prevention  
Program

St. Jude Children's  
Research Hospital

# Evaluation

We hope you enjoyed this webinar, and we would like to ask for your feedback.

Please take a few minutes now to complete a brief evaluation.

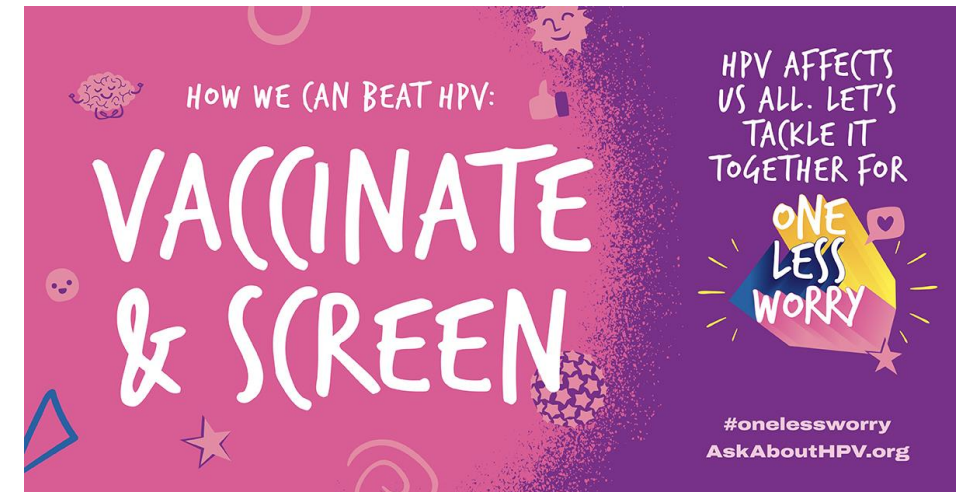


Use the QR code to or the link in the chat to complete the evaluation

# International Papillomavirus Society (IPVS): International HPV Awareness Day Campaign 2024

MARCH 4 IS  
INTERNATIONAL HPV  
AWARENESS DAY

- HPV Cancer Stories
- Social media graphics #onelessworry
- HPV Facts
- Information about HPV vaccination & cervical cancer screening



Use the QR code to access the campaign or visit [askaboutHPV.org](https://askaboutHPV.org).

# THANK YOU

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