

Case Study Brief: Collaborations to Improve HPV Vaccination Rates in Texas



Analysis of collaborations
to improve **HPV vaccination** rates

**in Texas reveals benefits, strengths,
barriers, and lessons learned.**

INTRODUCTION

The Texas HPV Coalition, led by the American Cancer Society (ACS), was established in 2017 to bring together statewide public, private, and voluntary organizations as well as invited individuals to prevent HPV-associated cancers and pre-cancers by increasing HPV vaccination rates in Texas.¹ The coalition is largely unfunded. Coalition members work on HPV treatment and prevention in a variety of ways at their home institutions, such as conducting randomized trials examining HPV vaccination interventions, coordinating funding for HPV treatment and prevention work, and conducting research on the barriers and facilitators of HPV vaccination in specific regions of Texas. RTI International conducted a case study to explore the facilitators, barriers, benefits and lessons learned of collaborations in Texas to improve HPV vaccination rates.

METHODS

RTI International used both virtual focus groups and in-depth telephone interviews with coalition members (n=18) to collect qualitative data on contextual factors, characteristics of collaboration, the benefits or outcomes of collaboration, and lessons learned.



In-Depth Interviews

- 5 participants
- Interview duration: 60 minutes
- Conducted via telephone with one RTI lead and one note-taker
- Separate questionnaire collected before interview via email (n=5)

Interview audio professionally transcribed



Virtual Focus Groups

- 2 virtual focus groups: 7 participants in Group 1 and 6 participants in Group 2
- Focus group duration: 90 minutes
- Conducted using iTracks platform with one RTI lead and one observer
- Separate questionnaire collected before focus groups via email (n=14)

Transcripts generated by iTracks platform

Analysis

- Developed codebook to facilitate analysis
- Coded transcripts using NVivo 11
- Reviewed code reports to identify patterns across participants

Texas HPV Coalition Members Represented by Case Study Participants

[American Cancer Society](#)

[Cancer Prevention & Research Institute of Texas \(CPRI\)](#)

[MD Anderson Cancer Center](#)

[Merck \(Texas Representative\)](#)

[Mid Rio Grande Border Area Health Education Center \(AHEC\)](#)

[New Braunfels Independent School District](#)

[Simmons Comprehensive Cancer Center](#)

[Texas Comprehensive Cancer Control Program](#)

[Texas Department of State Health Services, Immunization Unit](#)

[Texas Pediatric Society](#)

[Texas School Nurse Organization](#)

[Texas Vaccines for Children Program](#)

[The Immunization Partnership](#)

[University of Texas School of Public Health](#)

[University of Texas Southwestern Medical Center](#)

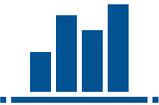
LAYING THE FOUNDATION

Creating a basis for successful collaboration to improve HPV vaccination rates required a thorough understanding of the problem as well as contextual factors that could facilitate or pose barriers to these efforts. The University of Texas MD Anderson Cancer Center conducted an environmental scan from 2014-2015 which involved a literature review of Texas pediatric HPV vaccination peer-reviewed articles, secondary data review (e.g., state vaccination rates, policies, and funding for research and vaccine coverage), interviews with key stakeholders (e.g., immunization coalition members, public health entities, school administrators), and an online survey of healthcare providers and clinical staff.² The environmental scan was a key piece of this critical groundwork, providing invaluable information on vaccination rates for different populations that was, according to case study respondents, “immensely helpful” in determining where “you need to concentrate your efforts” and “where you stand compared to other states.” Further, it helped to show that all stakeholders were in the same boat, so to speak: “It helped identify that we were all...seeing the same problems. That we are more alike than we are different.”

¹American Cancer Society. Texas HPV Coalition Charter; 2017.

²The University of Texas MD Anderson Cancer Center. HPV Vaccine Uptake in Texas Pediatric Care Settings: 2014-2015 Environmental Scan Report. Houston, TX: MD Anderson Cancer Center; 2015.

What influenced collaboration in Texas?

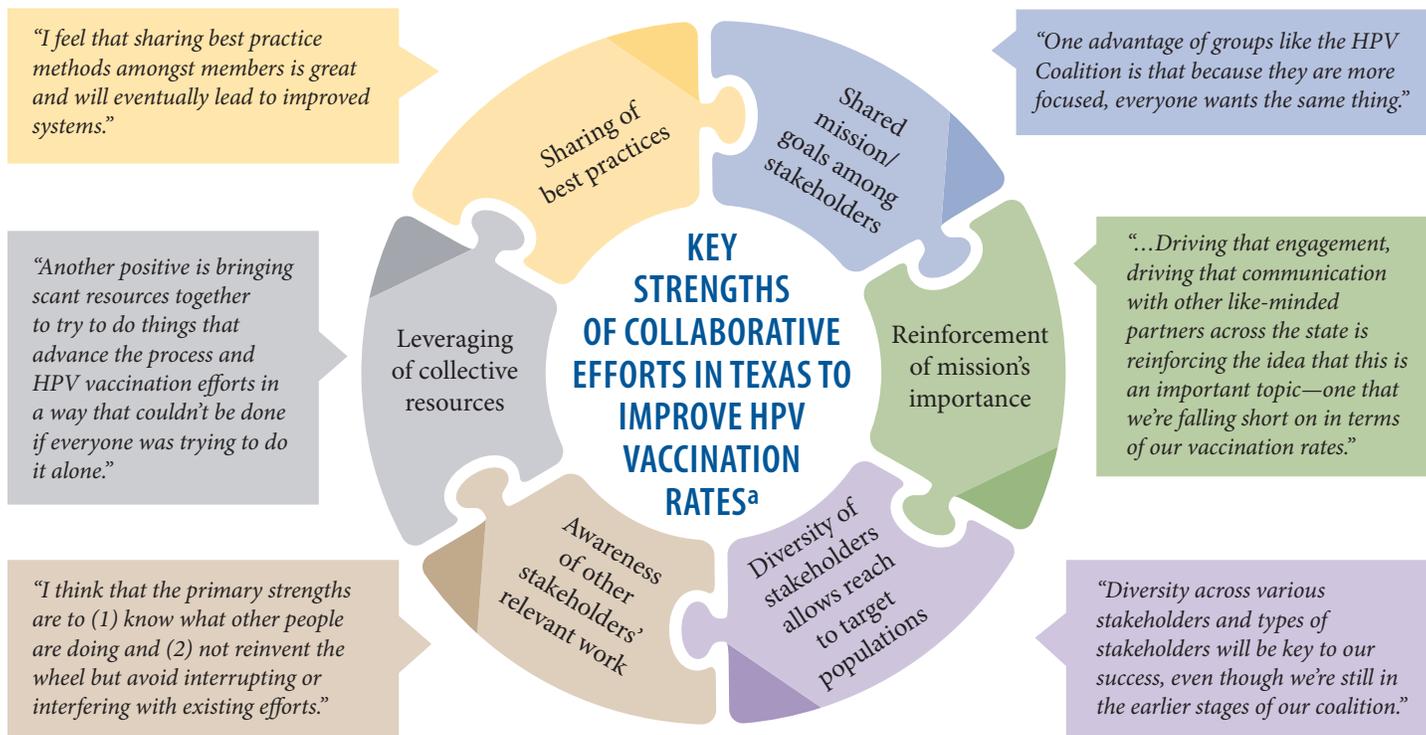
Factors	Relevant Issues	Participants Said ^a
Facilitators of Collaboration		
 Awareness and Passion around HPV Vaccination	<ul style="list-style-type: none"> • Low vaccination rates motivate stakeholders to improve • High level of passion among stakeholders around HPV prevention 	<p><i>“It has to do with the amount of room we have to grow from 47th in the nation in vaccination rates and the people engaged in recognizing that opportunity.”</i></p> <p><i>“There seems to be more passion for HPV right now versus other public health topics. Several of my coalitions are even switching their focus from general immunization to direct HPV efforts.”</i></p>
 Funding	<ul style="list-style-type: none"> • Cancer Prevention Research Institute of Texas (CPRIT) funding • Supplemental funding from NCI (i.e., Cancer Center Support Grants) 	<p><i>“Some people have changed the focus of their work to HPV because of the opportunities available for funding...”</i></p>
 Stakeholder Relationships	<ul style="list-style-type: none"> • Diversity of stakeholders engaged • Preexisting relationships with potential collaborators 	<p><i>“For the coalition, and in general, it’s extremely helpful to have a broad, diverse group of stakeholders involved that are interested in this topic because they all operate a little bit differently, deal with slightly different situations, or have different patient populations.”</i></p> <p><i>“Preexisting relationships are key. If you know somebody, even if you haven’t collaborated with that person before, it predisposes better collaboration in the future, particularly if your experience with that person has been good...”</i></p>
 State Priorities	<ul style="list-style-type: none"> • State legislature-directed development of strategic plan for HPV vaccination 	<p><i>“Another contextual factor is the strategic plan... priorities set forth by the state are important.”</i></p>
Barriers and Challenges to Collaboration		
 Data	<ul style="list-style-type: none"> • Poor quality and completeness of Immunization Information System data • Low level of granularity of vaccination data 	<p><i>“Our immunization registry is not the best or most sophisticated... even though it’s (required), not every provider across the state inputs information so it’s not a trusted data source. It’s better than nothing, but I would say having that good data to trust... across the state is a major factor.”</i></p> <p><i>“I think motivation to collaborate would be easier if we had better data on vaccination rates in various localities.”</i></p>
 Geographic	<ul style="list-style-type: none"> • Large travel distances due to size of state • Scale of effort due to size of state 	<p><i>“Texas is so big that it definitely hinders us; we’re not like a Rhode Island where we can just drive a few miles and be all together. Geography is a significant factor.”</i></p> <p><i>“... Texas is a very, very large state. We are the size of five mid-sized to large states.... El Paso to Texarkana is farther than El Paso to San Diego. El Paso to Texarkana is further than Texarkana is to Chicago. Therefore, sometimes it’s harder for a large-scale, statewide collaborative on some of these issues.”</i></p>
 Demographic & Socioeconomic	<ul style="list-style-type: none"> • Wide range of demographic and socioeconomic mixes in Texas • Large adolescent population size 	<p><i>“...Each of those five areas within Texas is different demographically... a variety of socioeconomic differences depending on where you are. The border area is as different than east Texas as New York City is from Erie, Pennsylvania.”</i></p>

^a Some illustrative quotes in the graphic above were edited slightly for clarity or brevity.

CATALYZING COLLABORATION

Characteristics of Collaboration

Mission, Vision, and Goals	Participants generally agreed that they and other stakeholders are “ <i>very committed</i> ” to a common overarching mission, vision, and goals “ <i>to increase the rates and to decrease the burden of cancers caused by HPV</i> ”; however, the strategies or approaches for “ <i>how to get there</i> ,” the populations or geographic areas of focus, and sphere of influence of stakeholders sometimes differ.
Engagement and Ownership	Some participants indicated that stakeholders are well-engaged and feel ownership over the HPV coalition work; others reported that the level of engagement “ <i>depends on who the collaborator is, and the individual is...</i> ” Individual factors that influenced level of engagement included passion/desire “ <i>to make a difference</i> ,” availability, and competing priorities. Participants reported that level of engagement and the alignment between the coalition’s work and their expertise/interests also influenced their feeling of ownership over HPV coalition work.
Cooperation	Some participants explained that stakeholders are “ <i>doing their individual projects versus a combined</i> ” overarching, single project. However, collaboration has not only made stakeholders more aware of one another’s work, but also enabled them “ <i>to network and learn from others</i> ” by fostering sharing of input, advice, findings, best practices, and lessons learned.
Competition	Participants generally believed that HPV efforts in Texas are collaborative or simultaneously both collaborative and competitive; competition occurs in identifying, securing, and maintaining funding opportunities/streams.
Communication	Regular communication among stakeholders occurs via email, phone, and Google Group. Collaboration also benefited from “ <i>tremendous</i> ” levels of attendance for in-person meetings and work group calls and the “ <i>collective accountability</i> ” these meetings cultivated.



BENEFITS AND OUTCOMES OF COLLABORATION

Respondents detailed various outcomes of collaboration around HPV in Texas, both within and outside of the coalition. Key benefits thus far from collaboration include the following:

- **“Invaluable” connections among stakeholders** from different backgrounds who might not otherwise have a chance to meet (e.g., community health workers who work with Hispanic populations can connect with “outsiders” like researchers), to come together to focus on an important topic;
- **Increased access to resources** (e.g., Merck Medical Director who is willing to educate providers in Texas, HPV VACs tools/materials, best practices) from participation in Coalition and other forms of collaboration; and
- **Opportunity to hear varied perspectives** on key HPV-related topics.

“Do I think...we’ve seen these huge shifts in vaccination uptake and completion because of these efforts? No, not yet. But I think it’s possible.... with the right attention to the right things and the engagement of networks that can improve the broad uptake and scale of effective strategies, I think it’s possible.”

IMPACT OF COLLABORATION

Participants believed that the Texas HPV Coalition and all Texas collaborations related to HPV vaccination have had the most impact on increasing the visibility of the HPV vaccination issue and the least impact on improving relationships with policy makers and leading to favorable policy. This is reflective of the Coalition’s early strategic decision not to focus on policy.



LESSONS LEARNED

Participants reported multiple lessons learned that are related to working with key stakeholders.

- Stakeholders have different priorities and perspectives based on their profession and background. With a diverse stakeholder group, this challenge must be overcome to achieve consensus on a collaborative project.
- Incentives, such as food at meetings, networking opportunities, and covering travel costs, help to “get people to the table to be part of these collaborations.”
- Stakeholders regarded ACS’ role in convening the coalition members and organizing their efforts to be absolutely critical to progress, leading them to describe ACS in such ways as “the engine that keeps momentum going” and the “backbone.”
- Stakeholders’ busy schedules require flexibility in scheduling webinars and meetings to ensure high attendance and participation.
- Relevant, meaningful items should be on meeting agendas to ensure that busy stakeholders feel it was worthwhile to take time away from their paid work to attend.
- Stakeholders can be engaged using preexisting connections/relationships (e.g., to other state HPV coalition leaders, to other CPRIT grantees) rather than having ACS “reach out blindly.” Preexisting relationships were noted as particularly key in specific geographic areas (e.g., Houston, Laredo).

RECOMMENDATIONS

To improve collaboration, participants suggested:

- Avoiding or reducing duplication of effort/redundancy
- Achieving consensus on overarching plan at beginning and intermediate steps
- Developing business case for collaboration, including identifying incentives and disincentives of collaboration
- Allowing easier, more frequent communication via a virtual community or hub
- Finding ways to better/more easily engage providers in efforts to promote HPV vaccination
- Providing additional resources to coalition members (e.g., protected time) and the ACS Coordinator (e.g., staff support)
- Using a core steering committee or executive committee to make key decisions to focus the direction of larger group activities

To support Coalition work or broader collaboration around HPV vaccination in Texas, participants suggested that collaboration coordinators consider:

- Playing a role in advocating for relevant policy changes
- Providing a message or goal that collaborators can rally around
- Creating community awareness through events and resources available to the community
- Providing easier access to ACS updates (e.g., monthly newsletter) and ACS-developed resources on HPV vaccination
- Offering further resources for dedicated staff, time, and more frequent meetings

CONCLUSIONS

Overall, participants expressed high satisfaction with collaboration around HPV in Texas. Through working together on the Coalition, stakeholders gained a greater awareness of key issues related to HPV prevention and a “*better idea of who is doing what*” work related to HPV in Texas. They did, however, note some ways in which collaboration could be improved. If given unlimited time and resources (i.e., a “magic wand”) to increase HPV vaccination rates in Texas, participants would

- ensure that all health systems and providers in the state not only prioritize HPV vaccination but are also empowered to communicate HPV vaccination benefits clearly to all patients
- improve data access
- make the HPV vaccine free regardless of insurance status
- change school entry vaccination policy
- make sure that time commitments do not prevent stakeholders from engaging in collaborative efforts.



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