Partnering to Improve HPV Vaccination Rates
Today’s Discussion

• Introduction to OIDP and the OASH HPV Vaccination Strategy

• Working with rural and faith-based community partners

• Opportunities to Collaborate
Office of Infectious Disease and HIV/AIDS Policy

- **June 2019:** Established the Office of Infectious Disease and HIV/AIDS Policy (OIDP) to administer and implement statutory responsibilities of the:
  - National Vaccine Program
  - Office of HIV/AIDS and Infectious Disease Policy
- **Vision:** A Nation Free of Infectious Diseases
- **Mission:** Provide strategic leadership and policy development, through collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.
- **Learn more:** www.hhs.gov/oidp
Office of Infectious Disease and HIV/AIDS Policy

- **Division of Vaccines and Immunization**: Provides strategic leadership and coordination among federal agencies and other stakeholders to reduce the burden of preventable infectious diseases through vaccines and immunization.

- **National Vaccine Plan**: Nation’s roadmap for enhancing the vaccine and immunization enterprise including vaccine innovation, safety, access, decision-making, and global prevention.

- **National Vaccine Advisory Committee (NVAC)**: Federal advisory committee that advises and makes vaccine and immunization policy recommendations to the Assistant Secretary of Health in his/her role as Director of the National Vaccine Program.

- **Priority Efforts** (e.g., HPV vaccination, adult vaccination)
Improving HPV Vaccination
NVAC Recommendations

2018: NVAC recommendations for strengthening federal, state, and local HPV vaccination coverage rates

- Encourage dissemination and implementation of evidenced based practitioner resources and collaboration
- Engage with and encourage state health officials to use existing publicly available resources for coalition building
- Request further research be conducted to better understand the needs of rural providers
- Encourage the increased use of technology-based, telemedicine systems such as tele-consulting and tele-mentoring partnerships
- Support a stronger HHS-wide social media presence to improve the reach of communication strategies and directly engage parents, adolescents to build trust

Source: https://journals.sagepub.com/doi/full/10.1177/0033354918793629
Improving HPV Vaccination
Three-pronged Approach

- Integrated Delivery Networks & Health Systems Enhancement
- Develop and implement an engagement strategy that reaches all necessary stakeholders and catalyzes private and public collaborations
- Cultivate an understanding of the importance of the HPV vaccine as cancer prevention in rural communities

Goal: 80% vaccination series completion rates in five years
Improving HPV Vaccination
Integrated Delivery Networks and Health Systems Engagement

- A health care provider’s recommendation remains the strongest predictor of HPV vaccination
  - CDC’s How I Recommend Video Series

- Support HPV vaccination at every health care touchpoint through system-wide changes like optimizing electronic health records or implementing quality improvement initiatives

- Held Stakeholder Meeting to provide training on optimizing the use of immunization registries in New York and New Jersey to improve HPV vaccination and share best practices

- Partnered with CDC, ACS, AMGA and IDNs to establish a learning collaborative that will incorporate evidence-based practices and best practice models within their health systems
Improving HPV Vaccination
Partner Engagement and Targeted Communications

In March 2019, kicked off the HPV Vaccination Spring Push to raise awareness about HPV vaccination and share evidence-based practices

• HPV Partner Call
• #EndHPVCancers Twitter Chat on March 4
• HHS Leadership as Vaccine Champions
  • Daily tweets, keynote speeches, blog posts
Improving HPV Vaccination
Partner Engagement and Targeted Communications

Vaccines.gov HPV Partner Toolkit

• Promotional graphics and social media posts
• Resources available in English and Spanish
• View the toolkit: www.vaccines.gov/HPV-Toolkit

Social media

• Use the hashtag: #EndHPVCancers
• Retweet HPV messages from @HHS_ASH, @HHSvaccines, and @Surgeon_General

Vaccine Finder Widget

• Embeddable tool to search vaccine locations near you
• Added ~3,000 Title X sites offering HPV vaccine
Collaborate with federal and regional partners and rural and faith-based programs to mobilize efforts to increase HPV awareness and vaccination rates

Engage retail pharmacies in rural areas to increase awareness and uptake of the HPV vaccine

Rural needs assessment
Improving HPV Vaccination
Rural and Faith-Based Communities Strategic Outreach

Rural vaccination rates remain lower than those in urban areas

• Adolescents living in rural communities who are up-to-date on their HPV vaccine remains 15% lower than those who live in urban areas

• Shortages of primary care physicians and pediatricians

• Less access to supply

• Less vaccine and immunization education for providers

Percentage of Teens Up-to-Date on HPV Vaccination in Rural Communities

Source: National Immunization Survey, 2018
**Improving HPV Vaccination**

**Rural Provider Needs Assessment**

- **Goal:** Better understand HPV vaccination practices and barriers faced by providers and patients

- **Scope:** Virtual stakeholder meeting and survey conducted in rural counties within 4 states (3 counties within each state)
  - Selected based on HPV burden, density of health clinics
Identified and invited participants for single, two-hour facilitated webinar discussion on state and local HPV vaccination practices in June 2019

36 stakeholders across four states representing:
- State health departments (immunization, adolescent health, cancer prevention, and women's health);
- Local health departments;
- Local provider sites;
- Universities; and
- Organizations with state or regional reach (e.g., American Cancer Society, Primary Care Association)
Improving HPV Vaccination
Rural Provider Needs Assessment – Stakeholder Meeting

Key Findings

**Key Partners:** State Health Departments, American Cancer Society, Rural Health Association, Primary Care Association, Indian Health Service, Local Coalitions, Colleges and Universities

**Variability in State Immunization Requirements**

<table>
<thead>
<tr>
<th>State</th>
<th>Immunization Reporting Requirements</th>
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<tr>
<td>Kentucky</td>
<td>VFC-funded vaccines required to be reported</td>
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<tr>
<td>Missouri</td>
<td>No state mandate to report immunizations by healthcare providers; however pharmacists mandated to report (2018)</td>
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<tr>
<td>Mississippi</td>
<td>All vaccines administered to those ≤ 18 years of age required to be reported</td>
</tr>
<tr>
<td>Wyoming</td>
<td>State mandate to report all vaccines administered by healthcare providers and pharmacists</td>
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## Improving HPV Vaccination

### Rural Provider Needs Assessment – Stakeholder Meeting

### Key Findings

### Impactful Strategies:
- Provider education
- Focusing the conversation around cancer prevention
- Mandating the vaccine
- Parent education
- Presumptive communication
- Reminder recall

### Provider Barriers:
- Cost reimbursement concerns
- Unequipped to address parent concerns
- Vaccine safety concerns
- Lack of a school mandate for HPV vaccination (other vaccines prioritized by providers)

### Perceived Parent Barriers:
- Not believing child is sexually active
- Vaccine safety concerns
- Religious beliefs
- Lack of awareness
- Mistrust in providers, the government, pharmaceutical companies
Improving HPV Vaccination
Rural Provider Needs Assessment – Survey

- Identified providers and clinical staff at local and county health departments, pediatric and family medicine clinics was conducted to identify relevant providers.
- Unique state-specific provider survey on HPV vaccination practices developed and distributed
  - Each survey was designed to restrict completion by more than 9 respondents.
- 17 respondents from nine counties across four states
  - Physicians, nurses, pharmacists, other clinical staff
  - Ranging from 2-38 years of experience
Improving HPV Vaccination
Rural Provider Needs Assessment – Survey

Key Findings

**Perceived Parent/Patient Reasons for Refusal:**
- Vaccine safety concerns (80%)
- Lack of knowledge (67%)
- Parent fear of riskier sexual behaviors, earlier initiation by child (47%)
- Belief child is not sexually active (40%)

**Perceived Parent/Patient Perceived Facilitators**
- Provider recommendation (93%)
- Receipt of other adolescent vaccines at same time (73%)
- Education/outreach (60%)
- Family health history (53%)
## Key Findings

### Immunization Practices:
- Recommend at ages 11-12 (80%)
- Offer with other adolescent vaccines (73%)
- Offer to all eligible patients regardless of reason for visit (40%)
- Present as cancer prevention (80%)
- Provide educational materials (87%)
- Immediately schedule follow-up appointments (60%)
- Phone call reminders (53%)
- Mailed reminder cards (53%)

### Provider Barriers:
- None, following recommendations (53%)
- Vaccine cost (27%)
- Vaccine safety concerns (27%)
- Lack of time/opportunity during office visit (7%)
- Difficulty discussing sexual health (7%)
- Stocking/storing vaccine (7%)

### Provider Facilitators:
- VFC Program participation (80%/73%)
- Presumptive communication (67%/67%)
- Education and training (47%/53%)
Limitations and Implications

• **Limitations:**
  • Limited number of rural counties included in sample
  • Lack of granular data to use in identifying and selecting states and rural counties to include in the stakeholder meetings and needs assessment surveys
    • National datasets were inadequate to collect specific data on HPV rates, vaccination rates, and other pertinent data in states let alone counties or rural counties.
• **Implications:**
  • Perceptions of HPV vaccine influenced by range of factors, emphasizing need to be inclusive of diverse stakeholders including parents, policymakers, and the community at large (e.g., faith community)
  • Need to increase provider reporting of HPV vaccinations to ensure accurate county-level data
  • Enhanced access to data and reporting between bordering states is key
Looking Ahead to 2020

• **Continuing efforts**
  • Integrated Delivery Network Learning Collaborative
  • HPV vaccination awareness and outreach (January and March pushes)

• **Forthcoming efforts**
  • Million Cancer Preventing Congregations faith-based initiative in Region 4
  • HPV Catch-up Campaign in Spring 2020 (Office on Women’s Health)
  • 2020 National Vaccine Plan
  • Future NVAC reports on immunization equity and vaccine confidence