Less Is More…Utilizing Appropriate Messaging to Increase HPV Rates

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Background

Chicago Teen Rates (NIS 2011)
Using IIS Data for IZ Coverage

- Surveyed VFC providers to determine ability to use IIS data:
  - Number of patients in database
  - Frequency of data entry into IIS (daily/weekly/monthly)
  - >100 patients 13-17 years of age
- 26 providers selected to include in study
  - IIS data imported into Cocasa
  - Determined adolescent coverage levels for each provider
Crafting the Message

- Using a fish-bone diagram, we identified several barriers to increasing HPV rates
  - Vaccine not school-required
  - Stigma associated with sexual activities in adolescents
  - Time required to “convince” parents of need for vaccine
  - Not all providers attended AFIIX feedback sessions
  - Some provider biases
Crafting the Message

• Utilizing pediatric AFIX methodology, providers should be encouraged to use the “Less is More” approach to HPV
  • Providers should inform parents about all adolescent vaccines needed at that visit for their child, including HPV, in casual, informative manner, similar to pediatric vaccine recommendations
  • Providers should utilize talking points provided during AFIX, in case of parental questions, to emphasize the need for HPV
Less Is More…

• Straightforward vaccination recommendation, similar to how pediatric vaccines are recommended. For example, at the end of the 11 yo clinic visit:
  • “Today Miraya is due for 3 routine vaccines which include the meningitis vaccine, Tdap which is tetanus, diphtheria and whooping cough, and HPV which is Human Papillomavirus vaccine. The nurse (MA, etc) will be right in to administer those vaccines. I look forward to seeing you soon.”
• Reminiscent of how we present infant vaccines to parents and avoids the parent perceiving that the vaccines are less important, controversial, etc.
Less Is More…

• Providers NOT encouraged to avoid discussion
• Encouraged to allow parents to initiate discussion if more information is desired
• Utilize talking points:
  • “Has anyone you cared about had cancer?”
  • “HPV causes a number of cancers in men and women including cervical and throat cancers.”
  • “I recommend HPV vaccination for all girls and boys starting at age 11.”
Methodology

- 26 providers “matched” for numbers of providers and current HPV rates
- Divided into intervention and control groups
- Created “scripts” to guide the feedback for both groups
  - Intervention had more focused, intensive HPV discussion
  - Control had broad discussion with equal emphasis on all adolescent vaccines
Goals

• Increase the number of MDs and NPs participating in the feedback sessions from \( \leq 1 \)
• Implement the Less Is More strategy for intervention group providers
• Better utilize IIS data
• Create better efficiency with the AFIX feedback
• Increase HPV rates
VFC Providers

- Letters sent to each of 26 providers to describe the study and their involvement
- Requested all who prescribe (MDs, APNs) adolescent vaccines attend feedback
- Providers would be followed up at 2 months and 6 months after feedback
- Coverage levels will be run in early 2014 to determine changes, if any
Findings

- Feedbacks concluded August 2013
- Follow up phone calls to providers (within 2 months of feedback) ongoing
- Providers given the Less Is More strategy largely adopting the method
  - A few providers stated that they used similar strategy prior to recommendation
  - Majority of providers in intervention group report that they have adopted use of strategy
  - Several have reported that parents are accepting HPV at higher rates
Nest Steps

- Evaluate vaccine distribution data to see if providers have increased usage
- Run coverage levels with new data early 2014
- Inform providers of any changes in coverage levels from 2013 and provide additional support
- Expand to include 75 providers in 2014
Kentucky HPV Initiative

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September 18, 2013
Objectives

- Really Stretch Collaboration to Increase Educational Venues and Opportunities
- Work towards Policy Change….Require HPV Vaccination for School Attendance
- Making Data Driven Decisions for Policy Change
KY HPV Initiative

- KY ranks:
  - 2nd in the nation in the death rate from cervical cancer
  - 10th for overall prevalence of cervical cancer disease
  - 2011 NIS-Teen for 13 to 17 year-old females, KY’s coverage rate was below the national averages for both ≥ 1 HPV vaccine dose (KY: 46.0; U.S.: 53.0) and ≥ 3 HPV vaccine doses (KY: 30.5; U.S.: 34.8).
  - Data from the YRBSS indicated that when high school students were asked if they had engaged in sexual intercourse, KY ranked sixth highest in the nation at 51.8% of adolescents responding yes, compared to only 47.4% nationwide.
  - The percentage of KY high school students reporting having sex prior to age 13 totaled 7.2% compared to 6.2% nationally
  - Adolescents aged 15 to 19 years represent a significant proportion of reportable sexually transmitted diseases: chlamydia (34%), gonorrhea (28.5%), and syphilis (6.5%).
  - Compared to the US, KY is characterized as the third lowest in educational attainment and has the seventh worst poverty rate

- So moving are these statistics, that in December of 2011, Governor Steve Beshear proclaimed the establishment of the KY HPV Initiative, designed to impact cervical cancer disparities in KY through prevention of HPV infection. As a result, a multi-disciplined task force was established
HPV Initiative Collaborators

- **DPH Program Involvement:**
  - Immunization Program
  - Women’s Health
  - STD
  - HIV
  - Oral Health
  - Minority Health
  - Viral Hepatitis

- **Outside Organizations:**
  - Pediatrician with University Hospital Affiliation
  - Pediatric Gynecologists
  - Merck
Key To Collaboration

- Make it easy for people to attend
  - Doodle Poll to assess availability for optimal meeting attendance
  - Provide conference line for community participants from around the state
  - Provide meeting minutes for those that could not attend
- Cast a Wide Net
  - Bring as many energetic participants, from varying groups to the table to reach new educational venues and opportunities
Policy Change

“Why Can’t you Make it a Requirement to Attend School?”

- There is an expectation from private providers and the drug company that we, public health, should just make it a requirement
- But we, public health, want to make data driven and safe regulations
Data Driven Decisions

- In 2007 Australia implemented one of the first nationwide HPV vaccination programs for girls and young women. The nationally funded program provides free vaccination to girls 12 to 13 in schools, and a vaccination "catch-up" program from 2007 to 2009 offered vaccinations to girls 13 to 18 and women 18 to 26.

  - The incidence of genital warts declined by more than 90% in adolescent and teenage girls in the first 4 to 5 years after introduction of the human papillomavirus (HPV) vaccine in Australia.
  - Genital warts occurred more than 70% less often among women 21 to 30, as compared with the 3 to 4 years before the vaccine became available. The reductions in wart incidence among girls and women were accompanied by 50% to 80% decreases in the incidence of genital warts among heterosexual boys and young men.
  - The study provided a glimpse of the impact of HPV vaccination in a real-world community setting as opposed to a clinical trial.
Where KY HPV Initiative is Now

- Data out of Australia provides very compelling evidence that HPV vaccination prevents genital warts....this is the Data KY needs to make regulation change
- The HPV vaccine has been in use for several years, so it has the safety stamp for KY to make regulation change
- Yet, CDC is pushing cervical cancer prevention messages only.....yet, it will be years before there is data to show that HPV vaccination prevents cervical cancer
- How is this disconnect going to be solved so that education and policy change can occur