

Wide Open Spaces: Improving HPV Cancer Prevention with Rural Communities

March 3, 2023

12 – 1:15 pm Central Time



**HPV Cancer
Prevention
Program**

PATH →
to prevention



Learning Objectives

Identify

Identify ways to improve HPV vaccination coverage within rural pharmacies.

Discuss

Discuss best practices to improve HPV vaccination coverage among adolescents.

Engage

Engage with HPV cancer survivor and OBGYN to learn how to improve HPV cancer prevention.

Wide Open Spaces: Improving HPV Cancer Prevention with Rural Communities



Deanna Kepka, PhD, MPH

Associate Professor College of Nursing
& Huntsman Cancer Institute University
of Utah



Benjamin Teeter

Associate Professor - Center for
Implementation Research
University of Arkansas for Medical
Sciences



Daisy Y. Morales-Campos, PhD,
Latino Research Institute,
University of Texas at Austin



**L. Joy Baker, M.D., FACOG,
PMH-C, C-EFM, MT(ASCP)**
Wellstar West Ga Medical Center



Anne Zajic
HPV Cancer Survivor

Improving HPV Vaccination Using Implementation Strategies in Rural Community Pharmacies

Benjamin Teeter

Associate Professor - Center
for Implementation Research

University of Arkansas for
Medical Sciences



Improving HPV Vaccination Using Implementation Strategies in Rural Community Pharmacies

Benjamin S. Teeter, PhD

University of Arkansas for Medical Sciences

Research Program

- Improve cancer prevention through the application of implementation science
- Implementation of pharmacy-based services in rural community pharmacies
 - Increase access to high-quality care and preventive services for rural, underserved populations
 - Reduce health disparities and improve public health
- Immunizations, screenings, opioid overdose risk counseling, etc.

HPV and Arkansas

- Highest incidence rate of HPV-related cancers in the US
 - Overall (17.7 per 100,000) and in females (19.3 per 100,000)
- Vaccination completion rates are very low, especially in rural, underserved communities
 - 34% rural completion vs 43% urban
- Largely rural state
 - 41% of the population lives in rural counties vs 14% of the total US population
- Bottom 5 for Primary Care Physicians per 100,000 people
 - Pediatricians difficult to find in rural areas
 - Primary Care/Family Medicine clinics are increasingly getting out of the vaccination business

Vaccines for Children (VFC) Program

- VFC program provides free vaccine for administration to children at no charge but program participation is low
 - Only 4% of Arkansas' physicians are enrolled in the VFC program
 - Local Health Units are the sole resource of VFC vaccines in 20 of 75 counties
- Pharmacists can administer vaccines and participate in the VFC program but participation is virtually non-existent

Our Project

- Determine barriers and facilitators to pharmacy participation in VFC
- Help pharmacies enroll in VFC
- Develop and test a Pharmacist – Physician collaboration model and supportive implementation strategies through and Evidence-Based Quality Improvement process
- Test the model

Barriers, Facilitators & VFC Enrollment


- Pharmacists are interested in participating
 - Cost to enroll is a barrier
- Parents support having children vaccinated in a pharmacy
 - Must be communication between the pharmacist and the child's PCP
- PCPs support offering adolescent patients the option of receiving vaccinations in their community pharmacy
 - Cannot impact well-child visits
- Remove pharmacy barriers
 - Grant funding from Arkansas Immunization Action Coalition
 - Purchase of standalone refrigerator and temperature monitoring equipment
 - Enrollment fees
- Partner Organization: Harps Food Stores, Inc.
 - 10 rural pharmacies identified for enrollment

Collaboration Model

- If clinic does not participate in VFC
 - Refer VFC eligible patients to pharmacy
 - Send E-prescription for same-day immunization
- If clinic provides the first dose
 - Offer patients option of receiving the 2nd dose in the pharmacy
 - Provider sends an E-prescription to the pharmacy for the 2nd dose
- If patient requests an immunization without referral
 - Pharmacist administers and reminds of importance of annual well-child visit
 - Notifies clinic staff for their records

Supportive Implementation Strategies

- Patient-facing materials
 - Buttons worn by all pharmacy and clinic staff
 - Posters in pharmacies and clinics
 - Bag stuffers for child prescription bags
 - Stickers for all prescription bags
 - Text message reminders sent by pharmacy
 - 6 months before 2nd dose
 - 2 weeks before 2nd dose
 - 2nd dose due
 - 2 weeks past due
- Provider-facing materials
 - Letter from pharmacy to clinic to introduce service and invite to collaborate
 - Talking points for pharmacists and physicians about HPV vaccine
 - Strong recommendation, how to talk to hesitant parents
 - Referral “portal” for 2-way pharmacy-clinic communication



HPV vaccine provides **SAFE AND EFFECTIVE** protection against **6** types of cancer

Arkansas has the **highest rate of HPV-associated cancers** in the US

Has your child been vaccinated against HPV?
Ask your doctor or pharmacist about HPV vaccination today!

HPV VACCINATION IS **CANCER PREVENTION**



HPV can cause deadly cancers.


SLEEVES UP. PROTECT YOURSELF.

Ask your pharmacist for info.

HPV is extremely common.

SLEEVES UP. PROTECT YOURSELF.



Ask your pharmacist for info.



Vaccination provides safe and effective protection from cancer-causing HPV.

Has your child been vaccinated against HPV?
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HPV VACCINATION IS **CANCER PREVENTION**

Arkansas has the highest rate of HPV-associated cancers in the US

Has your child been vaccinated against HPV?
Ask your doctor or pharmacist about HPV vaccination today!

HPV VACCINATION IS **CANCER PREVENTION**



HPV is incurable.

SLEEVES UP. PROTECT YOURSELF.

Ask your pharmacist for info.

Boys and girls can get HPV.

SLEEVES UP. PROTECT YOURSELF.

Ask your pharmacist for info.

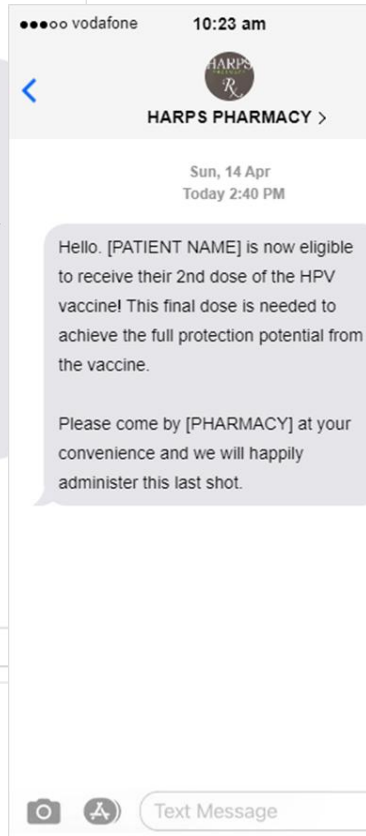
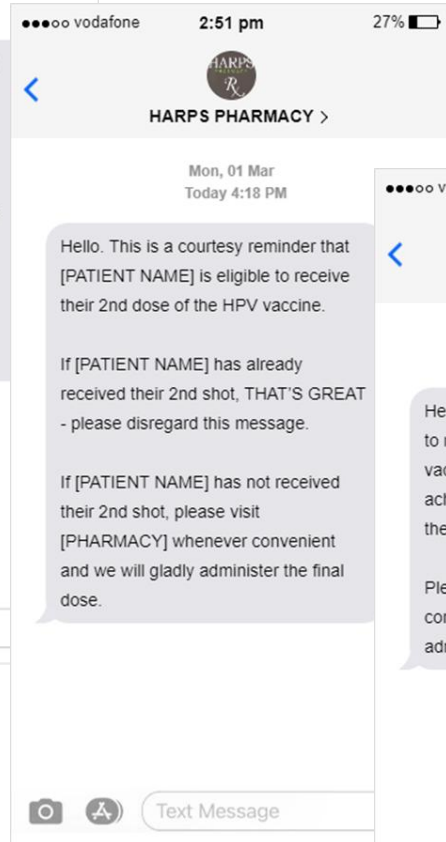
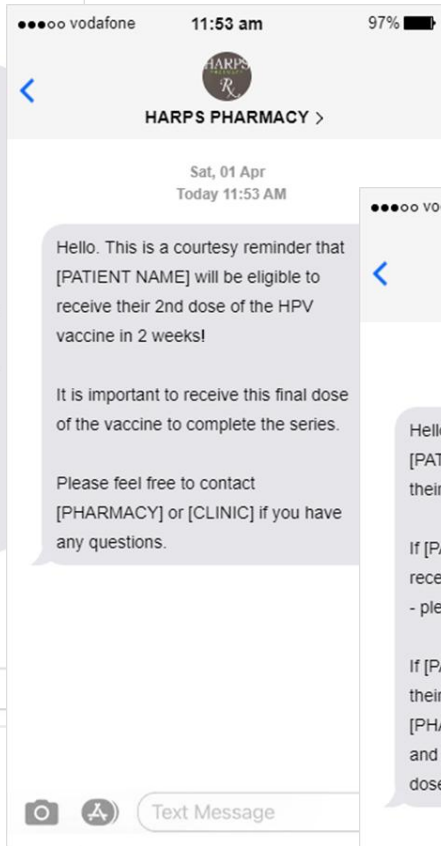
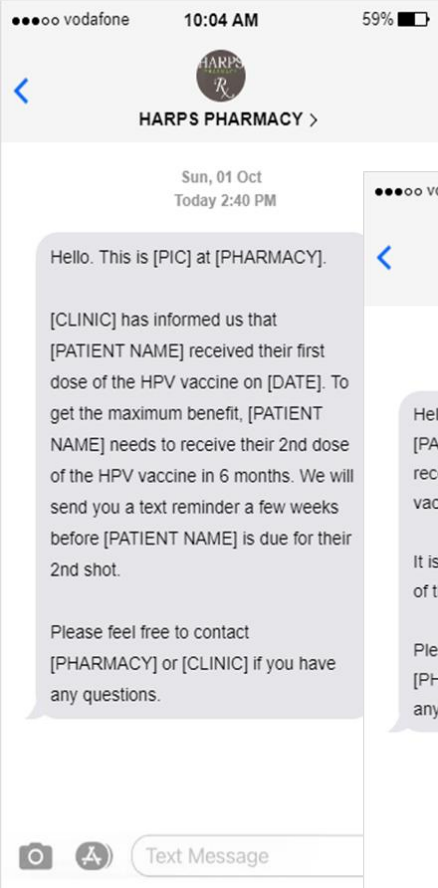


Ask me about **cancer prevention.**

HPV is preventable.

SLEEVES UP. PROTECT YOURSELF.

Ask your pharmacist for info.



WWW.HARPSFOOD.COM

Dear [NAME],

I am writing this letter to formally introduce a new service we are providing at Harps Pharmacy. As I'm sure you are aware, Arkansas has some of the lowest HPV vaccination completion rates in the country. In an effort to improve HPV vaccination rates and reduce the incidence of HPV-related cancers in Arkansas, we have worked with faculty from the University of Arkansas for Medical Sciences College of Pharmacy, primary care providers, pharmacists, and other health professionals from around the State to design a vaccination initiative in which pharmacies partner with area primary care providers to promote and administer HPV vaccines.

Through the work with our team, we know the following:

- Stigma associated with HPV vaccine results in vaccine hesitancy which increases the time and effort required to recommend, counsel, and provide the vaccine.
- Even when successful in administering the first dose, series completion is difficult.
- Parents support the idea of having their children and adolescents vaccinated in the pharmacy as long as there is communication between the child's PCP and pharmacist.
- Primary care providers support offering their adolescent patients the option of receiving vaccinations in their community pharmacy as long as patients are referred back for their well-child visits.
- Pharmacists are well-trained and accessible immunizers. This has been on full display over the past 18+ months of COVID-19 vaccinations administered in pharmacies.

With these things in mind, we are partnering with primary care providers in our area to improve HPV vaccination initiation and series completion rates.

How it works:

Our pharmacists have been providing immunizations to patients for years. We are enrolled in the federally-funded Vaccines For Children (VFC) program and have private-stock HPV vaccine on-hand to administer. There are numerous ways a collaboration between our pharmacy and your clinic could be helpful for your patients. For example,

1. If your practice does not participate in the VFC program, our pharmacy is ready to administer vaccinations to your eligible patients. Instead of long wait times at the health department, you can refer your VFC-eligible patients to us for same-day immunization. We report all immunizations we provide to WebIZ so patients and providers will always have accurate, up-to-date immunization records. At your request, we can also notify your practice directly when a patient is vaccinated.
2. If your clinic provides the first dose of HPV vaccine we can provide flexibility by offering patients the option of receiving the 2nd dose administered in our pharmacy. To do this, all you would need to do is inform them that they can get their 2nd dose in our pharmacy in 6th months and send us an E-prescription for their 2nd dose. Once we receive the e-prescription, we take over with reminder SMS messages at specific intervals to encourage completion of the series.
3. If a patient comes to our pharmacy and requests an immunization without a referral from you, we will provide the immunization while also reminding the patient of the importance of scheduling their annual well-child visit with you and your clinic staff. We also notify your clinic staff about these non-referred patients for your records.

Overall, this program aims to reduce barriers to HPV vaccination completion through a collaboration between pharmacists and primary care providers. I would appreciate the opportunity to talk with you more about joining us in this effort to improve HPV vaccination rates in Arkansas.

Sincerely,

ADDRESS: LOCATION, CITY, STATE, ZIPCODE

T: 521-456-9870, F: 521-654-0987 | EMAIL: INFO@DOMAINNAME.COM

Other Pharmacy Projects

- Dentists
- Community Health Workers
- FQHCs

THANK YOU!

Using Best Practices to Promote HPV Vaccination among Adolescents in Primary Care Settings

Daisy Y. Morales-Campos, PhD,

Latino Research Institute,
University of Texas at Austin



Using Best Practices to Promote HPV Vaccination among Adolescents in Primary Care Settings

DAISY Y. MORALES-CAMPOS, PHD

Research Assistant Professor, The University of Texas at Austin

Project Support



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Grant # PP160042 and
PP160081

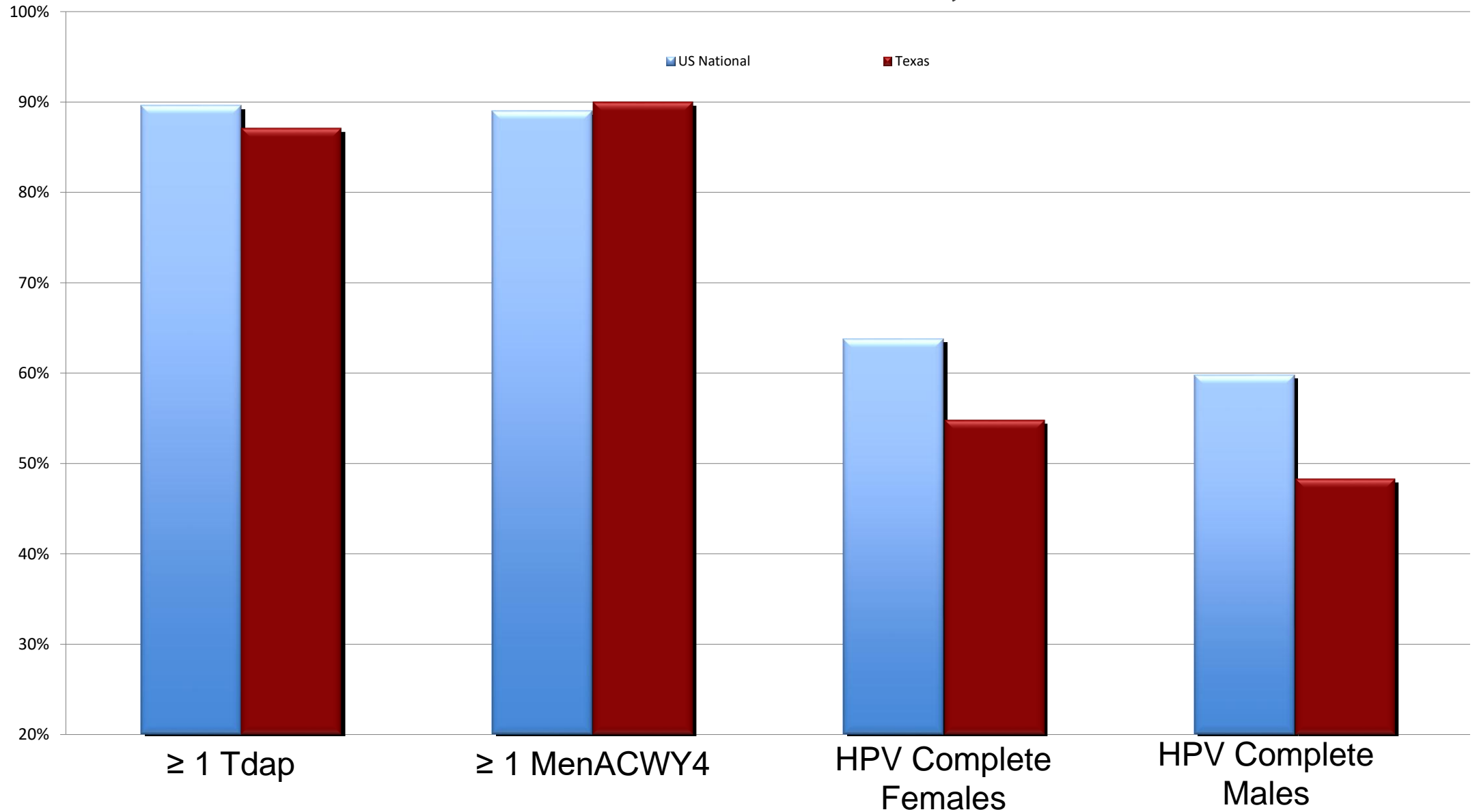
HPV-Related Disease 2015-2019

- Est. 12,795 US women were diagnosed with cervical cancer in 2019
 - In Texas, cervical cancer disparities exist among Hispanic women:

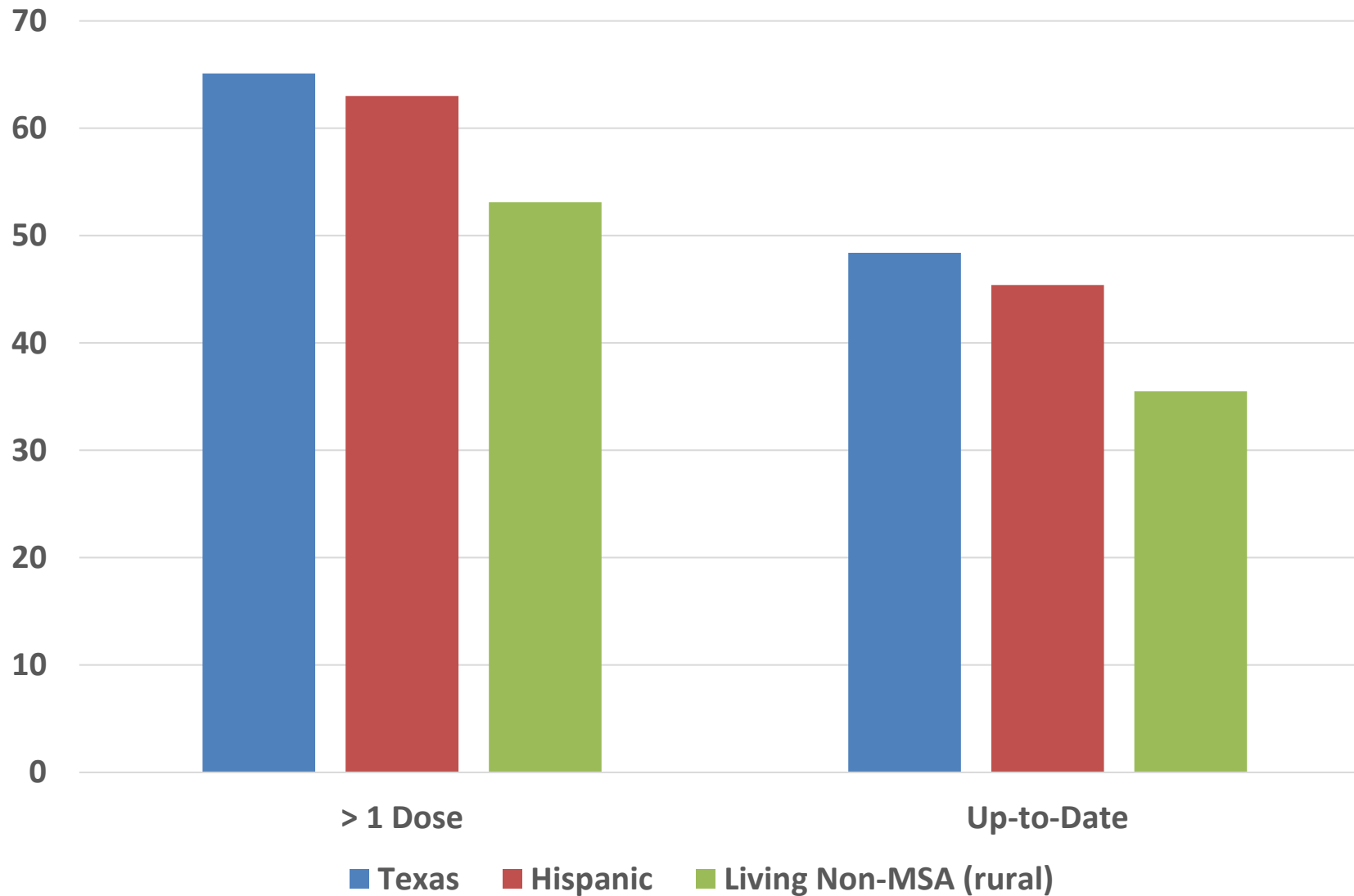
	White, Non-Hispanic Women (per 100,000)	Hispanic Women (per 100,000)
Incidence	9.0	11.8
Mortality	2.6	2.9

- Est. 17,222 US men were diagnosed with oropharyngeal cancer in 2019
 - In Texas, 9.0 per 100,000 men have oropharyngeal cancer due to HPV
- Most HPV-related cancers are caused by one of 9 types in the HPV vaccine

Adolescent Vaccination Rates 13-17 years old, United States and Texas, 2021

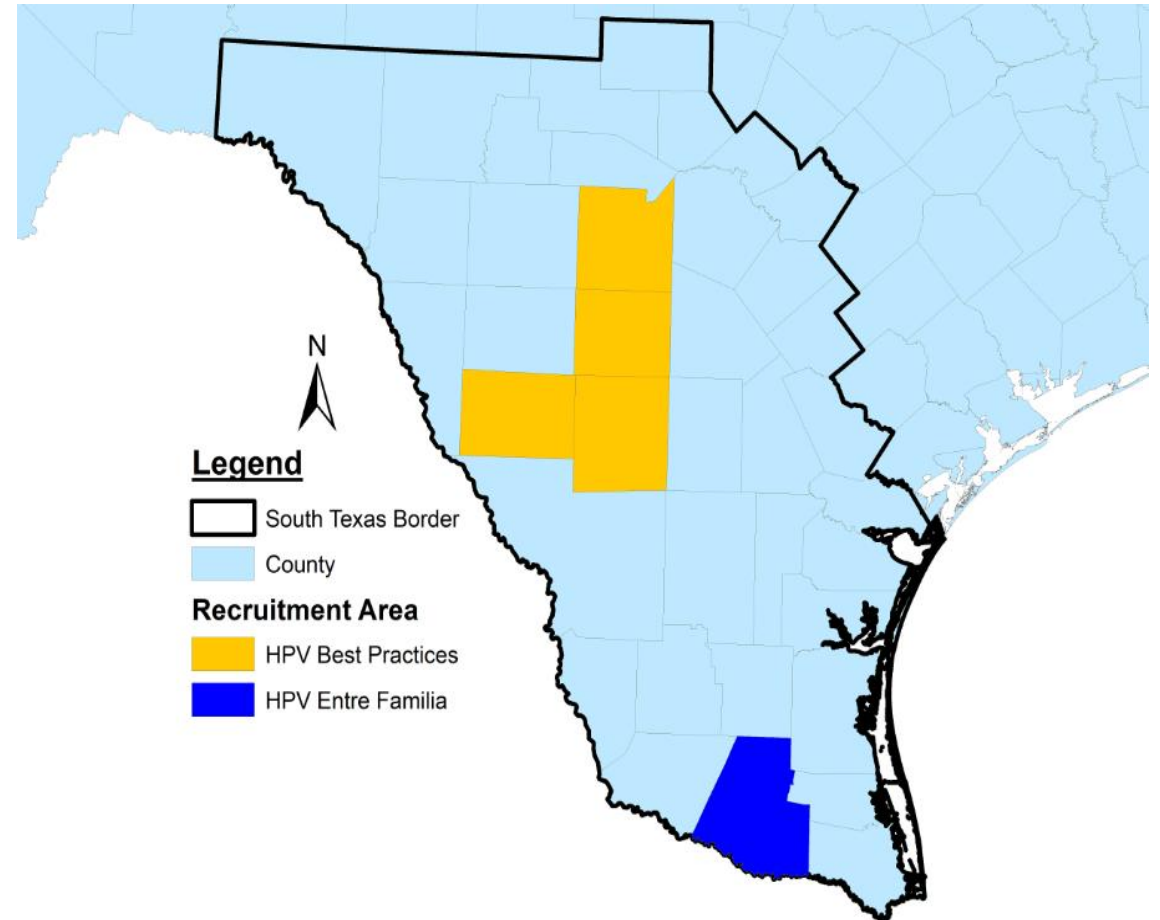


Adolescent HPV Vaccination Rates 13-17 years old in Texas, 2019

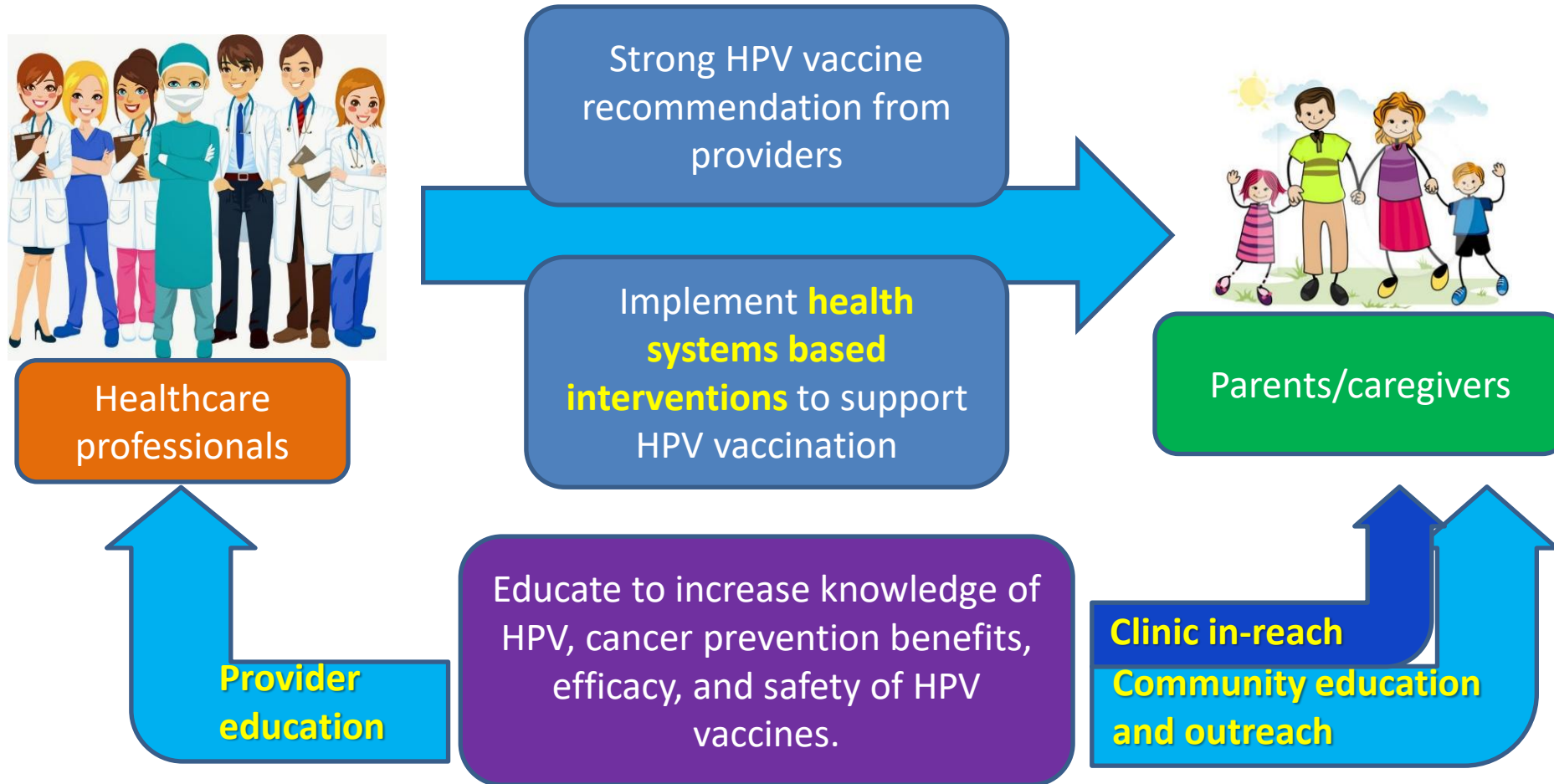


Entre Familia 2 (2016-2020)

- **Goal:** To increase HPV vaccination (initiation and completion) among adolescent male and female patients ages 11-17 in **seven** clinics in five primarily rural and Hispanic counties
- Clinic collaborations with South Texas Rural Health Services (STRHS) and Nuestra Clínica del Valle (NCDV)



Project Plan Diagram



Community Outreach & Clinic In-reach



- **Nov 2016 – Feb 2019**
 - Reached > 42,000 adults through community events
 - Educated 5,534 adults in targeted education sessions
 - Educated 922 healthcare professionals

Take these steps to reduce your preteen and teens risk.

How can I prevent my preteens and teens from getting HPV?

The only ways to prevent the spread of HPV in young people are abstinence — no vaginal or anal intercourse, no skin-to-skin contact below the waist, no oral sex — and the HPV vaccination.

Some other ways preteens and teens can reduce the risk of HPV infection are:

- Have a sexual relationship with only one partner.
- Always use condoms.

REMEMBER: Condoms do not fully protect a person from HPV because they do not cover all of the infected skin.

What is the HPV vaccine?

The HPV vaccine (Gardasil®) protects against some types of HPV that cause most genital warts and cervical cancer cases.

Gardasil® is recommended for women and girls ages 11-26.

Men and boys ages 11-21 can also receive the vaccine to protect against genital warts and cancers of the mouth, throat, penis, and anus.

Gardasil® is given in 2 doses for adolescents ages 11-14. Young adults ages 15-26 need three doses of the HPV vaccine.

Pain, swelling, and redness may occur where the injection is given.

Gardasil® works best in girls and boys before they are sexually active and may be exposed to HPV in the future.

Gardasil® does not replace the need for regular Pap testing.

What you should know about the HPV vaccine

Talk to your preteens and teens.

Your preteen and teen can get their HPV vaccine at STRHS.

UT Health San Antonio

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

SOUTH TEXAS RURAL HEALTH SERVICES

SOUTH TEXAS RURAL HEALTH SERVICES

Immunizations Champions



IMMUNIZATION CHAMPIONS

Training Manual



- Educate and train Immunization Champions
 - Implement healthcare systems-based interventions
 - Patient education
 - Reminder/Recall
 - Noting missed opportunities
- Update providers on evidence-based strategies to make strong recommendations
 - Establish standing orders
 - Review ImmTrac status (state registry)

Assess HPV Vaccination Rates AFIX

- Comprehensive Clinic Assessment Software Application (CoCASA)
- Data-driven
- Determine baseline HPV vaccination rates
- Determine frequency of missed opportunities
- Identify areas for improvement



STRHS AFIX Baseline Data

- Collected April 2016
- Male and females
- Ages 11-17
- 4 clinics in 4 counties
- 184 patients
 - 50 per clinic randomly sampled
 - If less than 50 available, then all reviewed
- 13 patients (7.1%) initiated the series
- 3 patients (1.6%) completed the series (2 or more doses)
- 14% missed opportunities

NCDV AFIX Baseline Data

- Collected April 2017
- Male and females
- Ages 11-17
- 3 clinics in 1 counties
- 150 patients
 - 50 per clinic randomly sampled
 - If less than 50 available, then all reviewed

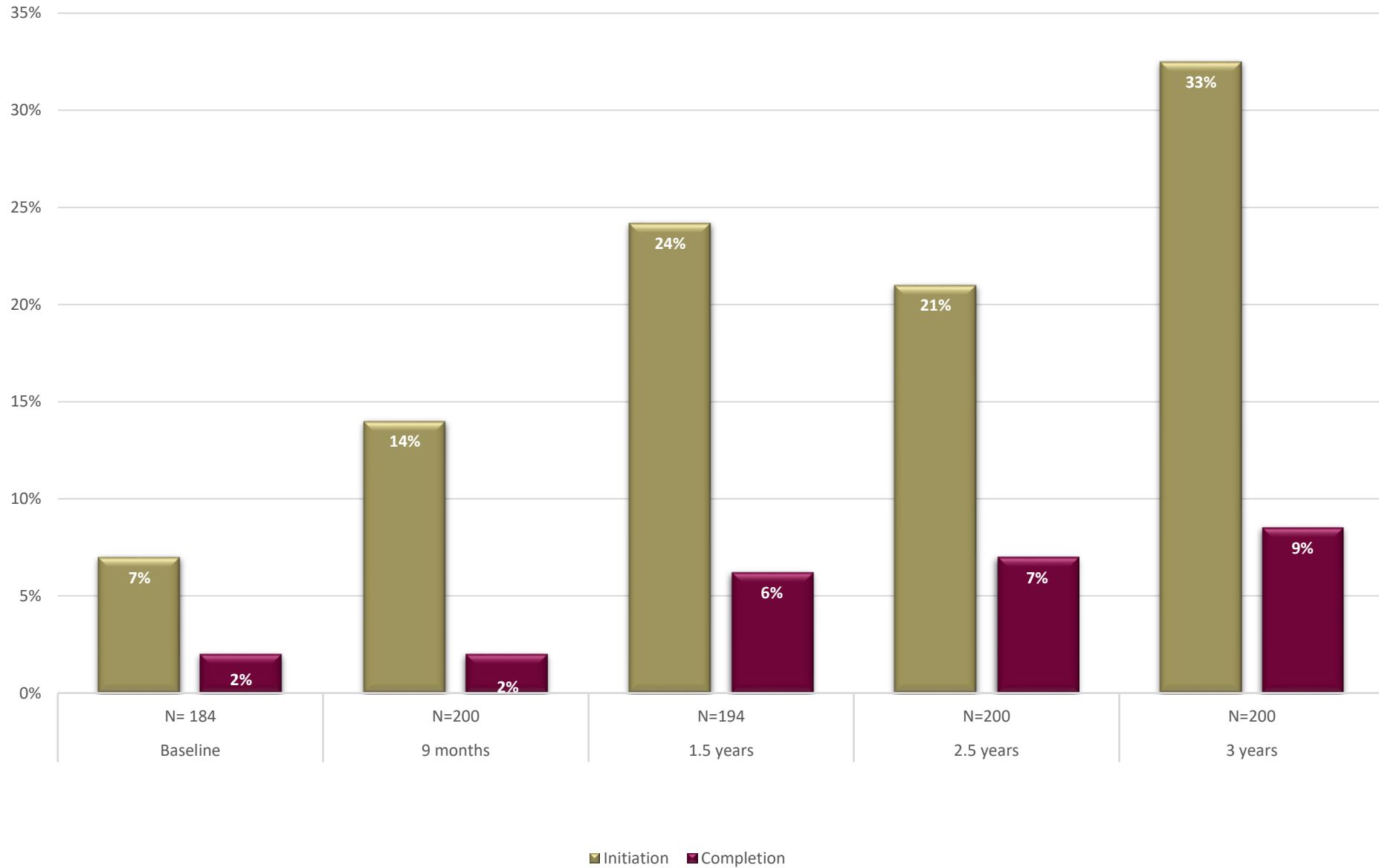
62 patients (41%) initiated the series
38 patients (25%) completed the series (2 or more doses)
36% missed opportunities

Champion Interventions

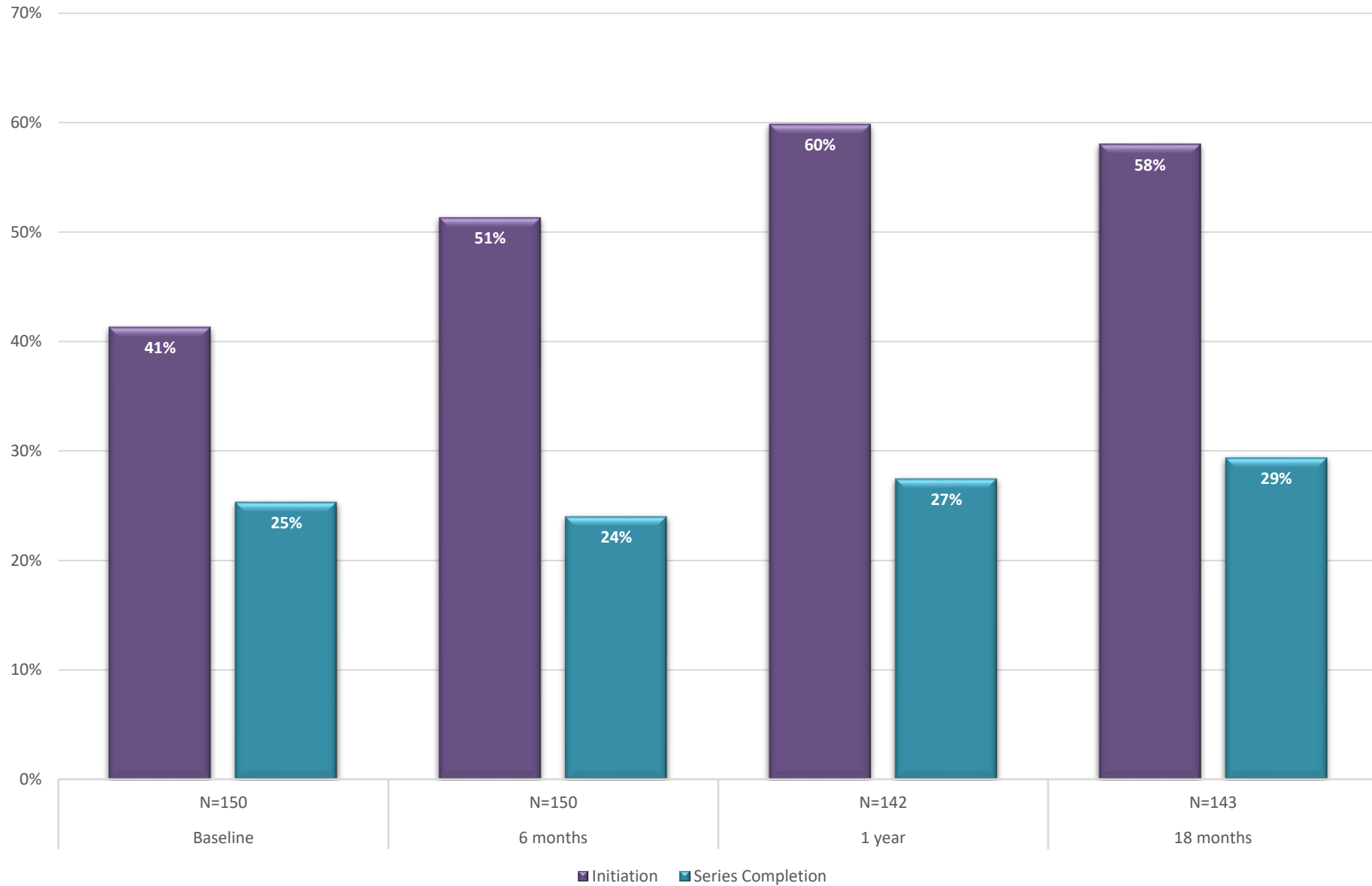
- Clinic “in-reach”
- Reminder/Recall
 - Identify and contact patients who have upcoming vaccine doses (reminder) or have missed doses (recall)
- ImmTrac
 - Champion responsible for inputting information into ImmTrac and comparing ImmTrac data against patient records
- Provider reminders
- Standing orders



STRHS Results



NCDV Results



Conclusions

- Reminder/Recall is working to bring patients back to complete the series
- Improved communication between providers and patients has shown an increase in HPV vaccine initiation
- Provide “bundle” recommendations
 - “Today you’ll receive Tdap, HPV, and Meningitis vaccines. Do you have any questions?”
- Decreased missed opportunities

Thanks to our Partners



Contact Information

Daisy Y. Morales-Campos, PhD

Research Assistant Professor

[https://www.liberalarts.utexas.edu/lri/
moralescampos@austin.utexas.edu](https://www.liberalarts.utexas.edu/lri/moralescampos@austin.utexas.edu)

Q & A Session with Anne Zajic and Dr. L. Joy Baker



Anne Zajic



Dr. L. Joy Baker

Thank you for joining us!

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 or use the vanity URL.

LINK:

https://stjudepreventhpv.qualtrics.com/jfe/form/SV_dhVhqqXaJEMibhY

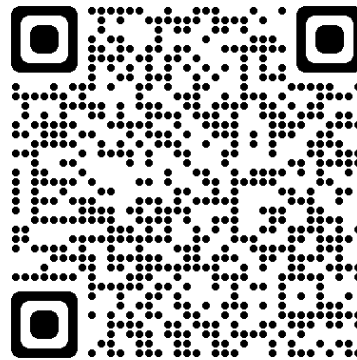


Join us as a campaign partner!



Path to a Bright Future

HPV vaccination is cancer prevention





Thank you!