

HPV CALL-TO-ACTION



Tuesday, February 28, 2017 2PM ET

“Partnering with the American Cancer Society to Increase HPV Immunization”

AGENDA

- Welcome & Speaker Introductions
- AIM: Intro to Immunization Programs and Challenges to Raising HPV vaccine rates
- Presentation 1: Partnerships to Increase HPV Vaccination: The HPV VACs Project
- Presentation 2: Partnerships for HPV Cancer Partnerships
- Resource Overview
- Q&A/Discussion

Ron Balajadia



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Marcie Fisher-Borne, PhD, MPH,MSW



**Program Director, HPV Vaccination (American Cancer Society)
&
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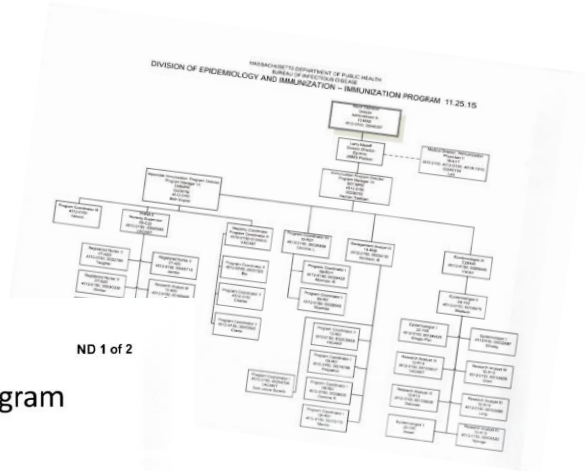
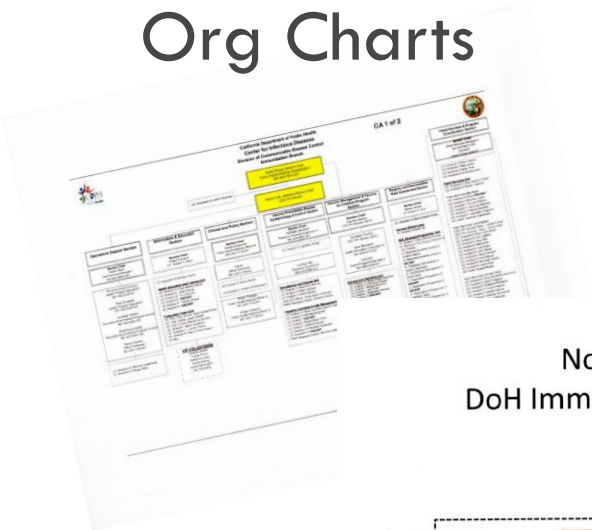
ABOUT AIM...

- Membership organization created in 1999 to enable immunization program (IP) managers to work together
- AIM membership includes representatives from all 64 state, territorial and local National Center for Immunization and Respiratory Diseases (NCIRD) awardees.

Dedicated to:

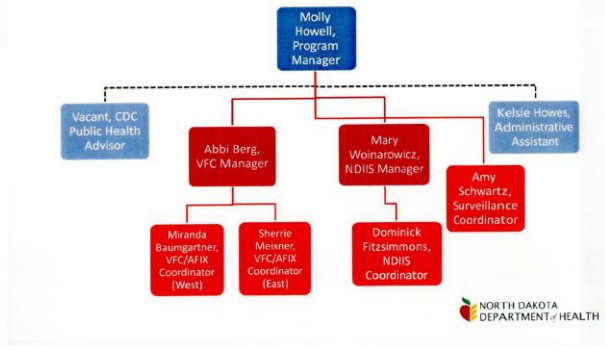
- ✓ Working with its partners nationwide to reduce, eliminate or eradicate vaccine preventable diseases;
- ✓ Promoting adequate and efficient allocation of resources to immunization efforts;
- ✓ Promoting development and implementation of sound immunization policies and programs; and
- ✓ Providing a forum for development and dissemination of information about effective immunization programs among its members.

Org Charts



North Dakota DoH Immunization Program

ND 1 of 2



Immunization Program Operations Manual (IPOM)

Immunization Program Operations Manual (IPOM) outlines requirements and recommendations focused on five core components of an immunization program:

Program Stewardship
and Accountability

Assessing Program
Performance

Assuring Access to
Vaccines

Immunization Information
Technology
Infrastructure
(IIS)

Improve and Maintain
Preparedness

Provider Eligibility Screening
Epidemiology & Surveillance
Provider Screening

vaccine management
Grant Writing
IPOM
ZIKA
Community Partnerships

Public Education
Recruitment and Enrollment
School Entry Enforcement
Evaluation and Program Improvement

STATE REQUIREMENTS
Social Media
Childhood
Legislation
Outbreaks
REPORTING
HPV

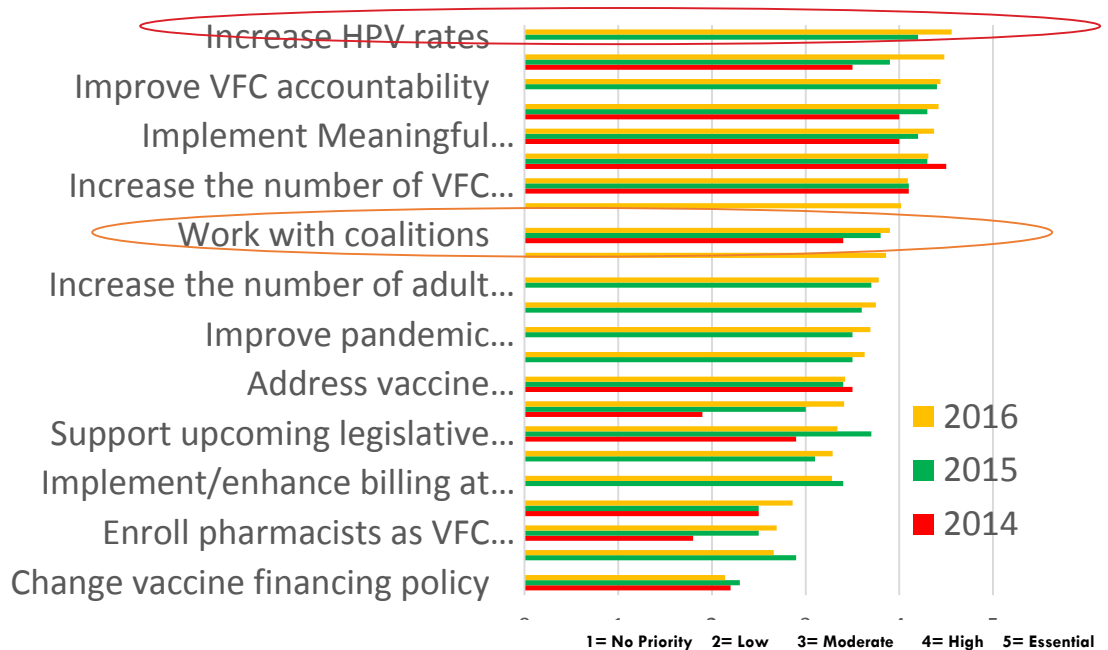
Dose level accountability
25% AFIX
Visits
Adolescents
Adults

VSH
Improve and Maintain Preparedness
50% Site Visits
VTrckS/ExIS

EHR-IIS interoperability
INFLUENZA
PPHF
Vaccine Hesitancy
Elimination?

Upcoming 12 Months Priorities

Asked May-June 2016





What are the Challenges of Raising
HPV Coverage Rates?
A Program Manager's Perspective

HPV VACs

Vaccinate Adolescents against Cancers

Partnerships to Increase HPV Vaccination: The HPV VACs Project

Marcie Fisher-Borne, PhD | Director, HPV Vaccination & PI VACs Project
American Cancer Society



HPV VACs

Vaccinate Adolescents against Cancers

The **HPV VACs** project is aimed at increasing HPV vaccination rates for adolescents across the nation through improved provider awareness and education and improved system-wide processes—with a focus on adolescents ages 11 to 12.

ACS State Health Systems Managers

Strengthen a broad portfolio of cancer prevention work in each state through:

- Comprehensive Cancer Control Partners
- Private/Public Insurers
- Immunization Branches/Coalitions
- Academic Partners
- Building/Supporting State HPV Roundtables

ACS State Health Systems Managers

Where are we?

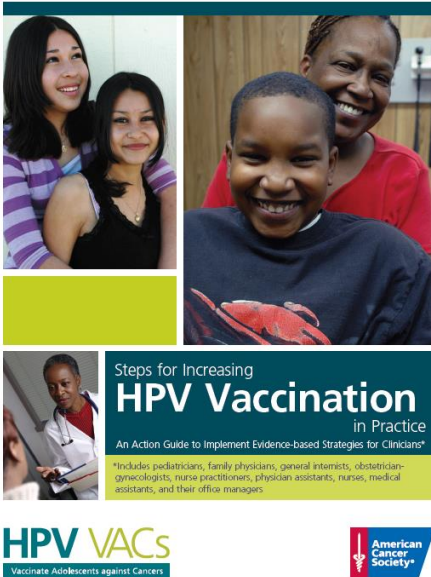
- 47 states have a SHS Manager or Sr. Director
- SHS Managers also cover Washington D.C., Guam, and Puerto Rico
- HPV vaccination partnership building activities have occurred in every state or area that has a SHS Manager

ACS Primary Care Systems Managers



Sonia Pinal and her FQHC partner, Northeast Valley Health Corporation (CA)

- **Coaching practices** through systems change
- Conducting **HPV vaccination capacity assessments** and identifying most effective evidence-based strategy for HPV vaccine uptake
- **Identifying champions** to strengthen Quality Improvement teams
- Increasing immunization **data accessibility and utilization**



Steps for Increasing HPV Vaccination in Practice: An Action Guide to Implement Evidence-based Strategies for Clinicians

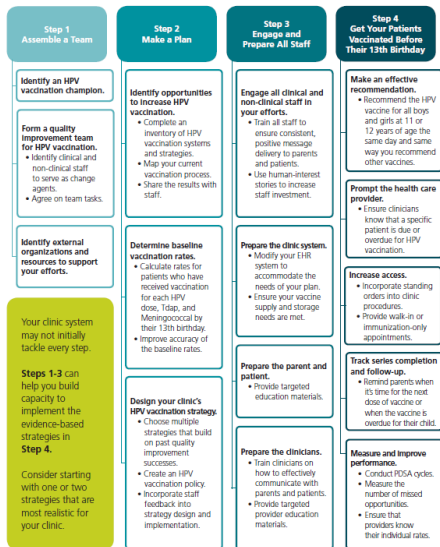
<http://bit.ly/HPVStepsActionGuide>

- Toolkit+
- Road map
- Portal to resources
- Launched June 2015
- Tested and improved by 30 FQHC Pilots

WHAT: Evidence-Based
Interventions

HOW: Evidence-Based
Quality Improvement

Increasing HPV Vaccination: An Overview



2 | Steps for Increasing HPV Vaccination in Practice

Increasing HPV Vaccination: An Overview

- What steps to take
- Where to start
- Foundation of Quality Improvement

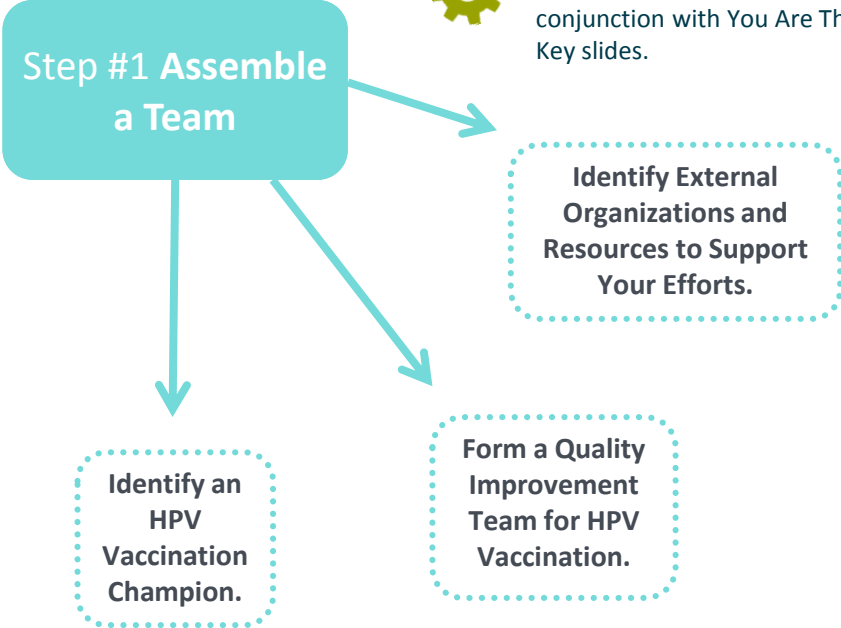
Steps 1-3 help build capacity to implement the evidence-based strategies in Step 4.



ARcare, AR checked off boxes as they were completed.



Penobscot Community Health Care, ME presented the steps and evidence slides in conjunction with You Are The Key slides.



https://www.mysocietysource... Resources and Education - ... x

File Edit View Favorites Tools Help

SharePoint Sign In ?

☆ FOLLOW

Navigation

- Resources and Education

Step 1 - Assemble a Team

Assembling a team is essential to increasing your clinic's HPV vaccination rates. Identify a HPV vaccination champion to advocate for practice change, and provide leadership on the quality improvement team. Form a quality improvement team that engages staff, reviews vaccination rates, and utilizes the Institute for Healthcare Improvement's Model for Improvement and PDSA processes. Identify external organizations and resources to bolster your clinic's efforts. Use these downloadable quality improvement tools to assist you during Step 1.

Identify an HPV Vaccination Champion

DocumentLink	Organization	Resource Description
Child and Adolescent Immunization Office Champions Project-Final Report	American Academy of Family Physicians (AAFP)	Details how to develop and implement an Immunization Office Champions program designed to increase child and adolescent immunization rates in family physician practices.

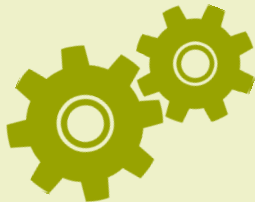
Form a Quality Improvement Team for HPV Vaccination

DocumentLink	Organization	Resource Description
Creating Quality Improvement Teams and QI Plans	Agency for Healthcare Research and Quality (AHRQ)	Self-published article on how to create a QI team in a practice and who should be involved, key driver models, improvement plans for QI teams
Creating Capacity for Improvement in Primary Care: The Case for Developing a QI Infrastructure	Agency for Healthcare Research and Quality (AHRQ)	Self-published article about Quality Improvement, QI capacity, and infrastructure

TOOLS:

Just the Facts

Provider Audience
<http://bit.ly/VACsJustTheFacts>



HPV VACs

Vaccinate Adolescents against Cancers



FACT 1

The HPV vaccine is safe.

Scientists from both the CDC and the FDA continue to monitor and report any adverse events and side effects related to HPV vaccines. Monitoring in 2009 revealed that most side effects related to the vaccine were mild and were similar to those seen with any other vaccine. Several studies from 2011-2015 looking at over 2 million women and girls who have received the vaccine show that there is no relationship between HPV vaccines and autoimmune disorders, blood clots, or other serious disorders.¹

TALKING POINT: Over 200 million doses of vaccine have been distributed worldwide, with over 80 million doses in the US. The safety is continually monitored in 80 countries. No serious safety concerns have been identified.²

FACT 2

The HPV vaccine does not cause serious side effects.

In the US, over 80 million doses of the vaccine have been given, and all investigable adverse reactions have been studied and monitored.

All vaccines can have side effects. The reactions that people have had after the HPV vaccines have been mostly mild and similar to those from other vaccines.³

TALKING POINT: The vaccine was tested in numerous clinical trials and proved to be safe; it continues to be monitored for safety. No deaths have been causally linked to HPV vaccination. The most common side effects are pain, redness, and/or swelling at the site of injection. Very rarely, more serious side effects such as anaphylactic (allergic) reaction can occur, usually if a person is allergic to an ingredient in the vaccine such as yeast.²

The VACs project is supported in part by CDC Cooperative Agreement Number 14Z3P00053-01.

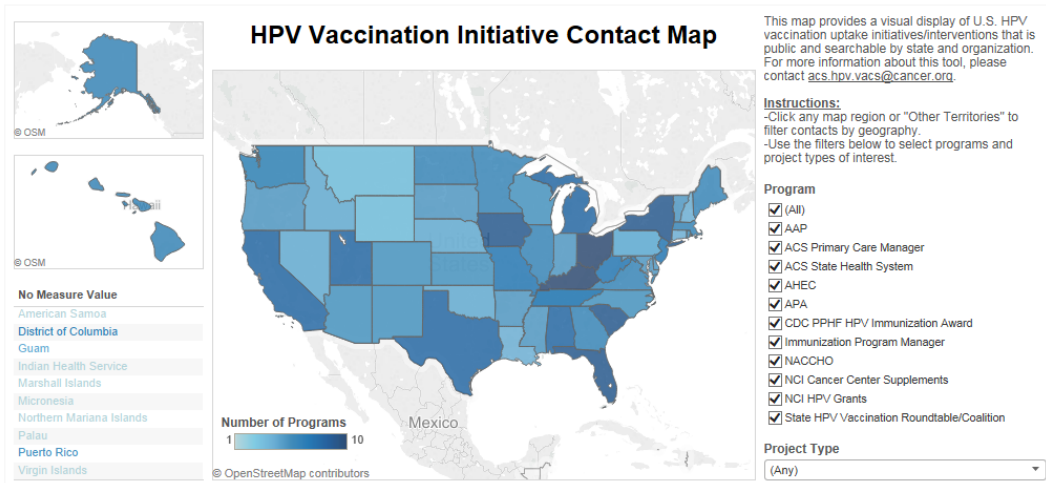
Survivor Speaker Database

- For those who want to invite a survivor to their conference, grand rounds, or other event
- List of organizations with HPV-cancer survivors willing to tell their stories



bit.ly/HPV_speakers

Find HPV Vaccination Partners



<http://Bit.ly/HPVvaccineInitiativeMap>

National HPV Vaccination Roundtable Vaccinate Adolescents against Cancers (VACs)

Debbie Saslow, PhD | Senior Director, HPV-related and Women's Cancers &
Vice Chair, HPV Roundtable



What is a Roundtable?

We are a national coalition of organizations
working together

to prevent HPV-associated cancers & pre-cancers
by increasing & sustaining U.S. HPV vaccination.

Supported by grant #H23IP922551,
funded by the Centers for Disease Control and Prevention



National
HPV
Vaccination Roundtable



- ❖ Create a national network
- ❖ Convene a national meeting
- ❖ Manage pilot projects
- ❖ Evaluate

Karen Peterson, PhD
Prevent Cancer Foundation



Noel Brewer, PhD, Chair
Cervical Cancer-Free North
Carolina



Debbie Saslow, PhD, Vice-Chair
American Cancer Society



Rebecca Perkins, MD, MSc
American College of Obstetricians and Gynecologists



Melinda Wharton, MD, MPH
Centers for Disease Control and Prevention



Bethany Kintigh, RN, BSN
Association of Immunization Managers



Litjen Tan, MS, PhD
Immunization Action Coalition

Steering Committee

Sharon Humiston, MD, MPH
American Academy of Pediatrics

Tami Thomas, PhD, RN, CPNP
National Association of Pediatric Nurse Practitioners

APA

ARFP

AANP

AAP

AAPA

ACS

ACOG

AHNS

AIRA

APhA

ASHA

ASCCP

AIM

ARHP

ASTHO

CCCNP

CPCRn

CDC

CCFA

CSTE

DSN

ECbT

FWC

HNCA

HNFS

IAC

IHS

KP

Merek

NACDS

NAO



NACDD

NACHC

NACCHO

NAPNAP

NASN

NCI

NCSTD

NCQA

NCPA

NFPRHA

NFID

NHMA

NIPN

NIHCMF

NLIRH

NMA

NNPTC

NVPO

OCHIN

OWH

PPFA

PCP

PCF

SAHM

SGO

UNITY

Task Groups

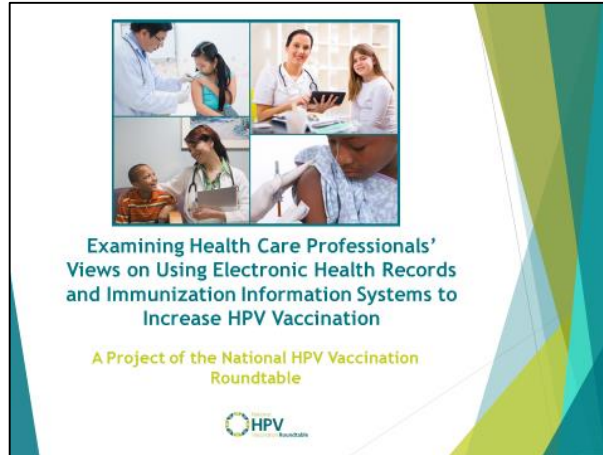
- ❖ Best Practices
- ❖ Communications
- ❖ Electronic Health Records/IIS
- ❖ Empowering Parents & Allies
- ❖ Provider Training
- ❖ State-based Coalitions & Roundtables

Retired:

- ❖ Pharmacy-located Vaccination
- ❖ Survivor Involvement



White Paper on Usage of EHRs/IIS for HPV Vaccination



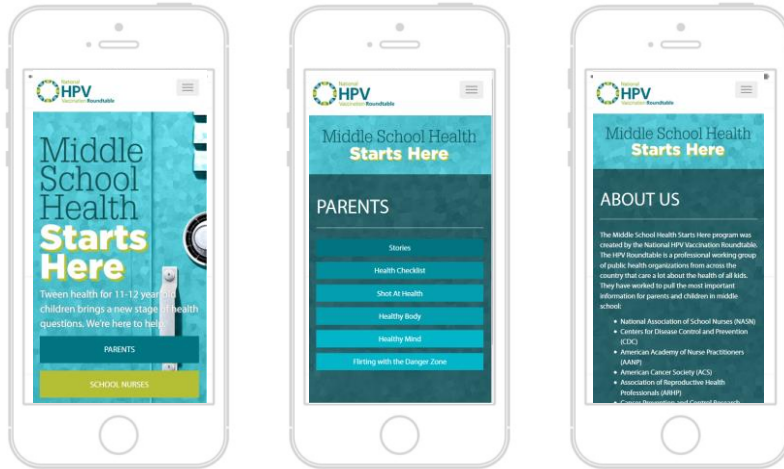
Recommendations

- Data Systems Changes
- Practice Changes
- Systemic Change
- Community Awareness and Access

Lessons Learned

- Providers are concerned about more than technology
- Tech/practice/policy are interrelated issues

Website – Mobile Ready! middleschoolhealth.org



All resources are available at: <http://bit.ly/HPVvaxSP>

Middle School Health Starts Here

Tween health for 11-12 year old children brings a new stage of health questions. We're here to help!

PARENTS

SCHOOL NURSES

Dear Physician and Practice Associates:

CALL TO PREVENT CANCER

Health care providers are part of a national effort to dramatically increase adolescent vaccination against the HPV infections that can cause cancer. HPV vaccination is cancer prevention. The vaccine is underused in our country despite the overwhelming evidence of its effectiveness and safety. One of the top five reasons parents give for not vaccinating against HPV is the lack of effective recommendations for HPV vaccine at 11 or 12 years old.

WHAT YOU SAY MATTERS. HOW YOU SAY IT MATTERS EVEN MORE.

A clear, brief recommendation from you can instantly change how parents think about HPV vaccine. Research shows that simply changing the words used to introduce HPV vaccine makes a tremendous difference. Give your vaccine discussion with all 11- and 12-year-olds and their parents by using one of the following statements:

By consistently stating that HPV is due for three vaccines, and by pointing the HPV vaccine in the middle of the recommendation instead of at the end as an afterthought, parents perceive that it is a normal, recommended course rather than a conditional or optional one. Research has shown that this approach significantly increases the likelihood of vaccination. Watched you will find a CDC "Tips and Tricks" sheet for talking with parents about HPV vaccine. [Resource link.](#)

"Now that your child is 11, her/his is due for three vaccines. These will help protect her/him from meningitis, HPV, gonorrhea, and gonorrhea. We'll give those shots at the end of the visit."

Examining Health Care Professionals' Views on Using Electronic Health Records and Immunization Information Systems to Increase HPV Vaccination

A Project of the National HPV Vaccination Roundtable

Protecting Your Patients from HPV-Associated Cancer:

What Providers Need to Know About HPV-Associated Oropharyngeal Cancer

National Conference on Best and Promising Practices for Increasing HPV Vaccination

August 29, 2016

10am – 4:30 pm EST

Livestream: <http://livefire.com/ocv/ocv-event/589204>

Password: Aug29Conf

AGENDA

HPV VACS

Electronic Vaccination Status Tool

Patient Overview Tools

- View Patient Overview Tools
- View Patient Overview Tools
- View Patient Overview Tools
- View Patient Overview Tools

Provider Overview Tools

- View Provider Overview Tools
- View Provider Overview Tools
- View Provider Overview Tools
- View Provider Overview Tools

Additional Features

- View Additional Features
- View Additional Features
- View Additional Features
- View Additional Features

National HPV Vaccination Roundtable

Purpose



This symbol is meant to be an easy way for organizations to publicly show support for HPV cancer prevention.

Are You In to Prevent HPV Cancer?

Visit: <https://www.bit.ly/WereIn> to sign the “Download for Use” Agreement form.

When you sign up, your organization will have access to English and Spanish versions of the “We’re In!” symbol along with a “Quick Action Guide” to get you started.

Have Questions?

HPV VACs: acs.hpv.vacs@cancer.org

HPV RT: hpv.vaccination.roundtable@cancer.org





cancer.org | 800.227.2345



Poll Question



Partnerships for HPV Cancer Prevention

Bethany Kintigh, Immunization Program Manager
Iowa Department of Public Health



HPV Vaccination Rates in Iowa

- National Immunization Survey-Teen, Iowa's coverage with ≥ 1 and ≥ 3 HPV doses among females plateaued from 2010 to 2014
- According to the Iowa Immunization Program's 2012 Annual Report, Iowa's 3 dose HPV rate, among 13-15 year old females, was 24%. This rate had declined from the 2010 rate of 26%

Data Source: Immunization Registry Information System (IRIS).
This data source represents a larger population compared to the NIS.



2013 HPV Immunization Rates vs. Tdap/Meningococcal

Vaccine	Immunization Rate
HPV	19%
Tdap	66%
Meningococcal	52%

Source: IRIS data as of
12/31/2013



Beginning of Partnerships

Iowa AAP & IAAFP

- Iowa AAP reached out to the Iowa Immunization Program in May 2014
- Iowa AAP had received a grant to promote HPV vaccination among their 300 members
- The Immunization Program reached out to include the IAAFP's 1,500 members



The Road to HPV Partnership

- Received 2013 PPHF HPV Grant requirement to form a stakeholder group
- Met with American Cancer Society (ACS) State based Health Systems Program Manager
- Introduction to Iowa Cancer Consortium



HPV Cancer Workgroup

- The Immunization Program became a member of the University of Iowa Cancer Consortium
- The Cancer Consortium has a dedicated HPV Workgroup of 93 members
 - This workgroup allowed us to collaborate closely with Iowa's American Cancer Society representative and the representative from the Iowa Comprehensive Cancer Control Program



Stakeholders

- American Academy of Pediatrics
- American Cancer Society
- Amerigroup
- AmeriHealth Caritas
- Calhoun County Public Health
- Central Iowa Family Planning
- Cerro Gordo County Public Health
- Cervivor
- Clarke Co Public Health
- Covenant Medical Center
- Dallas County Public Health
- Family Planning Council of Iowa
- Greenbelt Home Care / Hardin County Public Health
- Iowa Cancer Consortium
- Iowa Department of Public Health - Comprehensive Cancer Control Program
- Iowa Department of Public Health - Breast and Cervical Cancer Screening Program
- Iowa Department of Public Health - Immunization Program
- Iowa Immunization Coalition
- Iowa Medical Society
- Iowa Primary Care Association
- John Stoddard Cancer Center
- Johnson County Public Health
- Linn County Public Health
- Merck
- Mercy Medical Center North Iowa
- Monroe County Public Health
- Mt. Zion Missionary Baptist Church
- Patient Advocate Foundation
- Pella Regional Health Center
- Planned Parenthood of the Heartland
- Polk County Health Department
- Proteus, Inc.
- Scenic Rivers AHEC
- St. Anthony's Regional Hospital
- Carroll County Public Health
- State Health Registry of Iowa
- Trinity Muscatine Public Health
- UnitedHealthcare
- Unity Point Finley Hospital
- University of Iowa – Holden Comprehensive Cancer Center
- University of Iowa - College of Public Health
- University of Iowa - Center for Child Health Improvement and Innovation
- Mount Mercy University
- Veterans Memorial Hospital Community and Home Care
- Warren County Health Services
- Wheaton Franciscan
- Iowa American Academy of Family Physicians (IAAFP)
- Iowa Health Link
- Wellmark
- Area Health Education Centers (AHEC)



Partnership Outcomes

- Collaborating partners have coordinated a variety of interventions:
 - Statewide media campaign
 - Someone You Love screenings
 - Iowa HPV Facts and Figures burden statement
 - Iowa Immunization Conference – Dr. Noel Brewer
 - HPV retreat (Funded HPV stakeholders)
 - HPV Cancer and You Conference (2014, 2015, 2016)
 - Medicaid MCO project (HCP letters, posters, reminder/recall postcards - 33,000 patients) and
Distribution of co-branding posters and Tip & Time Saver sheet
 - Cervivor School – Tamika Felder



Benefits of Partnerships

- Established stakeholder group dedicated to HPV cancer prevention
- Ability to ensure a consistent message among all partners
- Coordination of educational events (Combined statewide conference and Someone You Love screening)
- Coordinated communication
- Benefit of Partner resources (funding, materials, staffing)
- Collaboration among health care providers in a variety of fields. Able to see the impact of HPV throughout lifetime (OBGYN, Oncologist – impact of HPV disease is not seen by pediatricians)

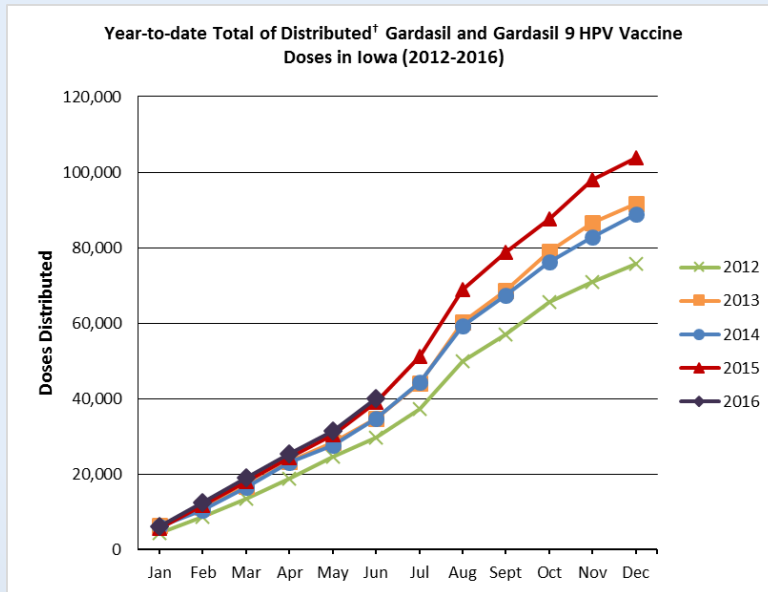


Impact

- Increased HPV immunization rates
- Increased distribution of publicly funded HPV vaccine
- Health care provider awareness/Strength of vaccine recommendations
- Ongoing partnerships and collaboration (regardless of funding availability)



HPV Vaccine Distribution





Human Papillomavirus (HPV) Vaccination Report: Iowa

Working Together to Reach National Goals for HPV Vaccination

September 2016

Estimates of Teen Vaccination Coverage Nationwide and in Iowa: 2014-2015

To assess vaccination coverage among teens aged 13–17 years, CDC analyzed the 2015 NIS-Teen survey data collected through questionnaires completed by vaccination providers following consents by interviewed parents or guardians.

Estimated National and State/Local Vaccination Coverage, Teens Aged 13-17 Years, NIS-Teen 2014-2015

	≥1 Tdap	≥1 MenACWY	HPV					
			Females			Males		
			≥1 dose	≥2 doses	≥3 doses	≥1 dose	≥2 doses	≥3 doses
Iowa								
2014	76.7(±6.4)	64.4(±6.9)	59.5(±9.9)	52.5(±9.9)	37.6(±9.3)	30.2(±8.8)	26.7(±8.5)	18.7(±7.3)
2015	85.5(±4.6)*	75.0(±5.3)*	66.7(±8.0)	62.3(±8.2)	49.8(±8.6)	48.0(±8.7)*	37.0(±8.2)	23.9(±7.2)
United States								
2014	87.6(±0.9)	79.3(±1.1)	60.0(±1.9)	50.3(±1.9)	39.7(±1.9)	41.7(±1.8)	31.4(±1.7)	21.6(±1.6)
2015	86.4(±1.0)	81.3(±1.0)*	62.8(±1.8)*	52.2(±1.8)	41.9(±1.8)	49.8(±1.8)*	39.0(±1.7)*	28.1(±1.6)*

Ref: Reagan-Steiner et al. National, Regional, State, and Selected Local Area Vaccination Coverage among Adolescents Aged 13–17 Years: United States, 2015. *Morbidity and Mortality Weekly Report (MMWR)*. August 26, 2016.

Abbreviations: Tdap= tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY= quadrivalent meningococcal conjugate vaccine.

Tdap, MenACWY, and HPV vaccines are routinely recommended for adolescents aged 11–12 years.

*Statistically significant (p<0.05) increase from 2014 estimates.

Estimated Vaccination Coverage Among Adolescents Aged 13-17 Years, Iowa, NIS-Teen, 2008-2015

100

Revised APD definition

2015 NIS-Teen HPV Data Summary: Iowa

Compared to estimates from 2014, HPV vaccination coverage in Iowa:

- Did not change significantly from 2014 to 2015 among females. There were non-significant increases in ≥1, ≥2, and ≥3 dose coverage among females.

Future Activities in Iowa Cont.

- Continue working with ACS and the 3 Managed Care Organizations selected for Iowa's Medicaid Modernization
 - Train the trainer - MCO field staff receive HPV education and then visiting provider offices with posters and brochures
 - Iowa Cancer Plan-included in the planning group to update this plan



Future Activities in Iowa Cont.

- Collaborating to produce an Iowa specific HPV survivor video
- Partnering to sponsor Tamika Felder and to preview her new documentary during the 2017 Immunization Summit
- Annual HPV Retreat for partners



Challenge

- Know your stakeholders and what they do
 - American Cancer Society
 - Comprehensive Cancer Program
 - American Academy of Pediatrics – State Chapter
 - American Academy of Family Physicians – State Chapter
 - HPV Champions
 - Coalitions (Immunization, Cancer Consortium)
- Challenge
 - Contact your state/local stakeholders
 - Establish a HPV stakeholder workgroup
- If we can do it.....YOU can too!!!





Thank You

- Bethany Kintigh, Immunization Program Manager
Iowa Department of Public Health
515-281-7228
Bethany.Kintigh@idph.iowa.gov

Poll Question

AIM Program Practices Database!

<https://practices.immunizationmanagers.org/>

AIM Program Practices

AIM is collecting and disseminating program practices defined broadly to include strategies, activities, or approaches used by immunization program awardees to achieve measurable outcomes, objectives, and activities related to the Immunization and Vaccines for Children Program Cooperative Agreement. Summaries of the program practices are shared below in a searchable database.

Search Criteria 

Topic Search 

Advanced Search 

Submit your practice

All 64 city, state, or territorial immunization programs are encouraged to submit a program practice. The submission process will not be competitive and there will be no minimum or maximum number of practices that can be submitted. AIM members also have the opportunity to include your program practice for consideration for a 2017 Bull's-Eye Award!

[Click here](#) to submit your practice.

Information

- [Instructions](#)
- [Click here to submit a program practice](#)
- [Bull's-Eye Award Information](#)
- [Questions](#)

Program Practices Submission Form

Program practices submission form - immunization program practices information

Immunization Program Practices Information

Fill out and submit this form offline by downloading the form [here](#).

Name:
As you want it to appear publicly

Email address

Program
As you want it to appear publicly

Does AIM have permission to share this information on the publicly accessible AIM website?

All materials submitted will be posted on the AIM website.

- Yes
- No

Information

- [Instructions](#)
- [Click here to submit a program practice](#)
- [Bull's-Eye Award Information](#)
- [Questions](#)

QUESTIONS?



Save the Dates

- Wednesday, June 28th
- Wednesday, September 13th
- Wednesday, December 13th