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 Balajadía

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&
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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.
North Dakota
DoH Immunization Program
Immunization Program Operations Manual (IPOM) outlines requirements and recommendations focused on five core components of an immunization program:
Upcoming 12 Months Priorities
Asked May-June 2016

1. Increase HPV rates
2. Improve VFC accountability
3. Implement Meaningful...
4. Increase the number of VFC...
5. Work with coalitions
6. Increase the number of adult...
7. Improve pandemic...
8. Address vaccine...
9. Support upcoming legislative...
10. Implement/enhance billing at...
11. Enroll pharmacists as VFC...
12. Change vaccine financing policy

1 = No Priority
2 = Low
3 = Moderate
4 = High
5 = Essential
What are the Challenges of Raising HPV Coverage Rates?
A Program Manager’s Perspective
Partnerships to Increase HPV Vaccination: The HPV VACs Project

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

- **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**

Sonia Pinal and her FQHC partner, Northeast Valley Health Corporation (CA)
Steps for Increasing HPV Vaccination in Practice: An Action Guide to Implement Evidence-based Strategies for Clinicians


- 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

- 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.
Step #1 Assemble a Team

- Identify an HPV Vaccination Champion.
- Identify External Organizations and Resources to Support Your Efforts.
- Form a Quality Improvement Team for HPV Vaccination.

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

<table>
<thead>
<tr>
<th>Document/Link</th>
<th>Organization</th>
<th>Resource Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent Immunization Office Champions Project-Final Report</td>
<td>American Academy of Family Physicians (AAFP)</td>
<td>Details how to develop and implement an Immunization Office Champions program designed to increase child and adolescent immunization rates in family physician practices.</td>
</tr>
</tbody>
</table>

## Form a Quality Improvement Team for HPV Vaccination

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<tr>
<td>Creating Quality Improvement Teams and QI Plans</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>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.</td>
</tr>
<tr>
<td>Creating Capacity for Improvement in Primary Care: The Case for Developing a QI Infrastructure</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>Self-published article about Quality Improvement, QI capacity, and infrastructure.</td>
</tr>
</tbody>
</table>
TOOLS:
Just the Facts
Provider Audience
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
Create a national network
Convene a national meeting
Manage pilot projects
Evaluate
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:
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?


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
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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Immunization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV</td>
<td>19%</td>
</tr>
<tr>
<td>Tdap</td>
<td>66%</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>52%</td>
</tr>
</tbody>
</table>

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

Year-to-date Total of Distributed† Gardasil and Gardasil 9 HPV Vaccine Doses in Iowa (2012-2016)
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**

<table>
<thead>
<tr>
<th></th>
<th>≥1 Tdap</th>
<th>≥1 MenACWY</th>
<th>Females</th>
<th>HPV</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≥1 dose</td>
<td>≥2 doses</td>
<td>≥3 doses</td>
<td>≥1 dose</td>
<td>≥2 doses</td>
</tr>
<tr>
<td>Iowa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>76.7(±6.4)</td>
<td>64.4(±6.9)</td>
<td>59.5(±9.9)</td>
<td>52.5(±9.9)</td>
<td>37.6(±9.3)</td>
</tr>
<tr>
<td>2015</td>
<td>85.5(±4.6)*</td>
<td>75.0(±5.3)*</td>
<td>66.7(±8.0)</td>
<td>62.3(±8.2)</td>
<td>49.8(±8.6)</td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>87.6(±0.9)</td>
<td>79.3(±1.1)</td>
<td>60.0(±1.9)</td>
<td>50.3(±1.9)</td>
<td>39.7(±1.9)</td>
</tr>
<tr>
<td>2015</td>
<td>86.4(±1.0)</td>
<td>81.3(±1.0)*</td>
<td>62.8(±1.8)*</td>
<td>52.2(±1.8)</td>
<td>49.8(±1.8)*</td>
</tr>
</tbody>
</table>


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.

**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.

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

Revised APD definition
Future Activities in Iowa Cont.

• Continue working with ACS and the 3 Managed Care Organizations selected for Iowa’s Medicaid Modernization
  o Train the trainer - MCO field staff receive HPV education and then visiting provider offices with posters and brochures
  o 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
  o American Cancer Society
  o Comprehensive Cancer Program
  o American Academy of Pediatrics – State Chapter
  o American Academy of Family Physicians – State Chapter
  o HPV Champions
  o Coalitions (Immunization, Cancer Consortium)

• Challenge
  o Contact your state/local stakeholders
  o 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

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

Search
Clear

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.
QUESTIONS?
Save the Dates

- Wednesday, June 28\textsuperscript{th}
- Wednesday, September 13\textsuperscript{th}
- Wednesday, December 13\textsuperscript{th}