DAY TWO:
HPV Coalitions Leadership Summit

Melinda Wharton MD, MPH
Director, Immunization Services Division
National Center for Immunization and Respiratory Disease
Centers for Disease Control and Prevention

State HPV Coalitions: Some Unsolicited Advice

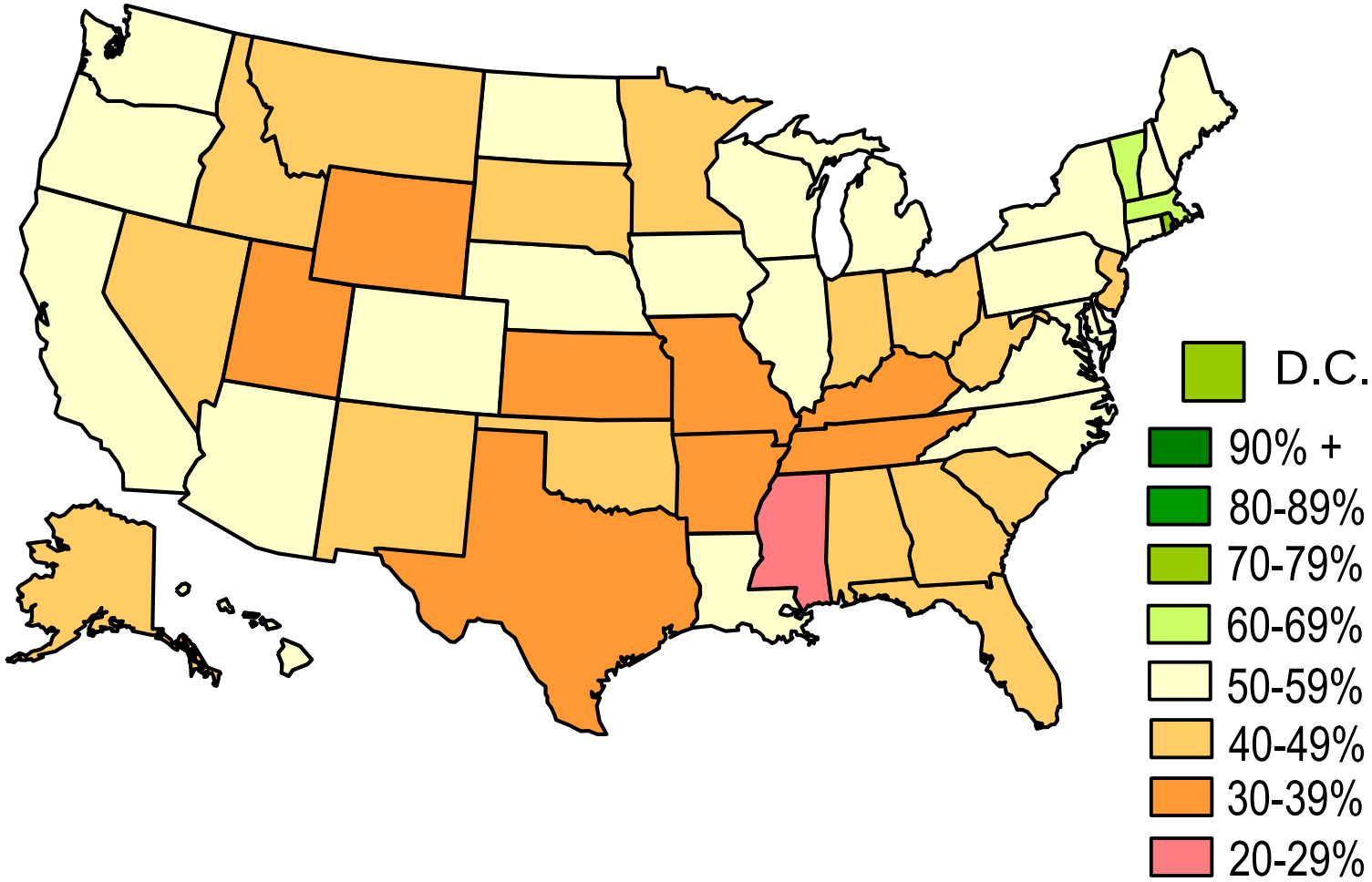
Melinda Wharton, MD, MPH

Director, Immunization Services Division

Regional Leadership Summit of Southeastern U.S. HPV Coalitions

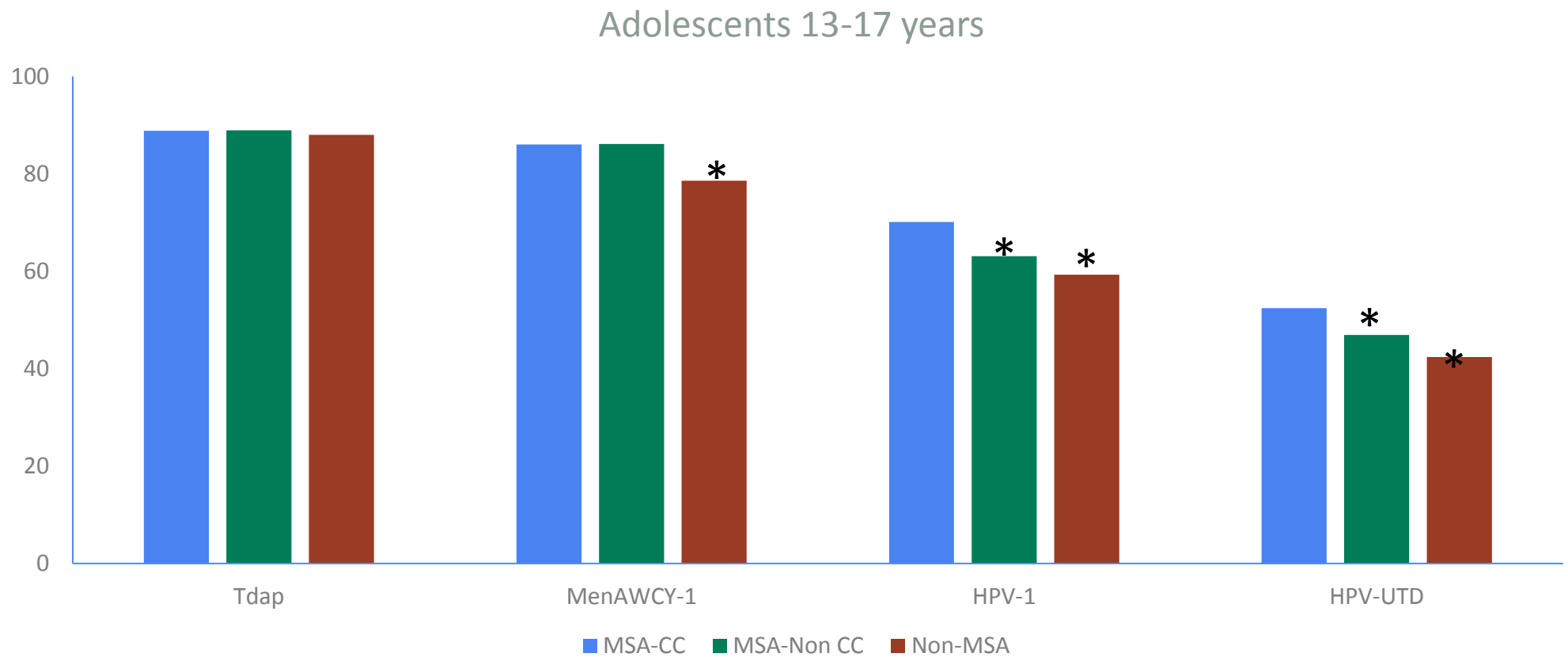
March 5, 2019

Estimated Up-to-Date HPV Vaccination Coverage among Adolescents, 2017
National Coverage = 49%



Source: CDC. National, state, and local area vaccination coverage among adolescents aged 13-17 years---United States, 2017

Disparities by MSA Status for Selected Adolescent Vaccines, NIS-Teen 2017



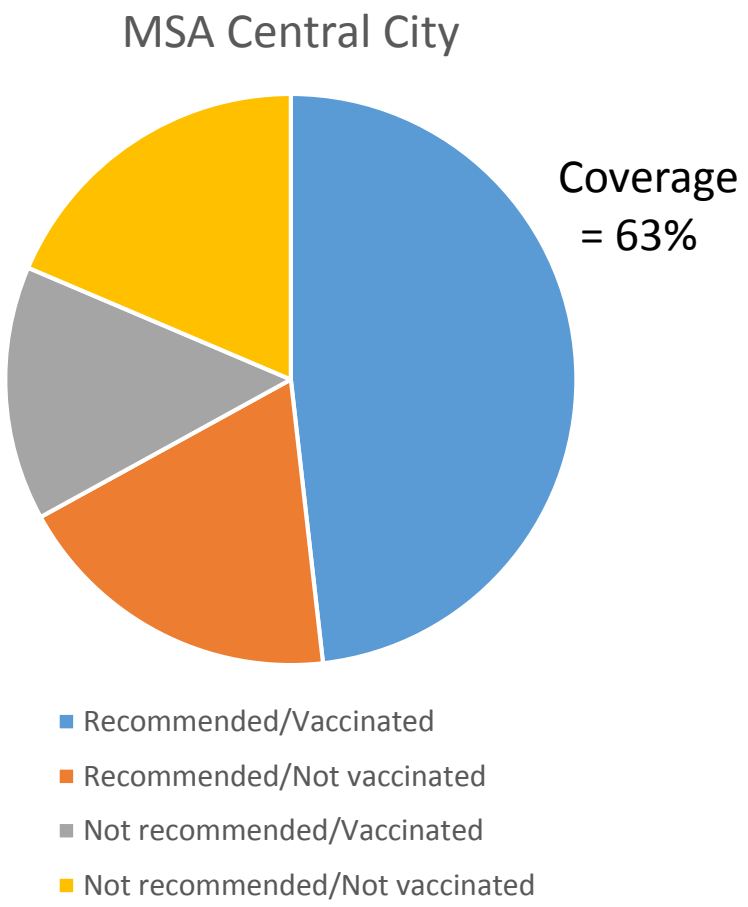
MSA: Metropolitan statistical area
CC: Central city

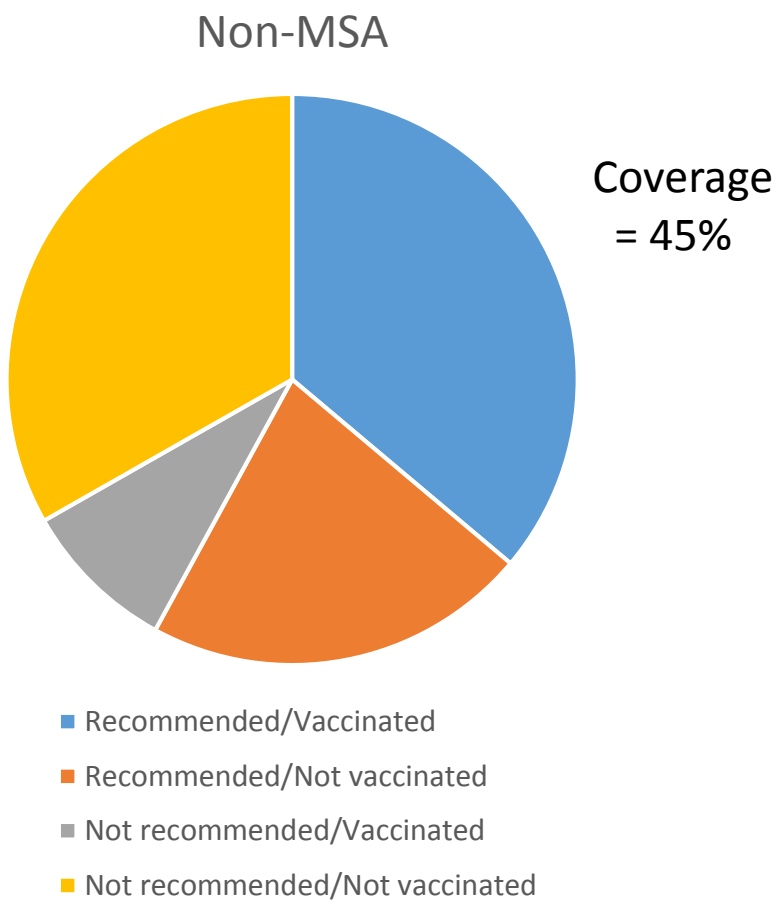
What can coalitions do to change this?

What can healthcare providers do?

- Make an effective recommendation for HPV vaccination as cancer prevention for every 11- or 12-year-old patient
- Assess HPV vaccine coverage for each provider in your practice and develop an office-wide strategy to improve it
- Engage the entire practice – not just the healthcare providers – in committing to improve HPV vaccine coverage
- Implement systems strategies to improve HPV vaccine coverage

HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas

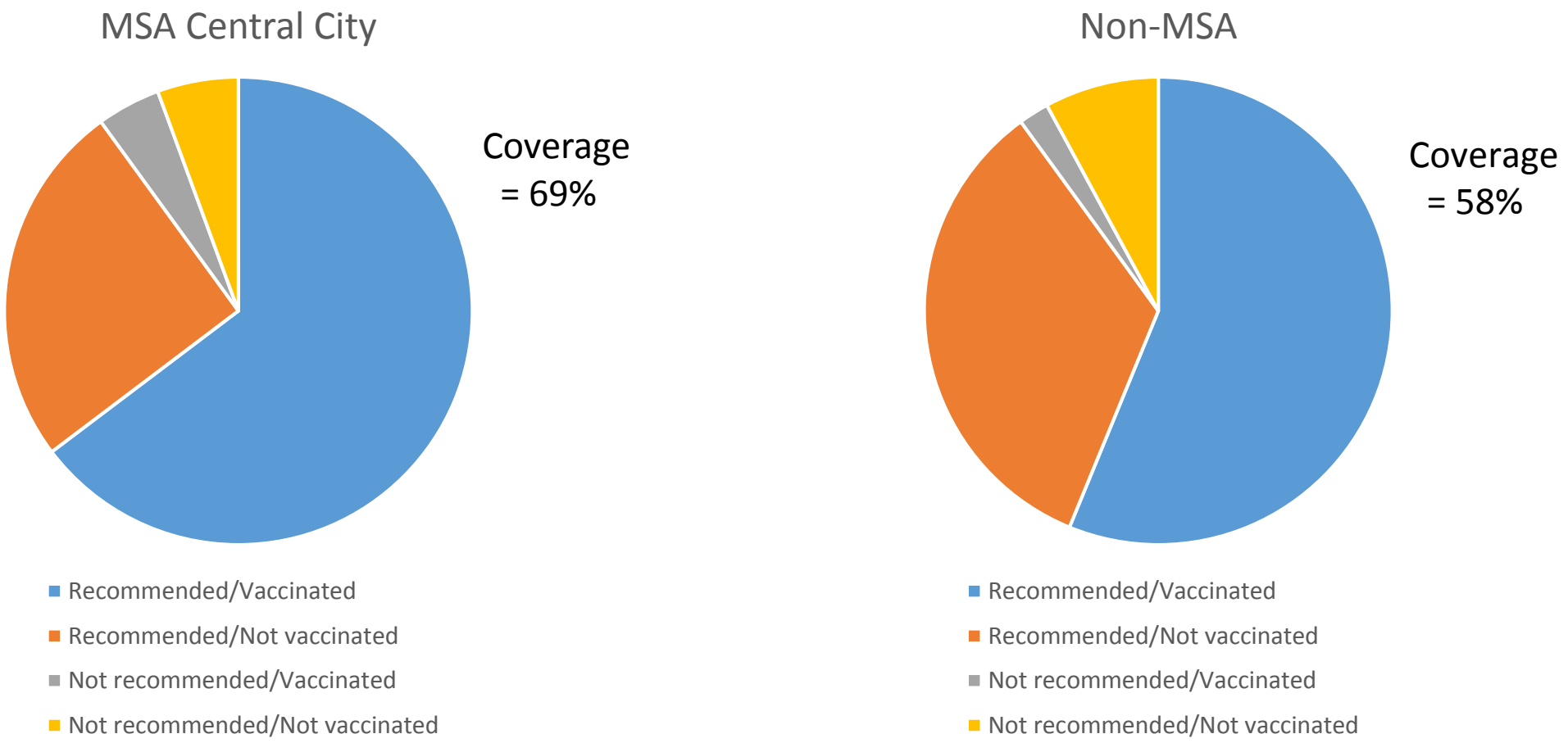




Coverage Difference between MSA Central City and Non-MSA = 18 percentage points

HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas:

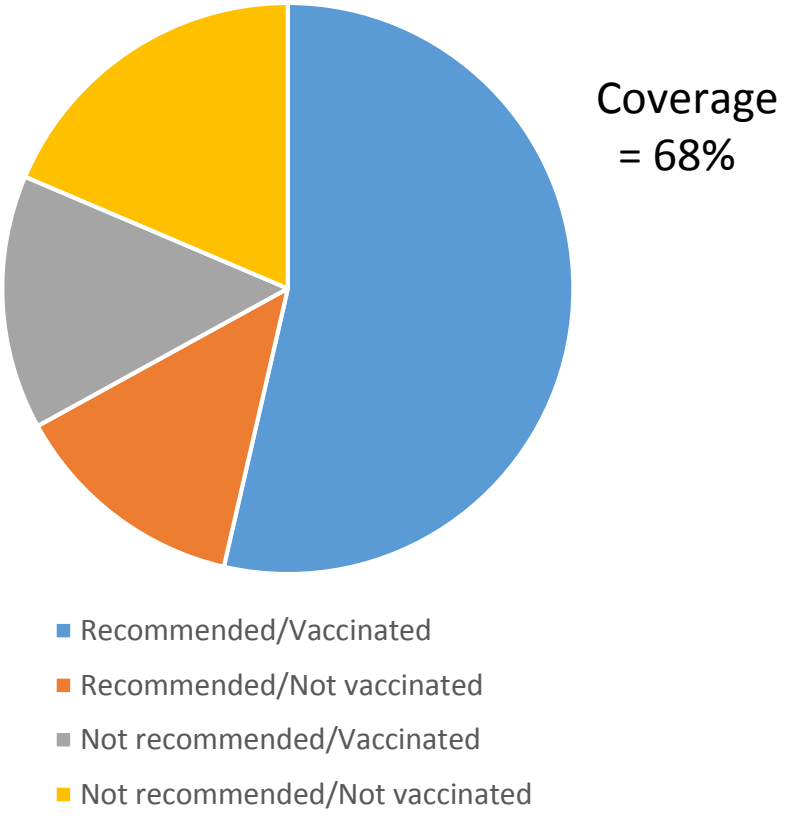
With Provider Recommendation=90%



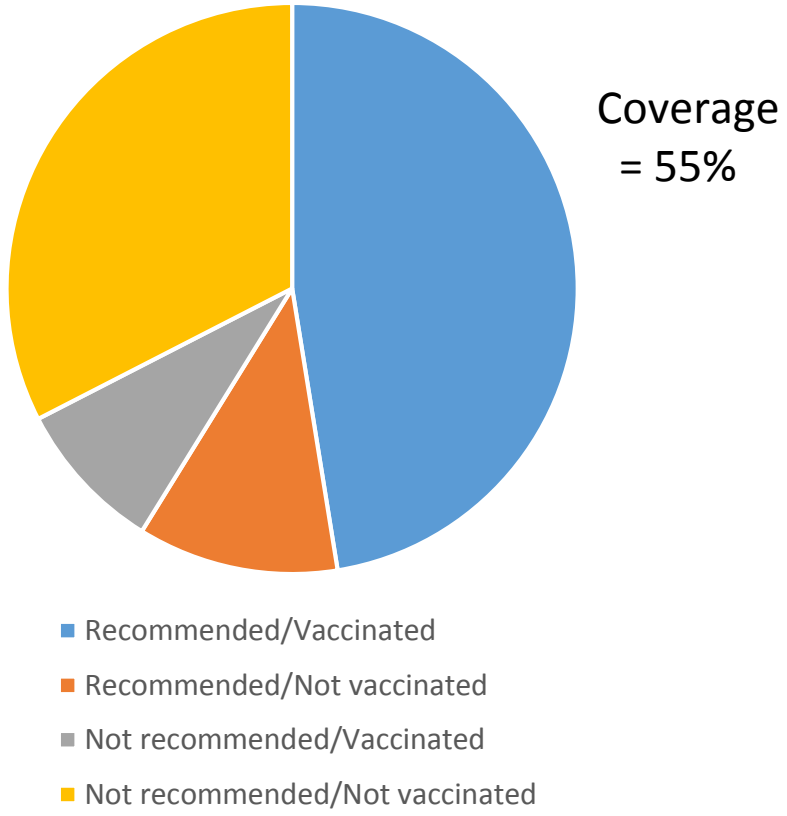
Coverage Difference between MSA Central City and Non-MSA = 11 percentage points

HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas: With Vaccine Acceptance=80%

MSA Central City

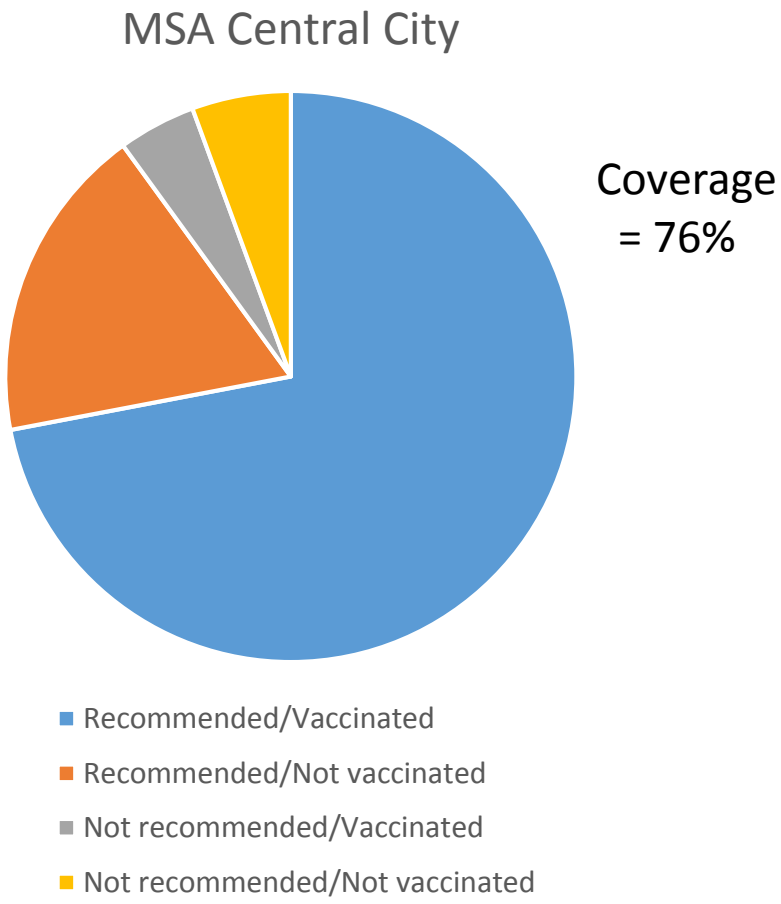


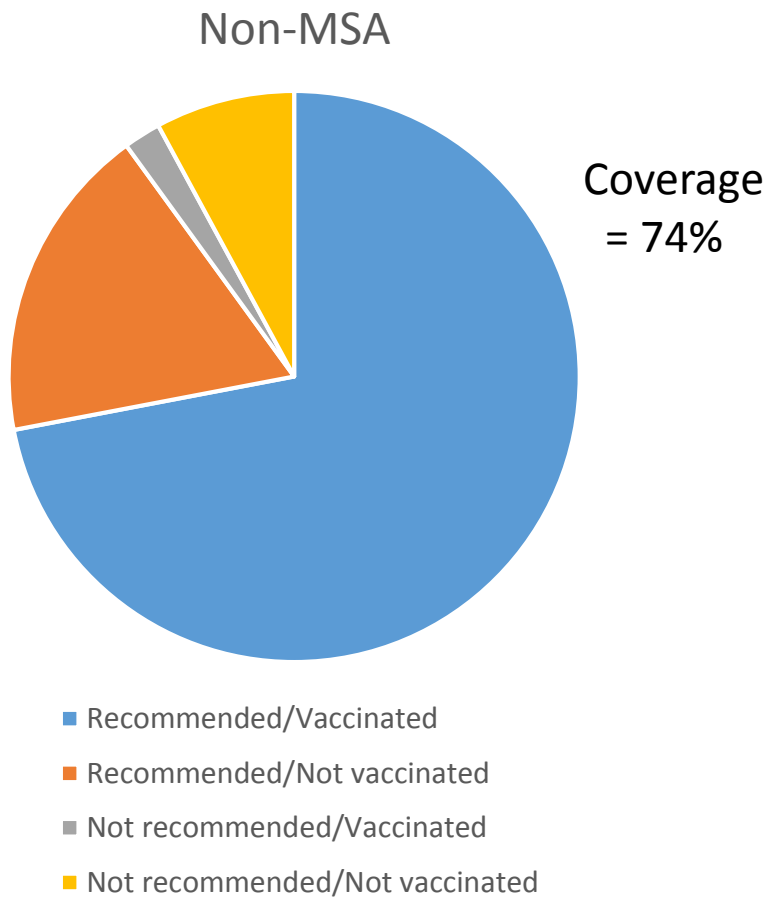
Non-MSA



Coverage Difference between MSA Central City and Non-MSA = 13 percentage points

HPV Vaccine Coverage among Boys with and without Provider Recommendation in MSA Central City and non-MSA Areas:
With Provider Recommendation=90% and Vaccine Acceptance=80%





Coverage Difference between MSA Central City and Non-MSA = 2 percentage points

What can healthcare providers do?

- Make an effective recommendation for HPV vaccination as cancer prevention for every 11- or 12-year-old patient
- Assess HPV vaccine coverage for each provider in your practice and develop an office-wide strategy to improve it
- Engage the entire practice – not just the healthcare providers – in committing to improve HPV vaccine coverage
- Implement systems strategies to improve HPV vaccine coverage

Systems Strategies to Improve HPV Vaccine Coverage

- Establish standing orders for HPV vaccination beginning at age 11-12 years in your practice
- Conduct reminder/recall beginning at 11-12 years of age
- Assess HPV vaccine coverage at every visit and prompt clinical staff to give HPV vaccine at that visit
- Schedule return visit for next dose before the patient leaves the office
- Document each dose in the child's medical record and the state's immunization information system

What can coalitions do to change this?

Implementation needs to be done by the people for whom it’s their day job

Influence can be exercised by people who are not being paid to do it

CONVENE

MEETINGS
National Meeting
Regional Summits
Special Interest Events

ONLINE COMMUNITIES
HPV Roundtable Communicators Facebook
HPV Cancer Free Family Facebook
Twitter @ HPVRoundtable

COMMITTEES
Communication
Evaluation
Nat. Meeting Planning
Steering

TASK GROUPS
Best Practices
Empowering Parents & Allies
Integrated Delivery Systems
Provider Training
State Coalitions & Roundtables

COMMUNICATE

RESOURCES
Action Guides
Resource Library & Tools
Speakers Bureau
Videos

WEB PLATFORMS
Facebook
Twitter
Youtube

SHARE-A-THONS
Cervical Cancer Awareness Month
National Immunization Awareness Month

WEBINARS & PRESENTATIONS

CATALYZE

CAMPAIGNS
Clinician & Systems Action Guides Promotion
Power to Prevent Cancer
We're In

PARTNERSHIPS
ACS Pilot of Large Systems Action Guide
Consensus Statements
Member Engagement Initiatives
State HPV Coalitions

VIRTUAL
Social Media Advocacy
Guidance on Social Media Practices
Twitter Broadcaster

PUBLICATIONS
Best Practices
Blogs/Op-eds
Case Studies
Social Network Analysis

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Power Panel #1:

Immunization & Data

National HPV Vaccination Roundtable

ASSOCIATION OF IMMUNIZATION MANAGERS

HPV Coalition Leaders 2019 Leadership summit

Immunization and Data

CLAIRE HANNAN, MPH

EXECUTIVE DIRECTOR, ASSOCIATION OF IMMUNIZATION MANAGERS

MARCH 5, 2019

Immunization Programs and Adolescent Immunization

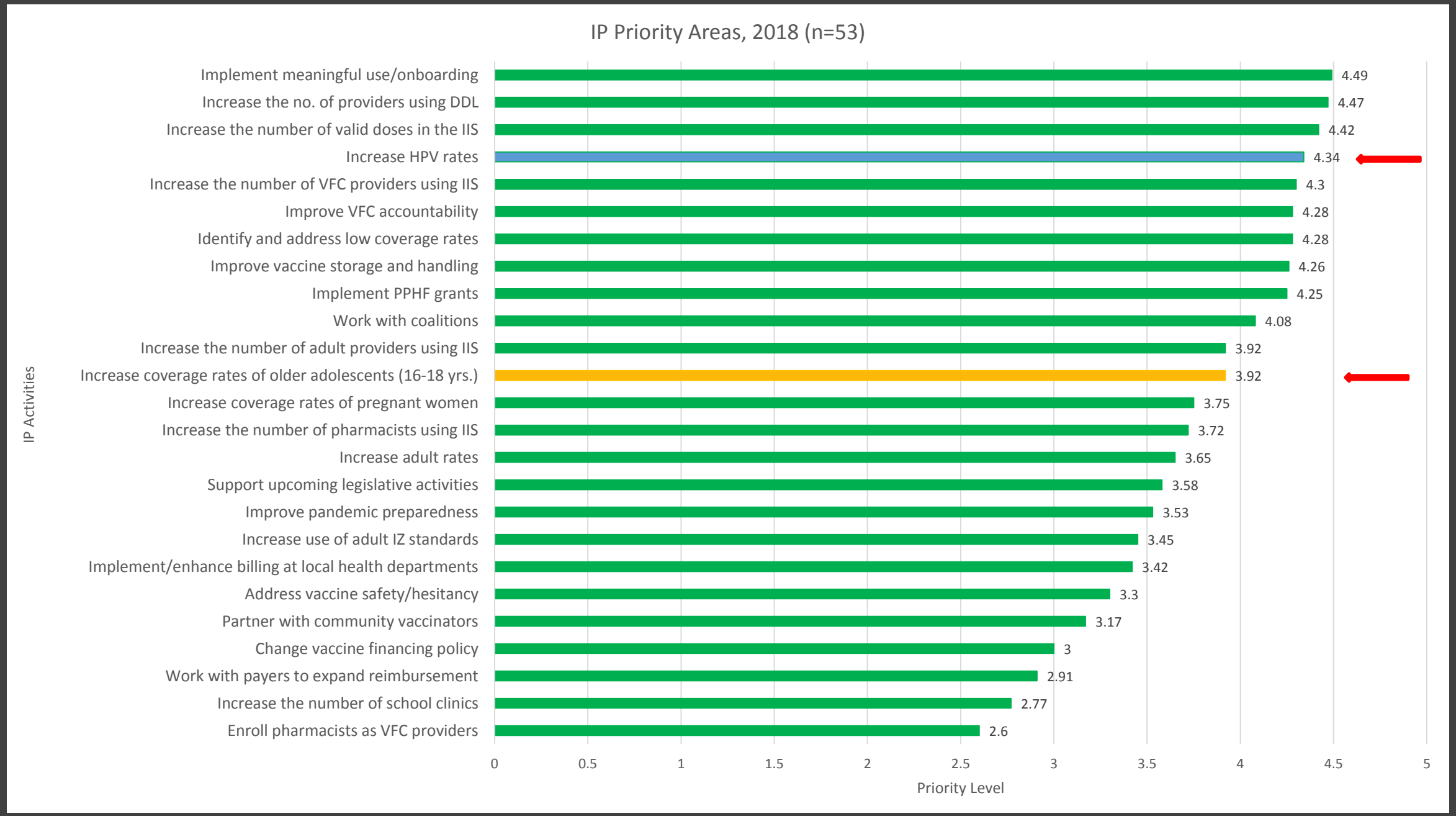
- Who is AIM? Who are immunization program managers?
- Immunization program priorities and HPV activities
- Examples: Using data to improve HPV vaccination rates
- AIM resources

Who is AIM?

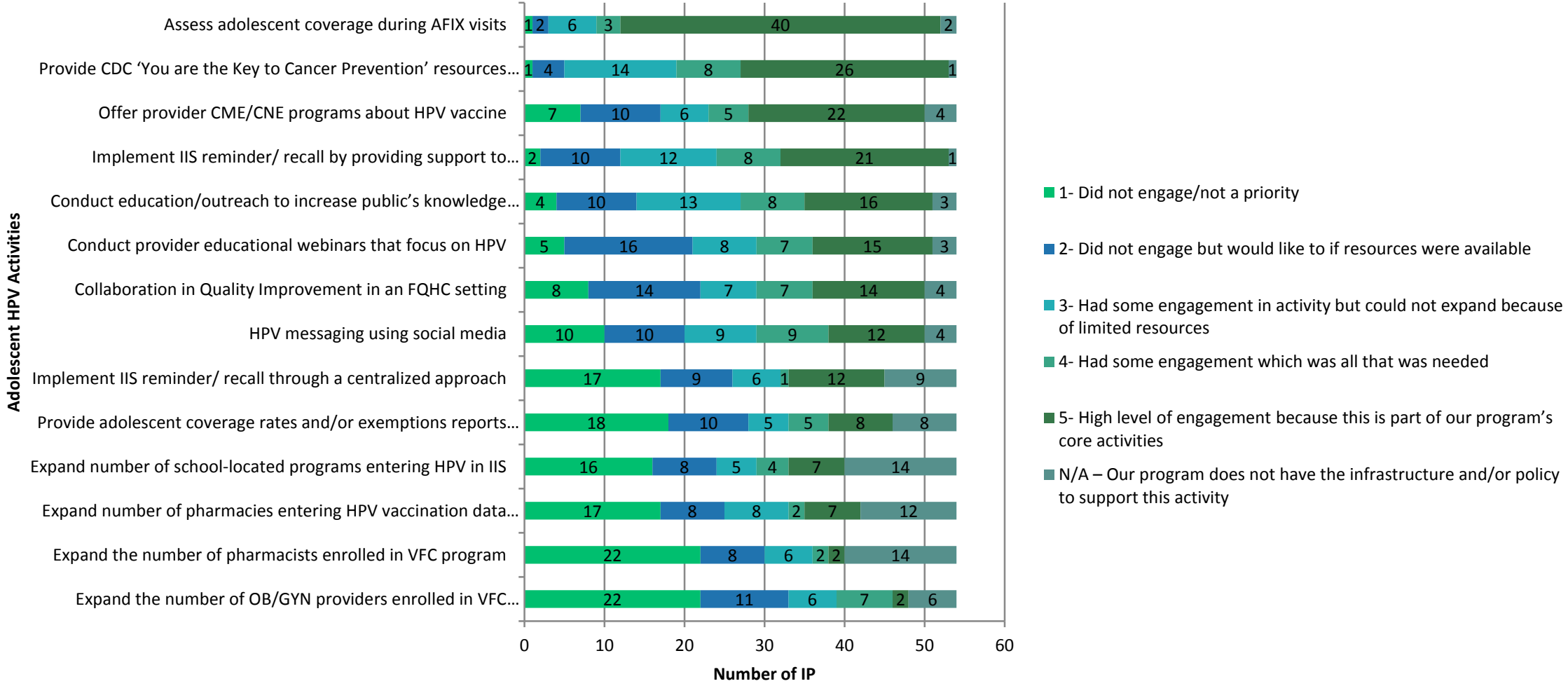
- Nonprofit membership organization
- Members are immunization program managers in 64 federal awardee areas (50 states, 6 cities, 8 territories/federated states)
- Help immunization programs learn from each other, work with partners, receive training, develop and implement policies and activities to increase vaccination rates

AIM Annual Survey Data (2017)

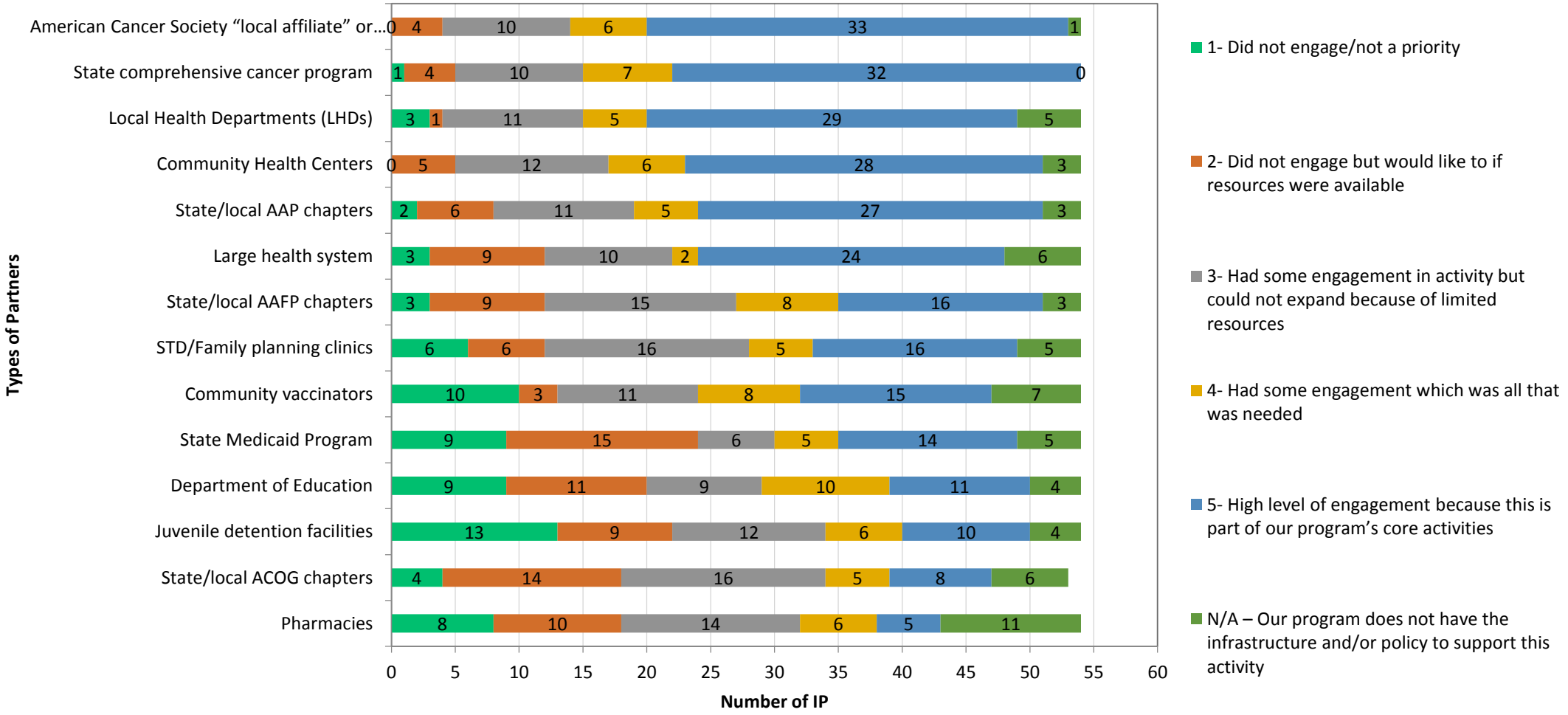
- Administered late 2017 (54/64 awardees responded)
- Question on priorities: HPV and older adolescents
- Questions on how IP work with partners and what activities they conduct to increase rates/increase awareness of adolescent IZ,


IP Priority Areas, 2018 (n=53)
IP Activities
Implement meaningful use/onboarding 4.49
Increase the no. of providers using DDL 4.47
Increase the number of valid doses in the IIS 4.42
Increase HPV rates 4.34
Increase the number of VFC providers using IIS 4.3
Improve VFC accountability 4.28
Identify and address low coverage rates 4.28
Improve vaccine storage and handling 4.26
Implement PPHF grants 4.25
Work with coalitions 4.08
Increase the number of adult providers using IIS 3.92
Increase coverage rates of older adolescents (16-18 yrs.) 3.92
Increase coverage rates of pregnant women 3.75
Increase the number of pharmacists using IIS 3.72
Increase adult rates 3.65
Support upcoming legislative activities 3.58
Improve pandemic preparedness 3.53
Increase use of adult IZ standards 3.45
Implement/enhance billing at local health departments 3.42
Address vaccine safety/hesitancy 3.3
Partner with community vaccinators 3.17
Change vaccine financing policy 3
Work with payers to expand reimbursement 2.91
Increase the number of school clinics 2.77
Enroll pharmacists as VFC providers 2.6
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5
Priority Level

IP engagement level in increasing ADOLESCENT HPV vaccination rates in the last 12 months (n=54)



IP engagement level with PARTNERS for increasing ADOLESCENT HPV vaccination rates in the last 12 months, (n=54)



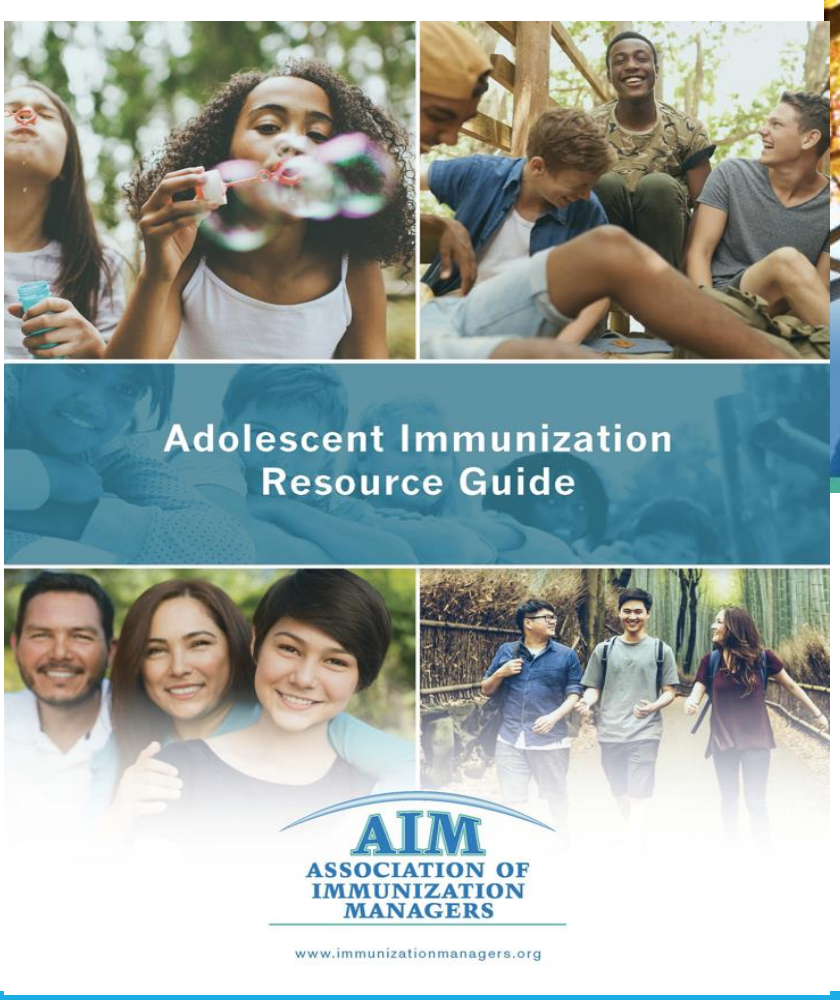
Immunization Program HPV Activities Priorities for 2019

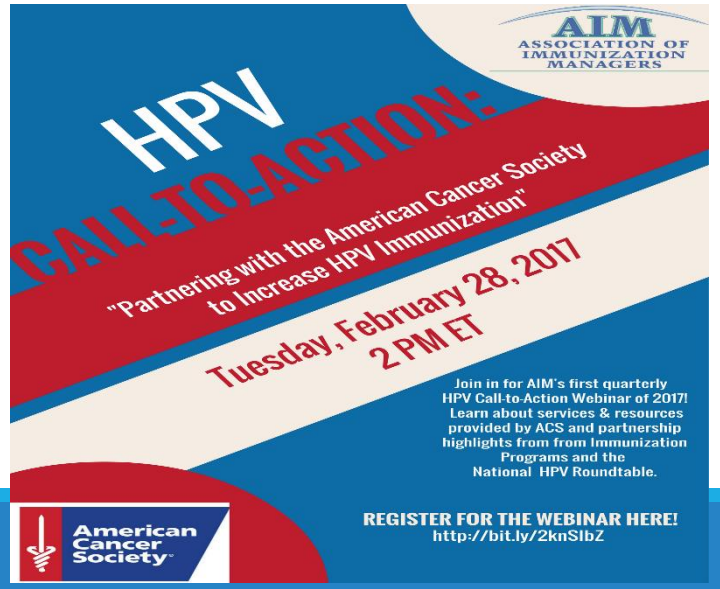
- **Share adolescent vaccination coverage and/or vaccine-uptake-related data** with partner organizations, adolescent immunization providers and other stakeholders
- **Promote adolescent immunization quality improvement** activities among partner organizations (e.g. provider networks, health plans)
- **Promote awareness and provide education** targeting providers, parents, and/or adolescents to improve adolescent vaccination coverage

Using Data to Improve HPV Vaccination Rates AIM HPV Call to Action Webinar Sept 2018

- Indiana: HPV Maintenance of Certification
  - American Board of Medical Specialties program for professional development and continuous education
  - HPV education as a Part 4 Quality Improvement Project for Pediatricians and Family Practice Physicians
  - VFC educational requirement for VFC providers with less than 25% HPV vaccine completion rate
- Texas: Adolescent Immunization Provider Report Card
  - Reports to VFC providers containing ratio of Tdap to HPV vaccine administered
  - Using vaccine inventory data (previously used ordering data)

AIM Resources and Activities





AIM Resources and Activities

Practice Brief Report

OPEN

Public Health Opportunities to Improve Late-Adolescent Immunization

Sarah J. Clark, MPH; Anne E. Cowan, MPH; Katelyn B. Wells, PhD

ABSTRACT

Seven state/local immunization program managers were convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18 years). The Centers for Disease Control and Prevention's revised childhood immunization schedule for 2017 and a recently proposed preventive care platform at 16 years of age provide a unique opportunity to focus on increasing adolescent immunization rates in this population. Public health officials discussed challenges to immunizing this population and suggested key strategies for supporting late-adolescent immunization, including partnerships between public health and immunization providers; nationally supported public information campaigns; and using immunization data specific to this population to track progress.

KEY WORDS: adolescents, immunization, preventive care, public health programs

Vaccination rates for several adolescent vaccines are below national targets,[1] reflecting challenges for both health care providers and public health officials. In February 2017, the Centers for Disease Control and Prevention (CDC) released an updated childhood/adolescent vaccination schedule.[2] The same week, a group of immunization program managers, representing 7 city/state public health programs, was convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18 years).

The in-person roundtable was held in February 2017 following the annual leadership conference of the Association of Immunization Managers (AIM). The convenience sample of participants had been invited by AIM staff and represented a range of experience as program manager, as well as geographic diversity. One of the authors (S.J.C.) facilitated the 2-hour discussion, using a general guide of questions developed prior to the roundtable. All participants agreed to audiotaping of the discussion to enable accurate reporting. The audiotape was transcribed, and the authors reviewed the transcript to summarize key observations.

Clarification of Late-Adolescent Vaccine Recommendations

One suggestion to promote adolescent vaccination pertained to ensuring that providers accurately interpret the immunization schedule. Immunization program managers offered anecdotes describing provider confusion about the timing of vaccination in late adolescence, such as belief among many primary care providers that the second dose of quadrivalent (serogroups A, C, W, and Y) meningococcal conjugate (MenACWY) vaccine should not be given until just before college. This interpretation could be consistent with earlier versions of the CDC vaccination schedule that showed only a combined column for 16 to 18 years, without differentiation of a specific age.[3] In contrast, the 2017 schedule includes a separate col-

Author Affiliations: *Child Health Evaluation and Research (CHEAR) Center, University of Michigan, Ann Arbor, Michigan (Miss Clark and Cowan); and Association of Immunization Managers, Rockville, Maryland (Dr Wells).*

The roundtable was financially supported by an educational grant from Sanofi Pasteur to the Association of Immunization Managers.

The authors have indicated they have no potential conflicts of interest to disclose.

Correspondence: *Sarah J. Clark, MPH, CHEAR Center, University of Michigan, 300 N. Ingalls St. Rm 6E08, Ann Arbor, MI 48109*

ASSOCIATION OF IMMUNIZATION MANAGERS

THANK YOU!

Claire Hannan, MPH
Executive Director, Association of Immunization Managers
March 5, 2019

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AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

HPV Summit: Immunization & Data

Carmela Gupta, MPH

March 5, 2019

Goals for Today

1. Describe what Immunization Information Systems (IIS) are, where they're located, and some of their key features
2. Discuss data available via IIS

3

Discuss opportunities and challenges that IIS face

Review how coalitions can secure timely IIS data

4

5

Discuss exciting developments coming down the pike for IIS

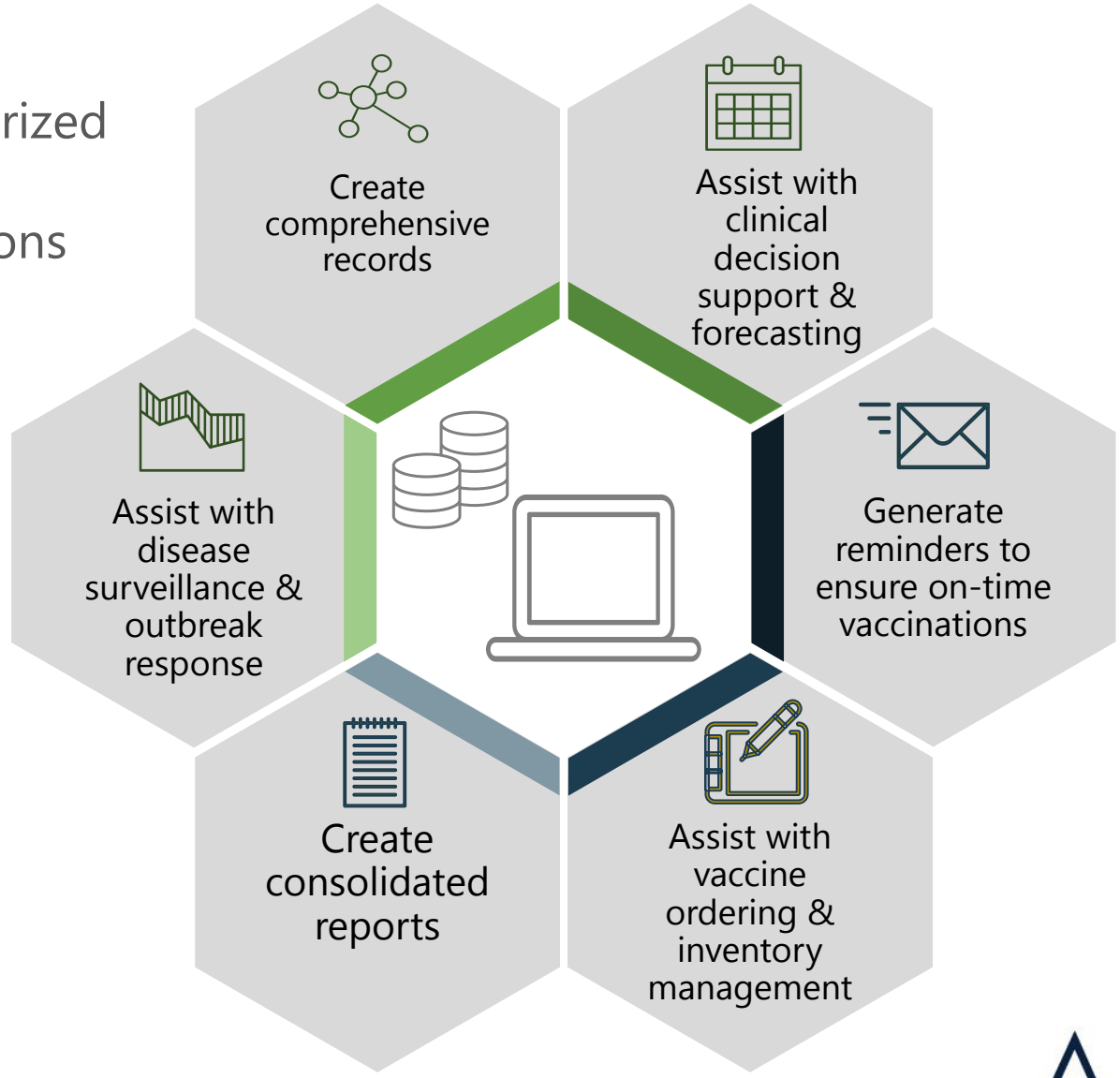
What are Immunization Information Systems (IIS)?

Hint – they are immunization registries, but so much more

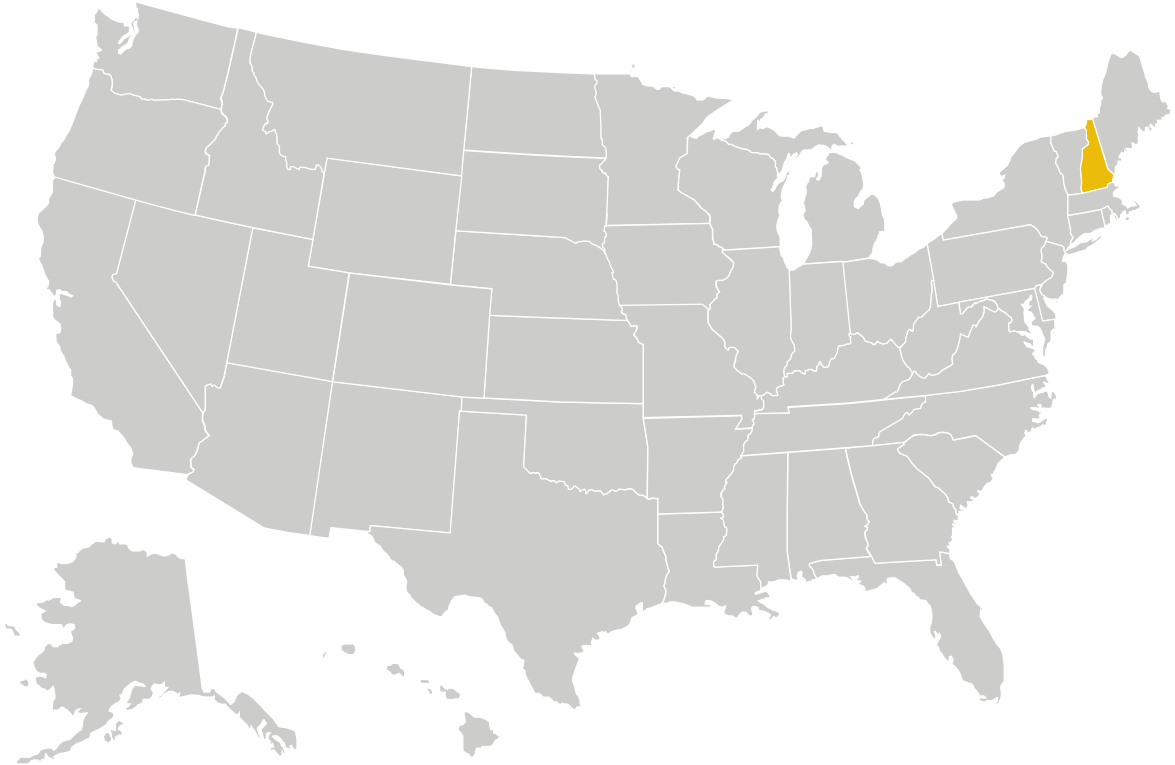
IIS Defined:

IIS are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.

- Confidential
- Population-based
- Identify pockets of need
- Exchange data with multiple providers
- Assist schools & child care providers
- Help improve vaccination rates & reduce vaccine-preventable disease



Where are IIS located?



U.S. Cities

- New York City
- Philadelphia
- San Antonio
- Washington D.C.
- San Diego
- Imperial County
- San Joaquin County (RIDE)

U.S. Territories

- American Samoa
- Guam
- Marshall Islands
- Micronesia
- North Mariana Islands
- Palau
- Puerto Rico
- U.S. Virgin Islands

Maturity

- Each IIS operates independently
- There are varying levels of maturity, comprehensiveness of data, and policies
- Oldest IIS have been in existence for 25+ years

Why isn’t there a national registry?

- In 1993, Congress rejected national IIS provisions in the Comprehensive Child Health Immunization Act
- Systems were designed to solve local challenges
- 10th Amendment – states dictate what their system can and cannot do (this can create policy variations)

Some Key Features of IIS

Provide Consolidated Records

Forecast When Immunizations Are Due

Remind Patients of Due Dates

GRITS Reminder/Recall Project

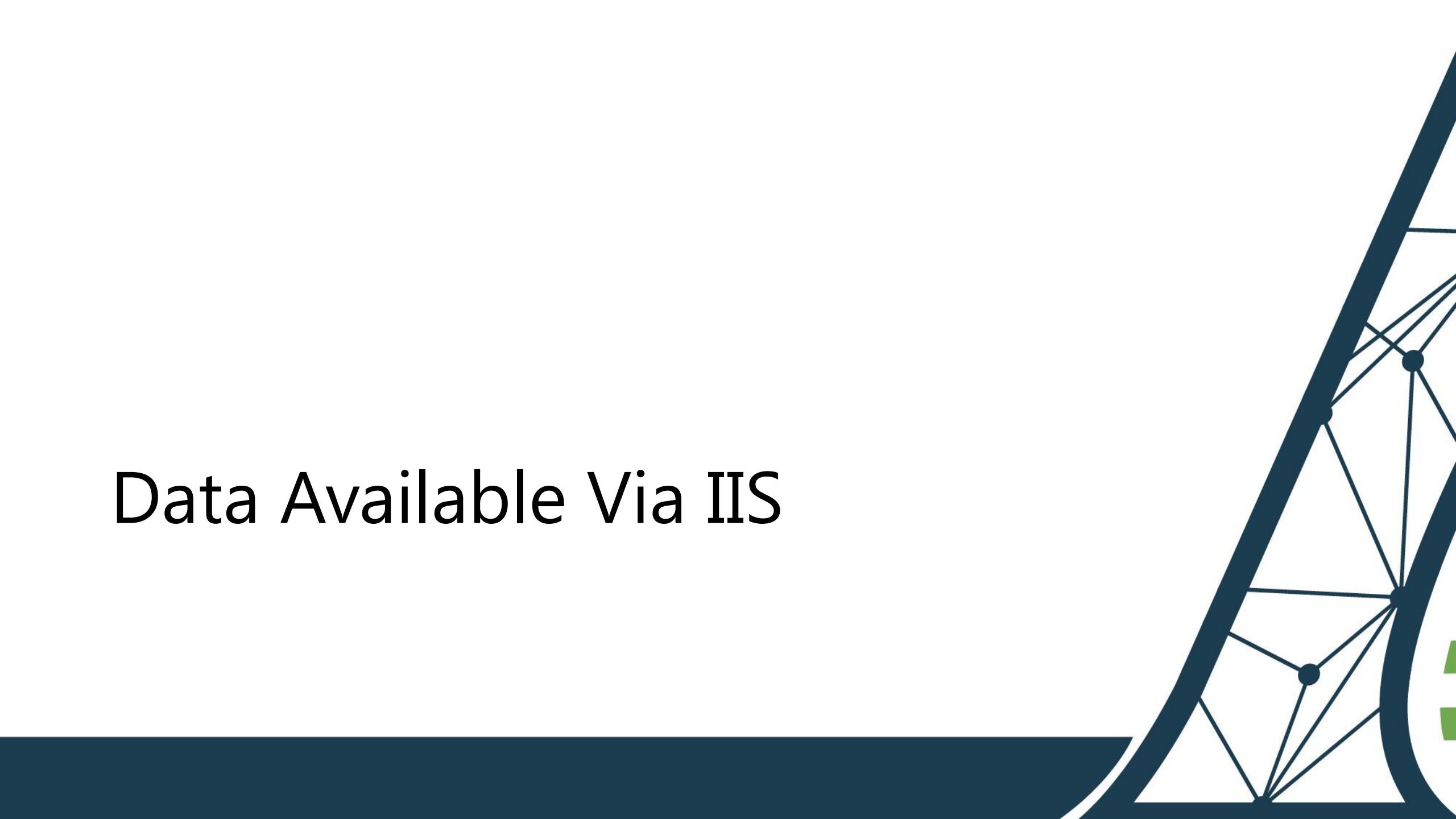
Cancer Control and the Georgia Immunization Program collaborated in a study involving 94,159 patients to determine whether text message reminders improved vaccination completion rates.

- 64,802 patients received a text message reminder (intervention)
- 29,357 patients did not receive a text message reminder (control)

Project Results

- Text message reminders helped improve coverage among those 9-14 who were on the 2 dose schedule
- **30%** of intervention group completed their 2-dose HPV series compared to **19%** in the control group
- Completion rates increased by **11** percentage points, meaning a **58%** increase in completion

Data Available Via IIS



Data Captured in IIS by Population, 2017

Children <6

Percentage of children <6 participating in an IIS in the United States - 2017

Adolescents 11-17

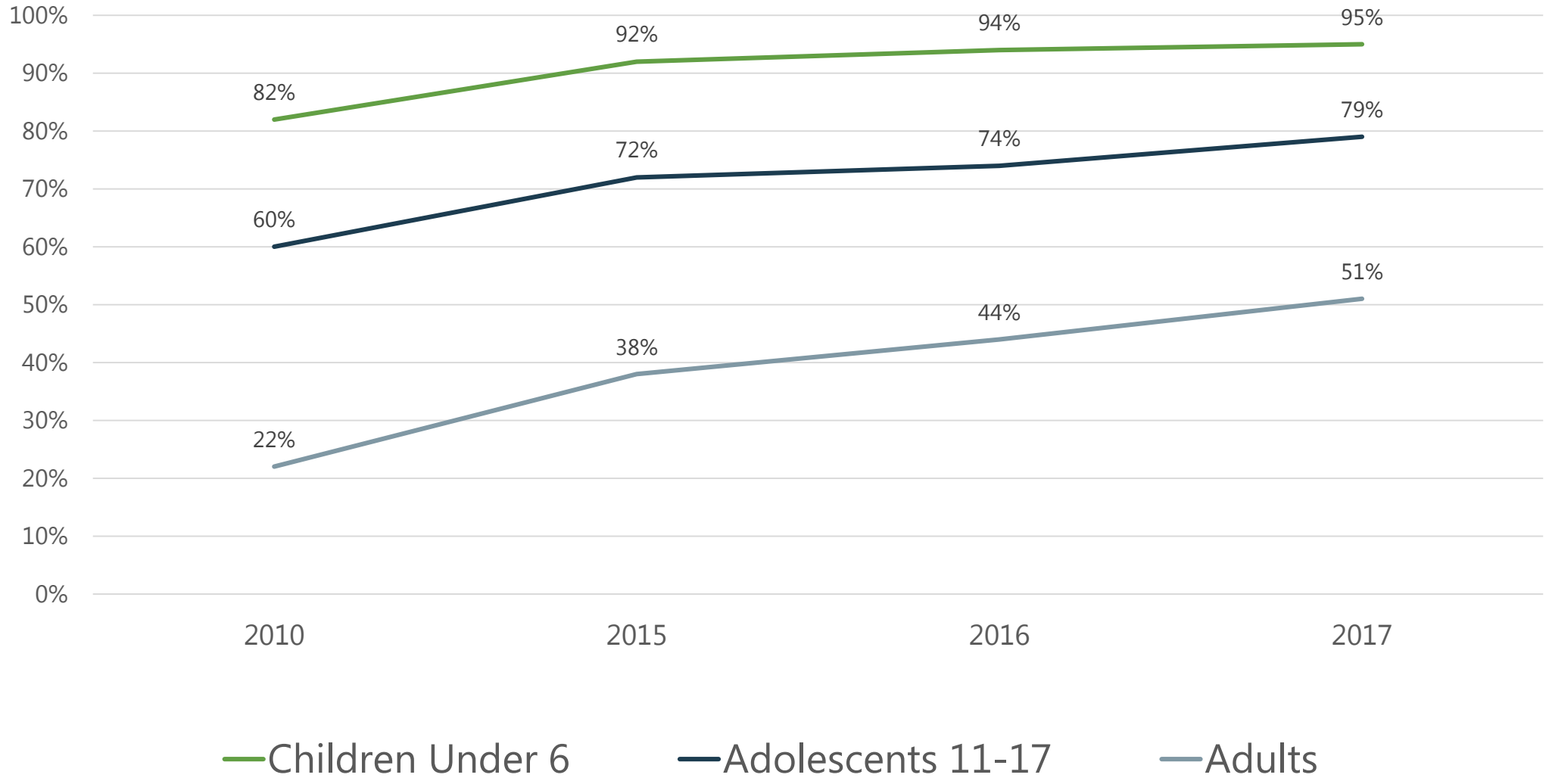
Percentage of adolescents 11-17 participating in an IIS in the United States - 2017

Adults

Percentage of adults greater than or equal to 19 years of age participating in an IIS in the United States - 2017

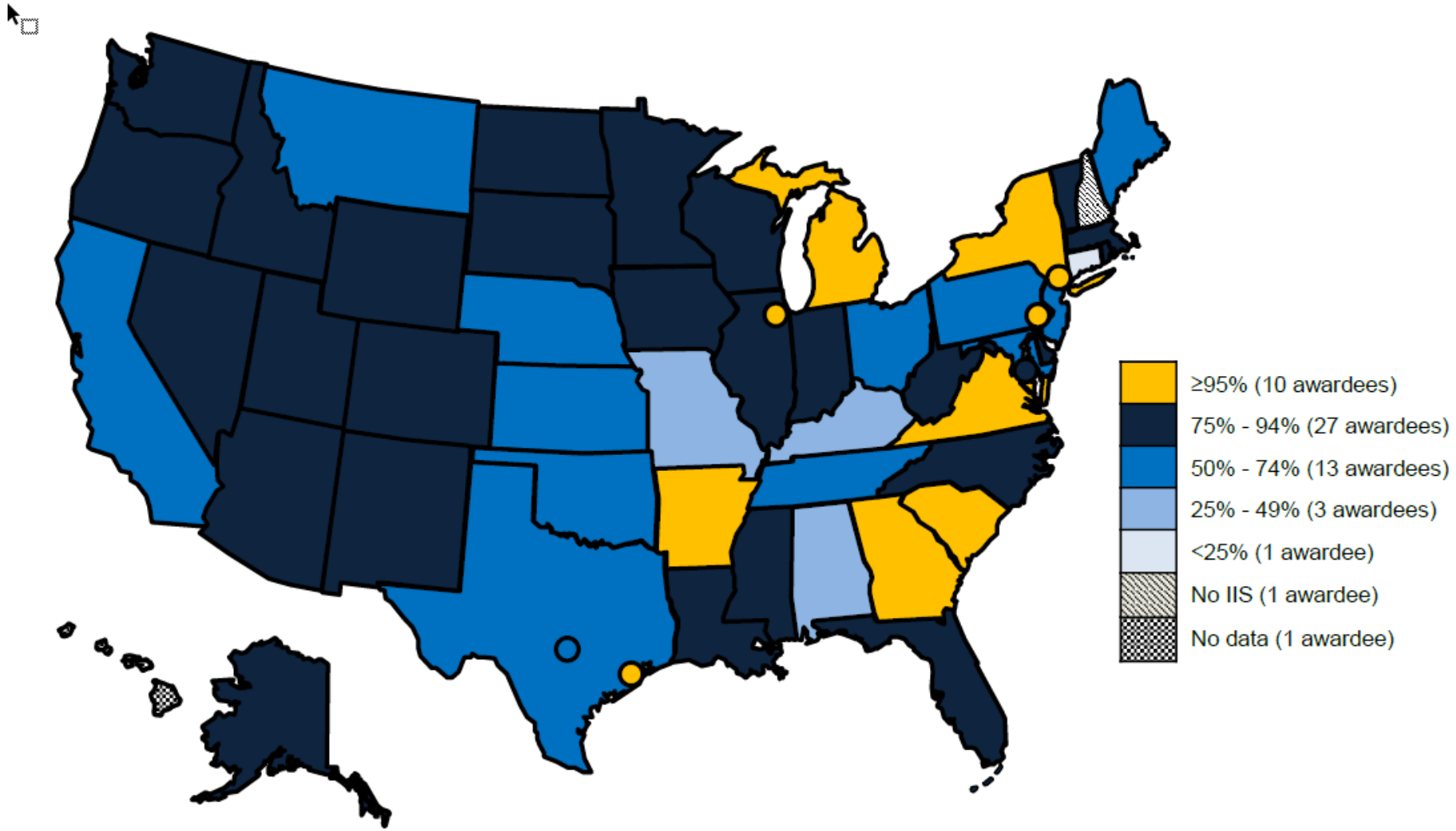
IISAR https://www.cdc.gov/vaccines/programs/iis/annual-report-iisar/rates-maps-table.html

IIS Participation Rates by Population



IISAR Data

Percentage of adolescents aged 11 – 17 years participating in an immunization information system -- United States, five cities§, and D.C., 2017



National Participation: 79% (excluding Territories)
Source: CY2017 IISAR

§ Chicago, IL; Houston, TX; New York City, NY; Philadelphia, PA; San Antonio, TX.

Opportunities & Challenges

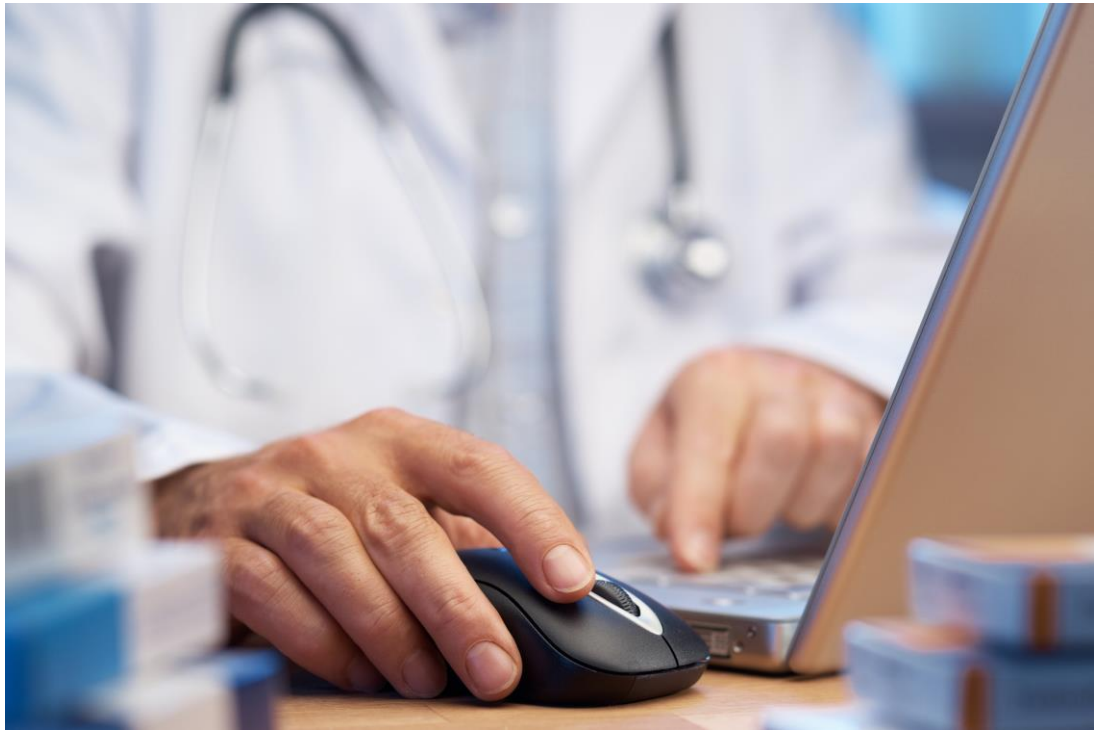
Consider ways to leverage opportunities and mitigate challenges

Opportunity: AFIX

- AFIX – can highlight gaps in coverage, as well as show coverage rates at the provider level
- By focusing on a subset of the population, a clinic, practice or provider can use the IIS to measure changes within a population
- AIRA provides guidance for immunization provider sites on how to best utilize IIS reports to improve data quality prior to running a vaccination coverage rate assessment

Opportunity: Query/Response

- Query and the ability to respond to query is broadly available
  - This is where we'll see increased value for providers (being able to query an IIS, get a record and forecast without leaving their EHR)
- 3/4 of IIS currently have the ability to respond to a query



Opportunity: Spotlight Areas of Need

- Can be a rich data source for calculating coverage assessments
- Population-level vaccine coverage data provides a clear view of communities at risk

Challenges

- Rollout of query/response is still occurring – in other words it may not be available to you today
- Onboarding providers – queues may be longer in some locations (generally due to limited staff and prioritization of higher-volume clinics)
- RESOURCES! Time, staff, and money are both in short supply (time to make changes, money to fund changes)

Using IIS Data to Improve Public Health

How can coalitions secure timely IIS data?

- Work with your IIS partners (state immunization programs)
- When submitting a data request, describe how you want to use the data
- Some states are more restrictive on data uses – work together to create a mutually synergistic relationship
- Every IIS has access to maps and geocoding through a centralized Smarty Streets license provided by AIRA
  - Coalitions can partner with IIS to find pockets of need and strategize how to address needs

How can we work together?

1. Work with your state and local immunization programs and coalitions
2. Advocate for usage of IIS data – it can be a rich data source
3. You all have a powerful message and can help the immunization programs

Exciting Developments

At least we think they’re exciting…☺

On the Horizon

- **Community Resources**: AIRA has rolled out multiple guides that address data quality and calculating coverage assessment and several others are in the pipeline
- **CDSi Testing**: As part of its Measurement & Improvement (M&I) initiative, AIRA is testing IIS Clinical Decision Support for Immunization (CDSi) engines to check alignment with ACIP recommendations
- **Immunization Gateway**: HHS is working on an Immunization Gateway to allow large federal providers (VA and DoD) to submit data through one central gateway (data then parsed out to appropriate registries) and to support IIS querying each other across state lines

SAVE THE DATE

AIRA 2019 National Meeting

August 13-15

INDIANAPOLIS • INDIANA

Thank You!

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AIRA Sr. Program Manager
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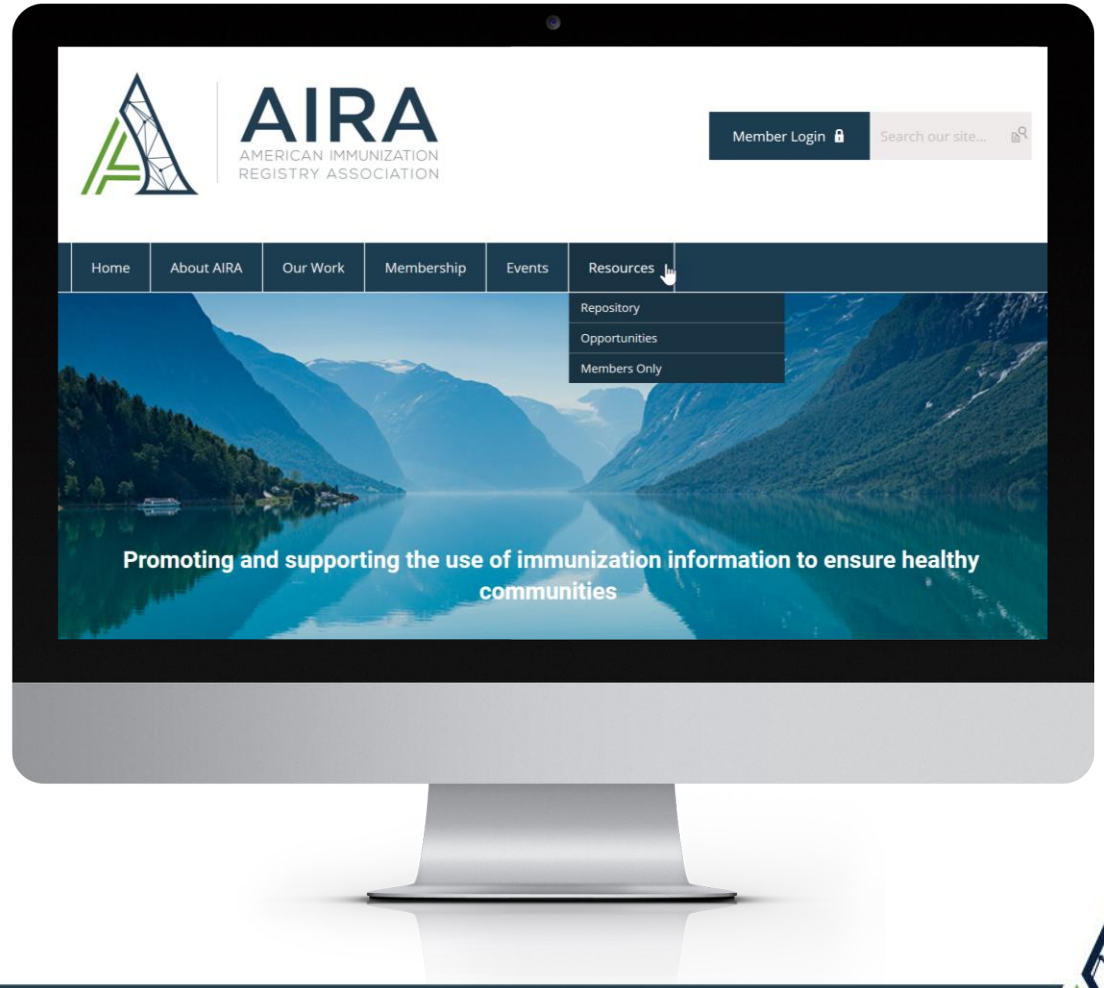
cgupta@@immregistries.org

For more information, visit the AIRA website and repository at immregistries.org



When the Registry isn't Enough:

Alternative data sources for estimating HPV vaccination coverage

Jane Pezua, MPH, Adolescent IZ Coordinator

ACS Regional Summit

Birmingham, AL

CDPH California Department of PublicHealth

We Need Data to Understand:

- How are we doing now?
- Where* do we need to improve?
  - Where are the bright spots to learn from?
  - Where are we lagging?
- How should we target our interventions?
- Did the interventions work?

*ex: geography, clinical site, population group, dose timing

Sources of data at state/local levels

- Medi-Cal (Medicaid) Managed Care quality review reports, Department of Health Care Services
- Commercial HMO quality reports, Integrated Healthcare Association (regional health improvement collaborative*)
- Health plan and medical group health care quality report cards, Office of the Patient Advocate, Health and Human Services Agency

CDPH California Department of PublicHealth

*National network for RHICs here: https://www.nrhi.org/nhris-members/

Quality of Care Measure:
Immunization of Adolescents (HEDIS IMA-2*)

% of kids turning 13 years of age in the measurement year with

- 1 Tdap
- 1 MenACWY (meningococcal conjugate)
- Up-to-date HPV vaccine (≥2 doses)

Older measures:

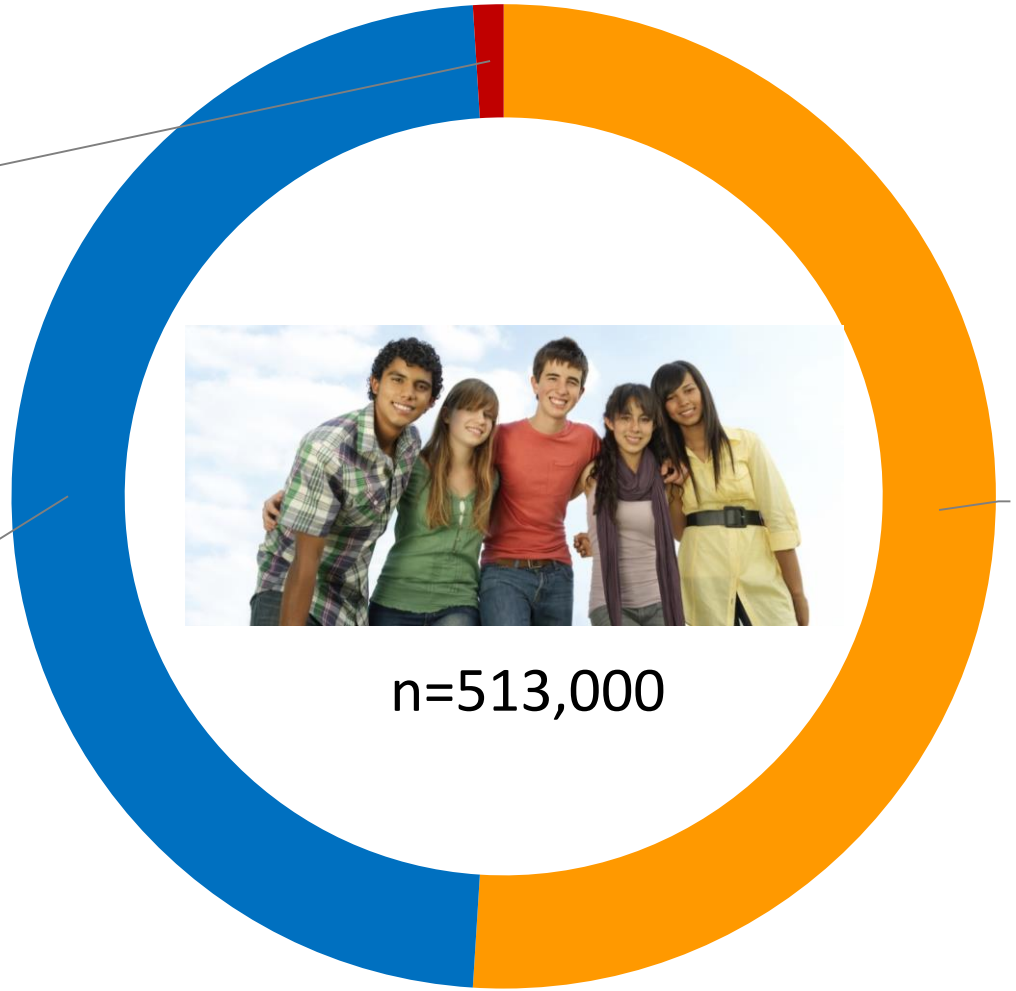
- IMA-2 (2016): 3 doses HPV vaccine
- IMA-1: excluded HPV vaccine
- 3 doses HPV vaccine

*Healthcare Effectiveness Data and Information Set (HEDIS)
See p. 79 of https://www.medicaid.gov/medicaid/quality-of- care/downloads/medicaid-and-chip-child-core-set-manual.pdf

IMA-2 Measured and Reported by

- Medi-Cal Managed Care Plans operating in all 58 counties
- Pay for Performance commercial HMO program
  - 9 health plans, 200 physician organizations caring for 95% of commercial HMO enrollment in CA
  - Public reporting of common measure set
    http://reportcard.opa.ca.gov/rc/medicalgroupcounty.aspx
  - Health plan incentive payments to physician groups (Pay for Performance, P4P)
    https://www.iha.org/sites/default/files/resources/fs_amp_commercial_hmo.pdf

Estimated Payers for CA's 13 year olds, 2017

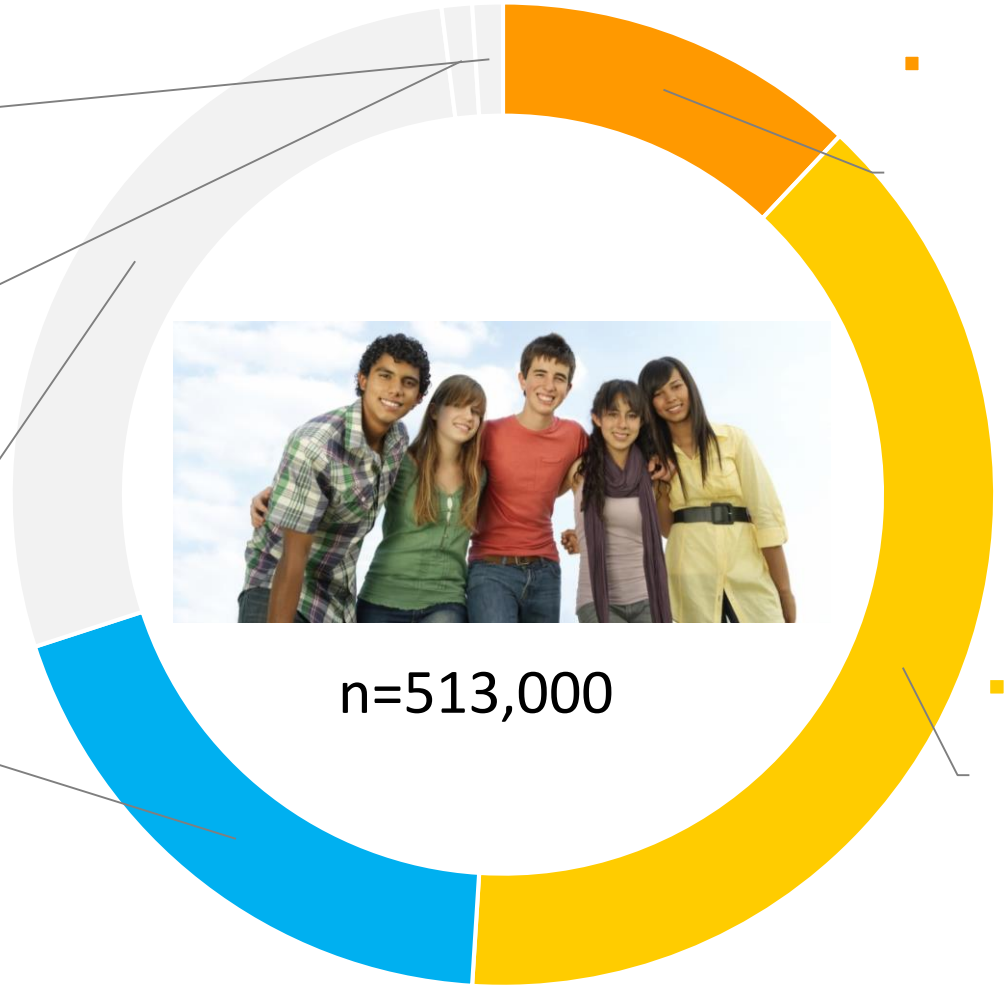


* DHCS provided data to CDPH for VFC estimates

**https://bphc.hrsa.gov/uds/datacenter.aspx?q=t3a&year=2017&state=CA

https://bphc.hrsa.gov/uds/datacenter.aspx?q=t4&year=2017&state=CA

For what % of CA's 13 year olds is HPV Immunization Reported?



https://bphc.hrsa.gov/uds/datacenter.aspx?q=t3a&year=2017&state=CA
https://bphc.hrsa.gov/uds/datacenter.aspx?q=t4&year=2017&state=CA

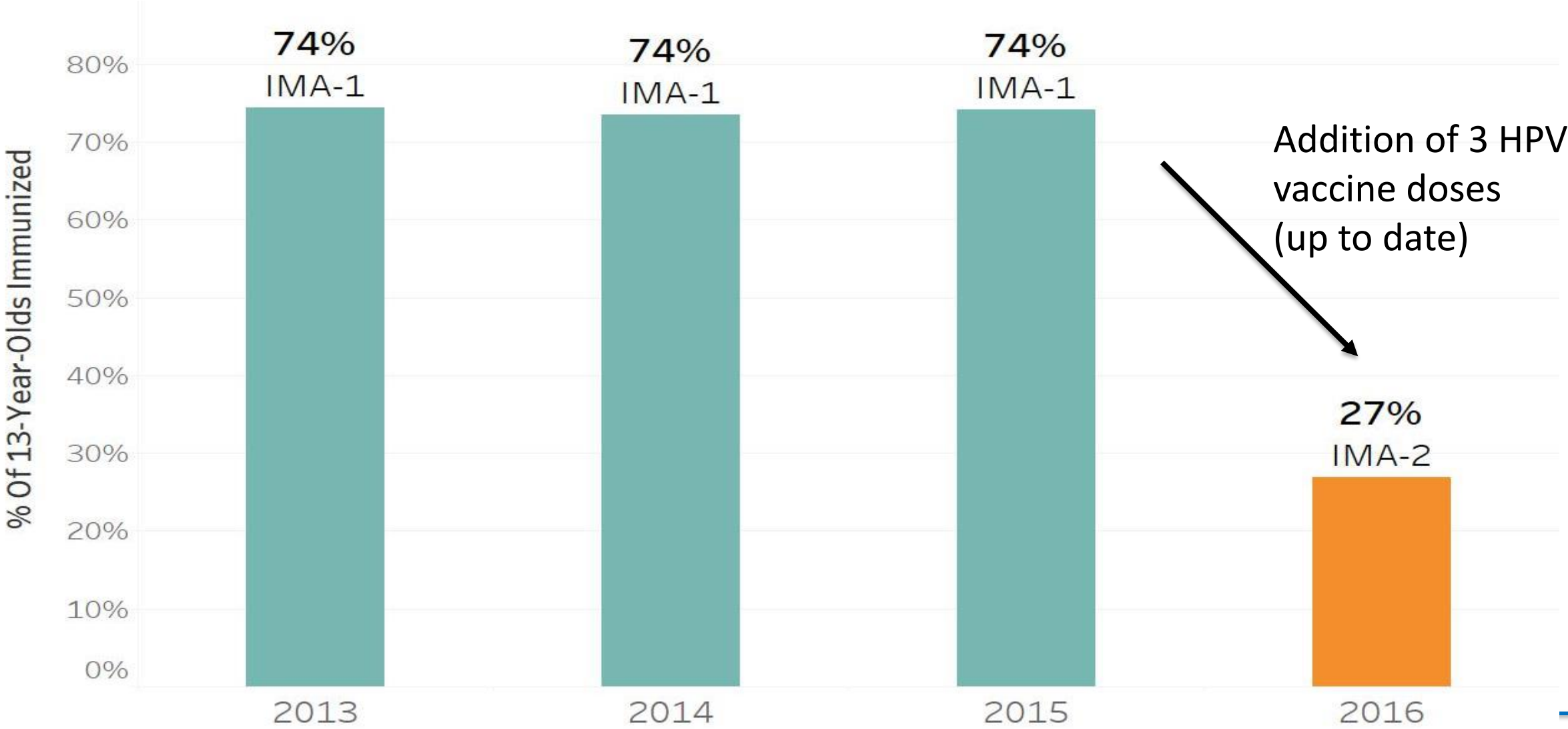
Comparison of HPV Vaccine-containing Measures

	IMA-2	NIS
Age	On-time immunization as of 13th birthday	13-15 or 13-17 years of age On-time (only for national)
# of 13 year olds	400 per Medi-Cal Managed Care Plan in each county or region; all 100K in participating commercial HMOs	400 in whole state
Posted (1-2 yrs. later)	Yes	Yes, for each state by • component vaccine • 1st HPV dose and up-to-date • gender
Source	Provider records, claims, encounters, registry	Provider report
Level of report	Medical group or HMO in a county or region (Covers ~70% of 13 year olds)	California and national (population based)

CDPH California Department of PublicHealth

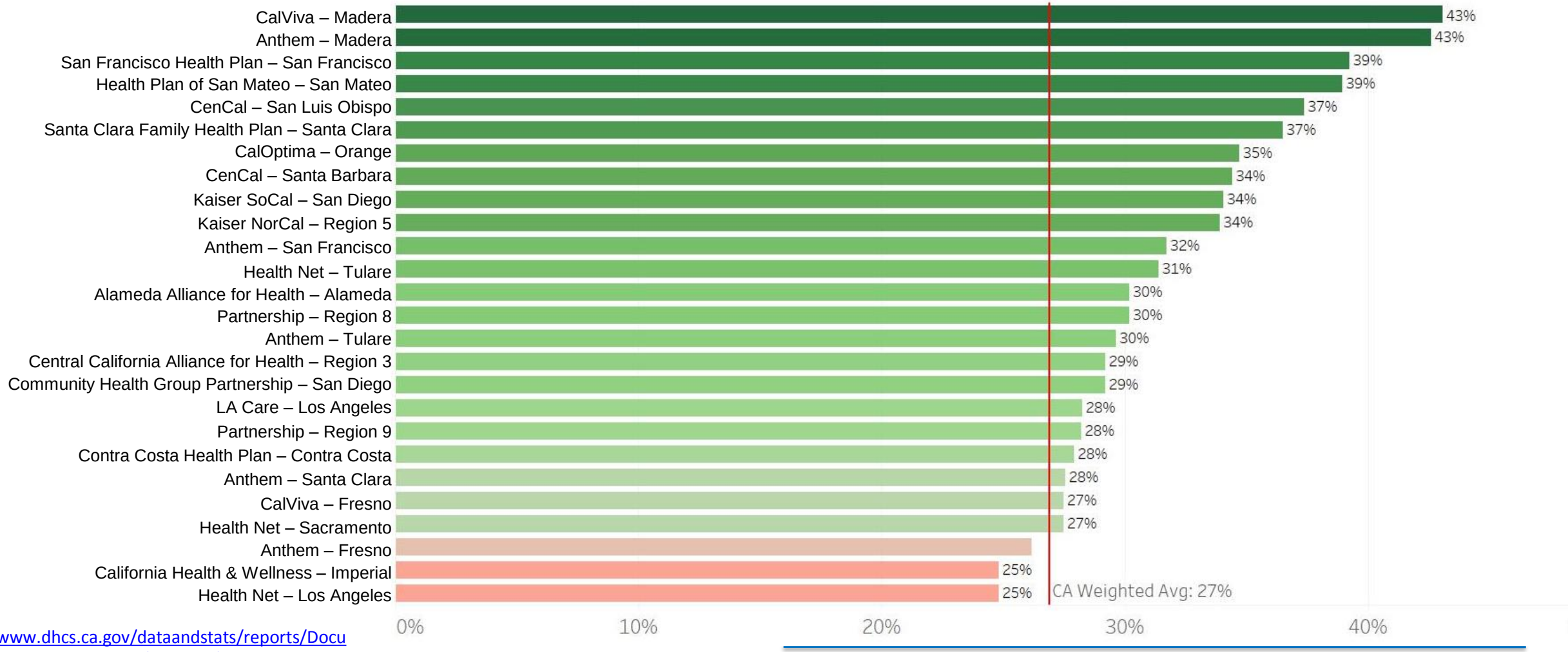
Immunizations for Adolescents (IMA)

Medi-Cal Managed Care Weighted Average, Measurement Years 2013-2016



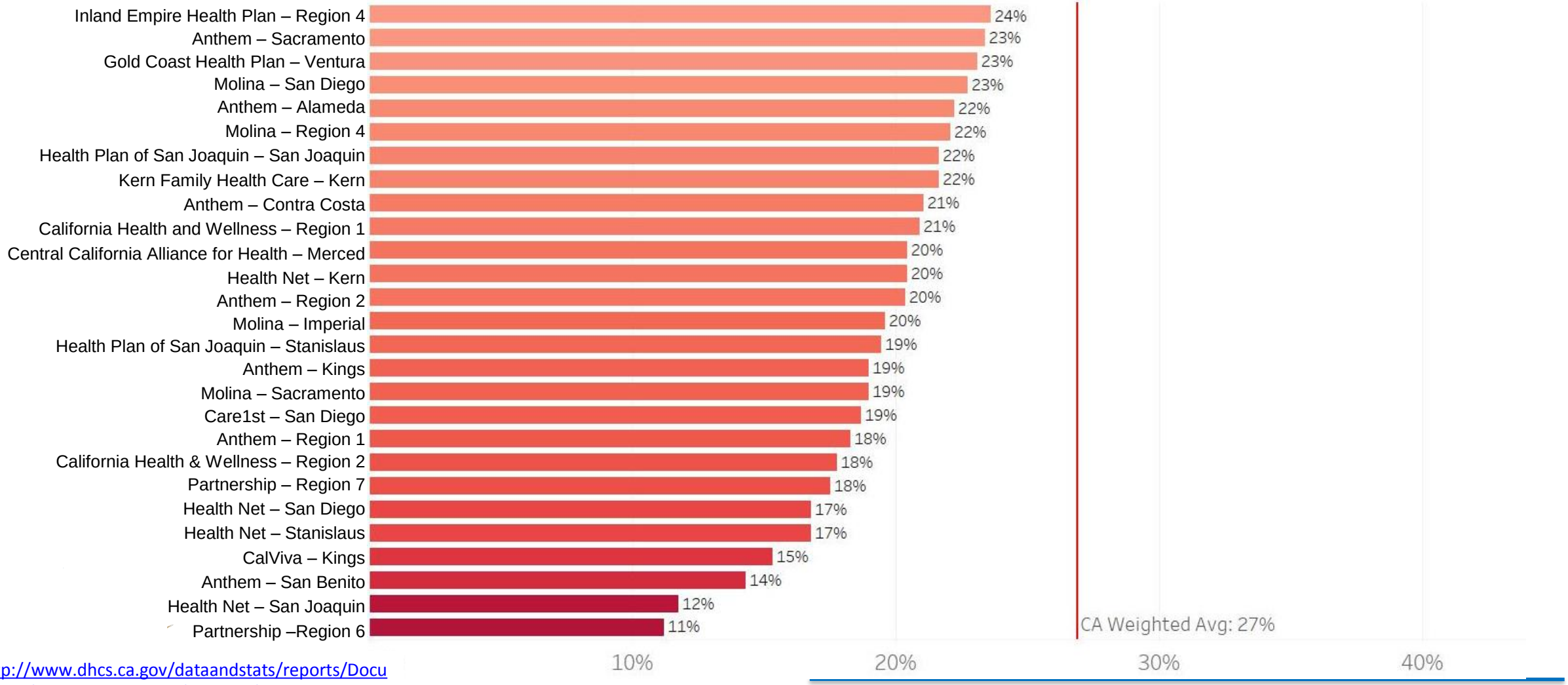
http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/TechRpt/CA2016-17_EQR_Technical_Report_F1.pdf

IMA-2 by Medi-Cal Managed Care Plan and County or Region, Measurement Year 2016



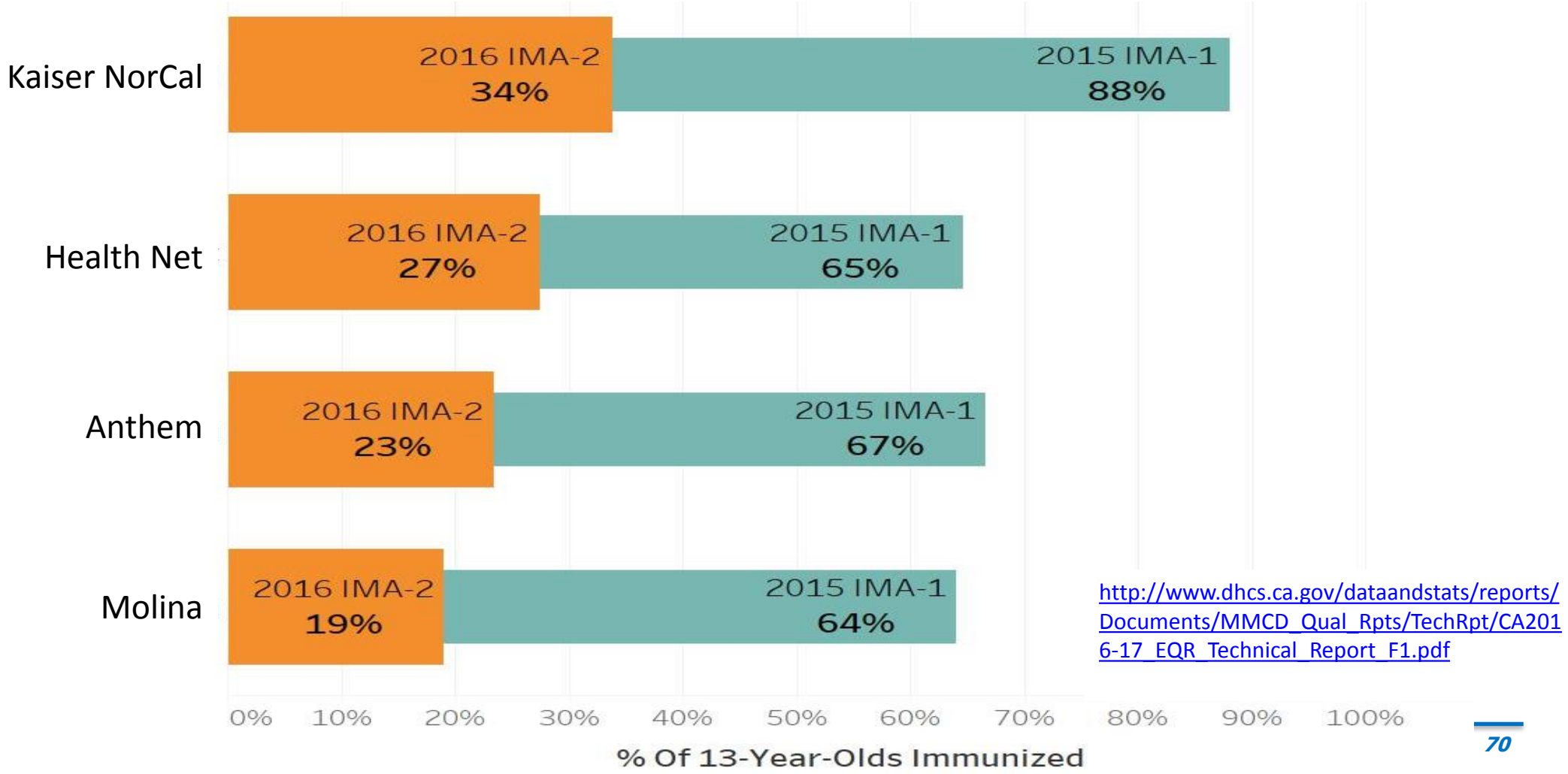
http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/TechRpt/CA2016-17_EQR_Technical_Report_F1.pdf

IMA-2 by Medi-Cal Managed Care Plan and County or Region, Measurement Year 2016



http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/TechRpt/CA2016-17_EQR_Technical_Report_F1.pdf

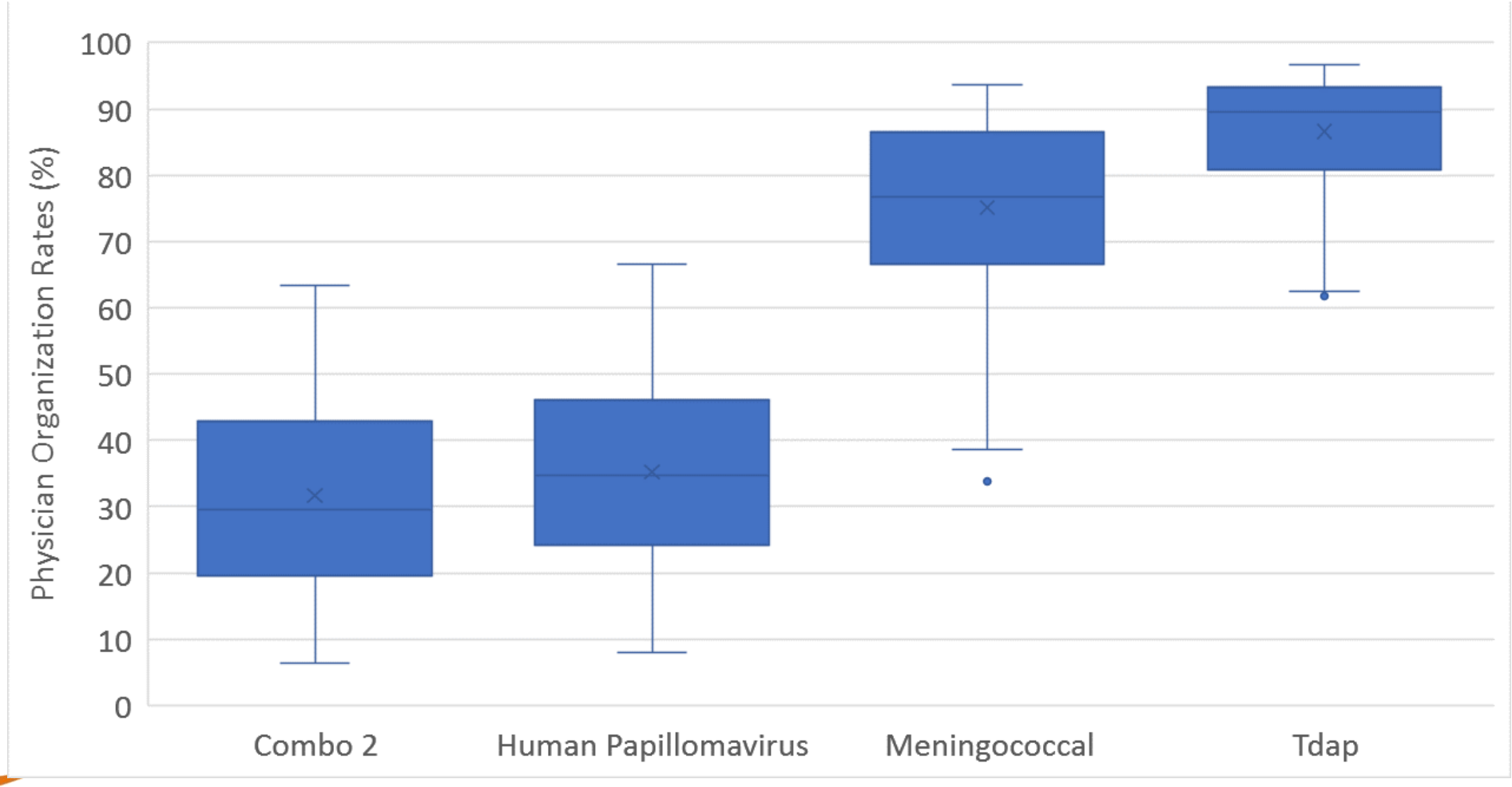
Immunizations for Adolescents, Medi-Cal Managed Care Plans, Measurement Years (MY) 2015-2016, Sacramento



http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/TechRpt/CA2016-17_EQR_Technical_Report_F1.pdf

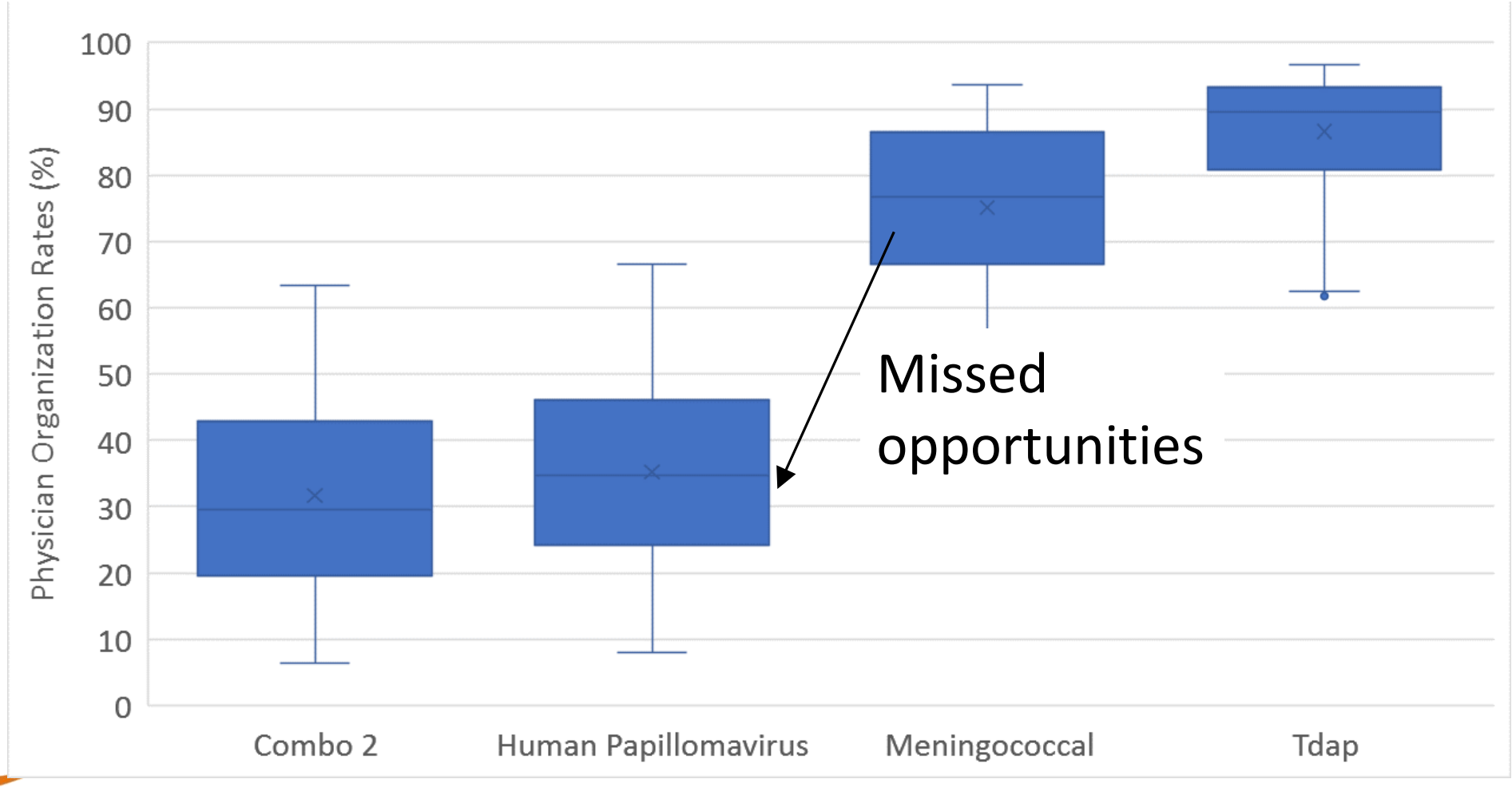
CDPH California Department of PublicHealth

Immunizations for Adolescents (IMA-2), MY 2017
Pay for Performance Program Commercial HMOs



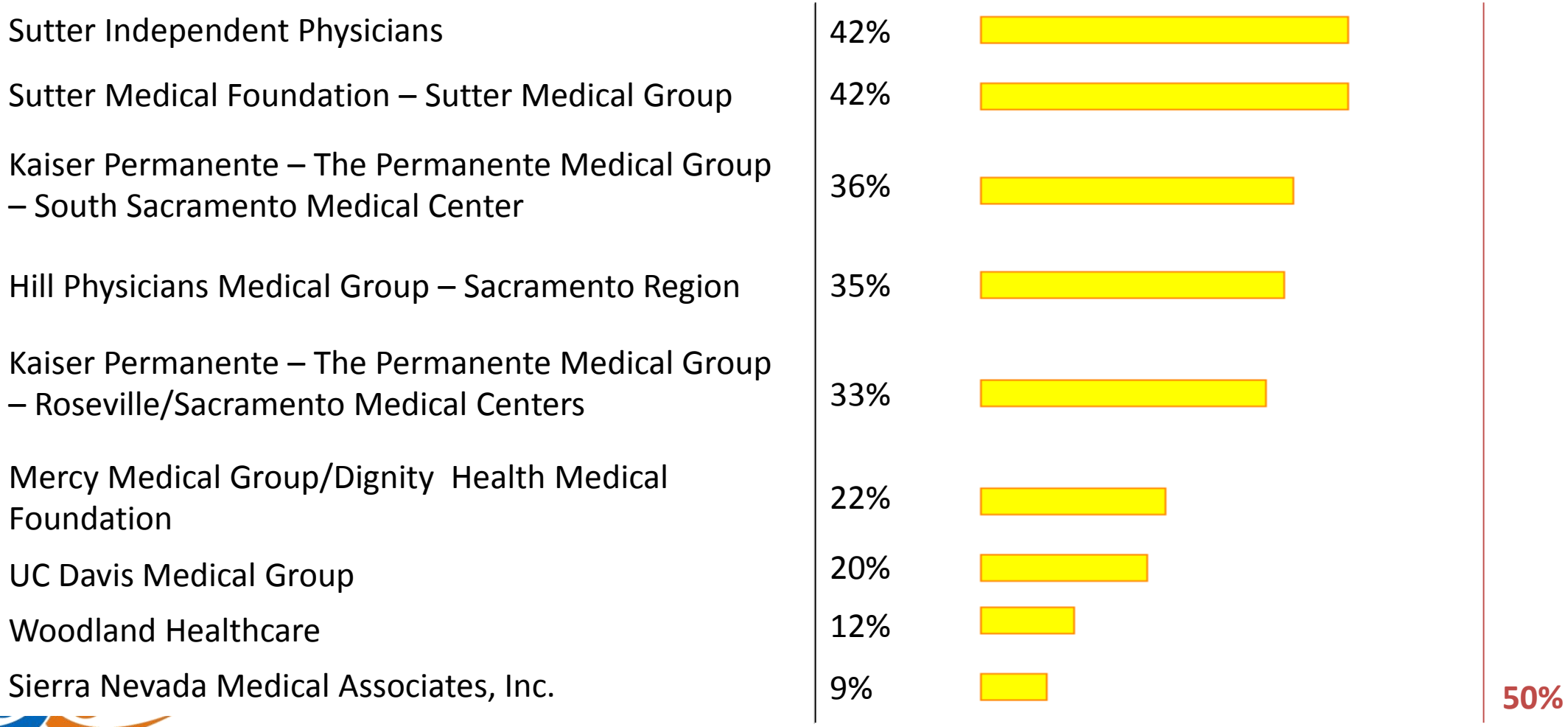
N = 200 physician organizations caring for ~ 100k continuously enrolled 13 y/o
Source: AMP Commercial HMO results, 2017, Integrated Healthcare Association

Immunizations for Adolescents (IMA-2), MY 2017
Pay for Performance Program Commercial HMOs



N = 200 physician organizations caring for ~ 100k continuously enrolled 13 y/o
Source: AMP Commercial HMO results, 2017, Integrated Healthcare Association

% of Girls with 3 Doses HPV Vaccine by age 13, Commercial HMO Members, Sacramento, 2016



CDPH California Department of PublicHealth

http://reportcard.opa.ca.gov/rc/MedicalGroupmeasure.aspx?Category=IHA&Topic=TreatingChildren&Measure=HPVForFemaleAdolescents&County=SACRAMENTO

Summary of IMA-2 Results

- Low % of 13 year olds up to date on HPV immunizations
  - ~ 27% in Medi-Cal Managed Care, CA, 2016
  - ~ 35% in Commercial HMOs, CA, 2017

  } 70% of CA's 13 y/o

  (compared to 29.8% in NIS, US, 2017)*
- Many opportunities for improvement
  - Variability across plans and physician groups, across and within counties
  - Gap between Tdap vs. HPV immunization levels

*https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm?s_cid=mm6733a1_w

Our Challenges

- What would make today's quality-measure data more actionable?
  - Reported by component vaccine to assess missed opportunities
  - Published more timely, in more user-friendly displays
- How can we more effectively leverage the data we have?
  - Guide consumer and employer choice
  - Hold HMOs, payers, clinics accountable
  - Incentivize providers

…While we work toward fully populating and optimizing IIS

CDPH California Department of PublicHealth

Thank you!

Jane.Pezua@cdph.ca.gov

Acknowledgements

- Rebeca Boyte – CDPH
- Sandy Preiss – ACS
- Lisa Albers, MD – DHCS
- Lindsay Erikson – Integrated Healthcare Association

Power Panel #1:

Q & A

National HPV Vaccination Roundtable

Power Panel #2:
HpV: Little “p” Policy Change

Guidance for Coalition Leaders

In the next 60 minutes…

- HPV legislation/policy nationally and in the 7 states at the Regional Leadership Summit
- Opportunities and policy limitations for coalitions
- Examples of successful coalition-led initiatives
- Offering some guidance
- Role of health systems, industry, government partners and others

Covering the Basics

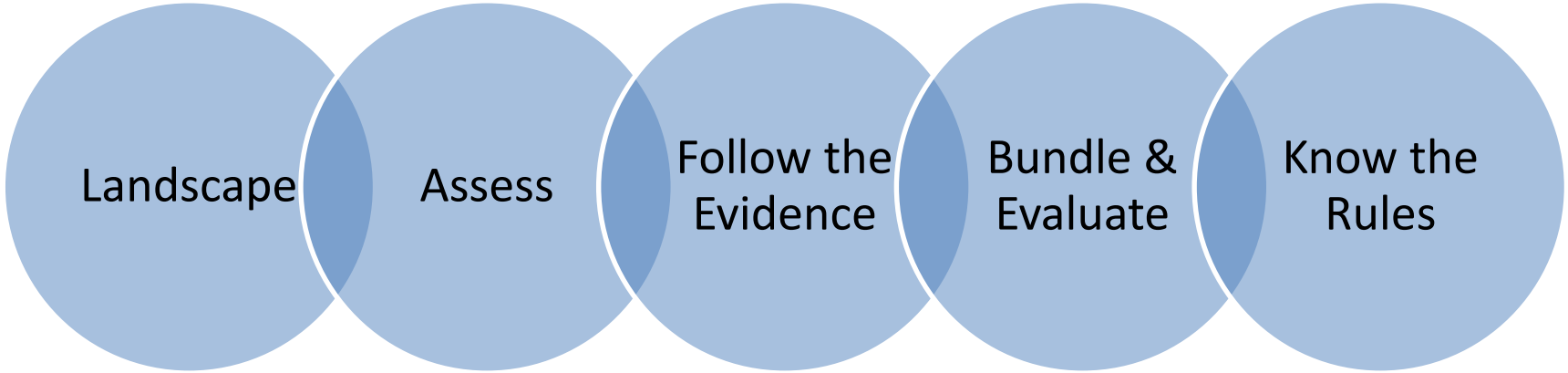
- Big “P”, small “p”…What’s The Difference?
- Can’t the HPV Roundtable give us model legislation, testify and help us lobby lawmakers?
- If we legislate it, everyone will comply, right?!
- But there is a bill…we have a legislative champion…
- Come on, this is such an easy issue!

Cancer Action Network℠
American Cancer Society®

Big “P”: What’s Happening In 2019?

Cancer Action Network℠
American Cancer Society®

The Power of little “p”



Consider these suggestions in the broader context of the CCC/HPV/Immunization coalition or roundtable.

Consult with ACS CAN and/or government relations professionals in your coalition.

Cancer Action Network℠
American Cancer Society®

Assess

Do: consider current policies & type of change needed

Don't: underestimate effectiveness of small "p"

Landscape

Do: consider current politics, vax history

Don't: disregard other states struggles

Follow the Evidence

Do: Focus on EBIs; policies that have meaningful impact

Bundle & Evaluate

Don't: Solely focus on HPV, consider "All ACIP recommended vaccines"

Do: Prepare for implementation & evaluation

Know the Rules

Do: Know the rules ethics, advocacy, lobbying limits/restrictions

A Few More Things…

- Partner & Stakeholder Engagement
- Best Practices & Lessons Learned
- Educating Policymakers
- Look for the Small Wins

Thank You

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404 806 0739

St. Jude Children's Research Hospital

Robert Clark,
Chief Gov. Affairs Officer

Merck

Sarah Strawbridge,
Associate Director, U.S. Policy & Gov. Relations

Alabama School-based Vaccine Clinics (SBVC)

Cindy Lesinger

Immunization Division Director

Alabama Department of Public Health (ADPH)

ALABAMA Vaccines for Children PROGRAM

IMM IMMUNIZATION DIVISION

immprint

Background

- AL immunization school law, requires Tdap before entering 6th grade, not MCV or HPV.
- AL has 20 counties without a pediatrician and 49% of children 0-18 years of age is Medicaid eligible.
- In 2015, ADPH addressed the high number of children with no certificate of immunization and no Tdap with AL Dept of Education (ADOE).

ALABAMA Vaccines for Children PROGRAM

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Background con't

- In 2017, ADOE requested the statewide flu vaccine provider expand to Tdap.
- AL VFC Program requires all adolescent vaccines to be offered.
- In 2/18, after bad flu season, ADPH and ADOE signed a joint letter to encourage superintendents to allow SBVCs.
- In 3/18, AL House and Senate signed a joint resolution encouraging all schools to allow SBVCs.

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Number of SBVCs

- AL currently has 2 types of SBVCs:
  - 4 outside providers coming in to school
  - 9 embedded clinics in schools

ALABAMA Vaccines for Children PROGRAM

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Vaccines Administered

- Embedded clinics offer all ACIP vaccines
- Outside providers, initially offered only flu vaccine
- In last 3 year's, 2 outside providers have begun adolescent vaccines at school
- 1 provider is county-wide
- 1 provider is statewide

ALABAMA Vaccines for Children PROGRAM

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Statewide Provider

- In 2016-2017 school year
  - Offered to 5 school systems, 4 accepted, and 1 refused to offer HPV (Corrected after joint letter and resolution)
  - Number of doses administered: 154 HPV, 164 MCV, 315 Tdap
- In 2017-2018 school year
  - 46 school systems participated in offering clinics in 188 schools
  - Number of doses administered: 376 HPV, 409 MCV, and 727 Tdap
- In 2018-2019 school year
  - Offered to 107 out of the 138 school systems
  - 76 accepted
  - 21 have not responded and or may be getting spring clinics from other local providers
  - 10 school districts have simply refused
  - Will offer MCVB to the 16+ population

ALABAMA Vaccines for Children PROGRAM

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Statewide Provider con’t

- ImmPRINT forecast is attached to all consent form
- No adverse events/reactions beyond typical soreness/swelling and or redness at injection site.
- Parents and schools are very appreciative of the compliance clinics and
- SBVC are also getting students who have not responded to multiple contacts from the school system to update their vaccinations

ALABAMA Vaccines for Children PROGRAM

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BREAK

Power Panel #2:

Q & A

National HPV Vaccination Roundtable

Power Panel #3:

Health Plan Partners

National HPV Vaccination Roundtable

The Health of America Initiative: HPV Vaccination Findings

March 5, 2019

BlueCross BlueShield

THE HEALTH OF AMERICA℠

The Health of America

A Bold Vision — Data-driven insights and essential research establish understanding, inspire quality care and enable communities to spark real change by focusing on effective outcomes…

Main Components

MONTHLY REPORTS & SNAPSHOTS

BCBS ALLIANCE FOR HEALTH RESEARCH

Berkeley UNIVERSITY OF CALIFORNIA

THE UNIVERSITY OF CHICAGO

HARVARD UNIVERSITY

Stanford University

The UNIVERSITY of OKLAHOMA

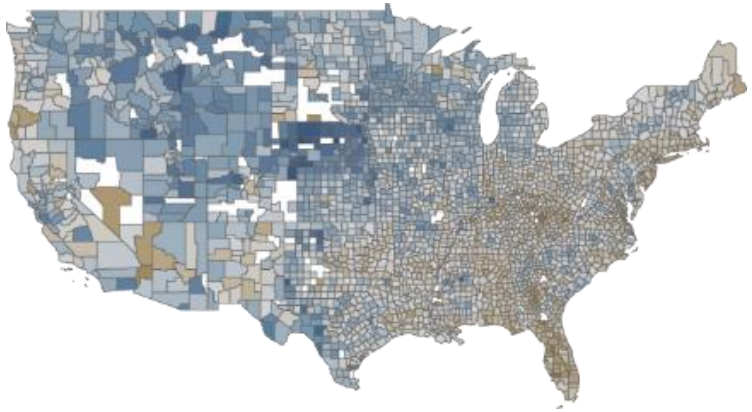
PRINCETON UNIVERSITY

RICE

Scripps Translational Science Institute

Yale UNIVERSITY

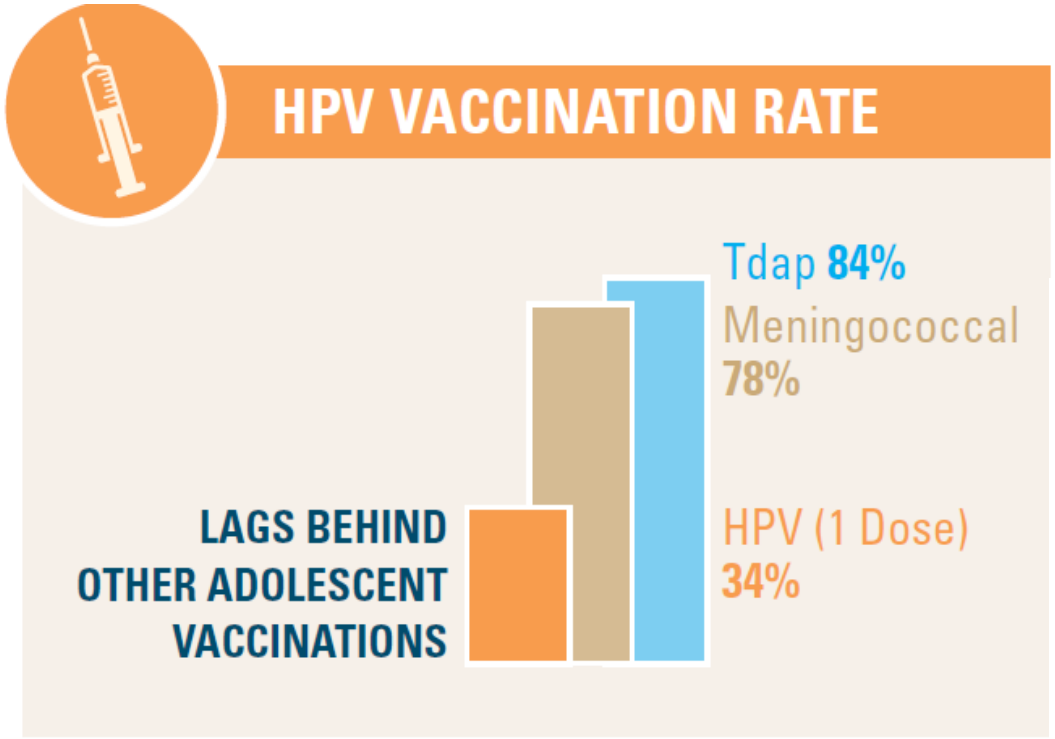
BCBS HEALTH INDEX

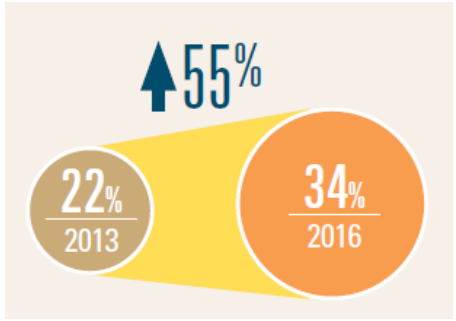


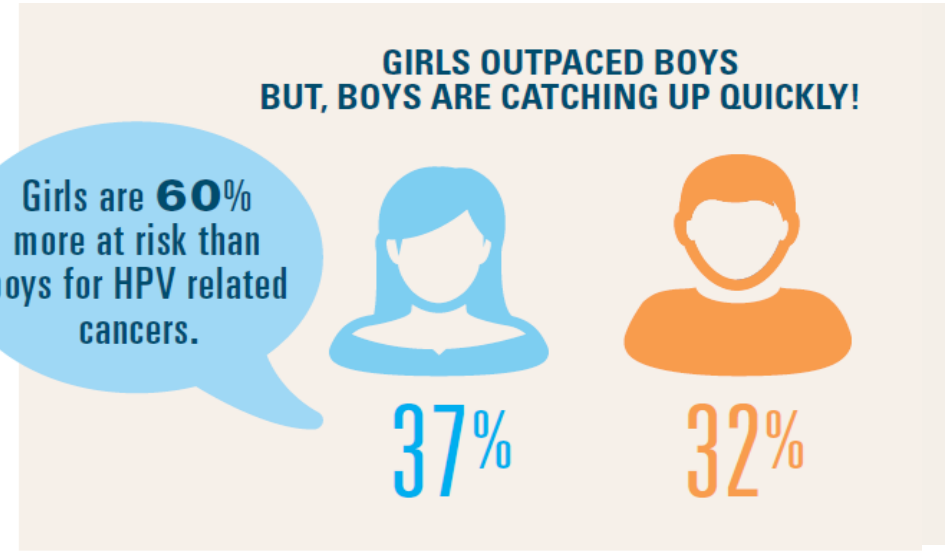
BCBS HEALTH INDEX LEGEND

LESS HEALTHY — MORE HEALTHY

Adolescent Vaccination Rates – HPV



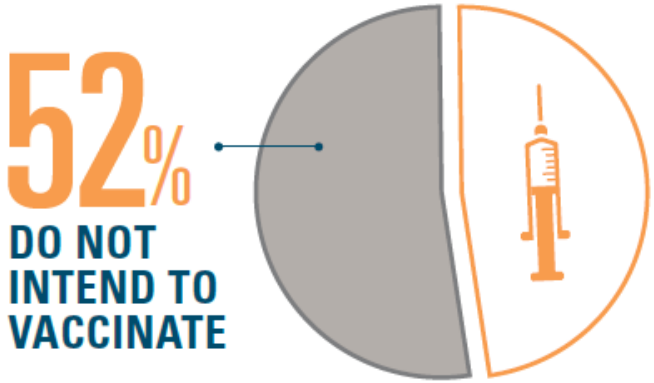




HPV causes about **31,500** cancer cases each year

Adolescent Vaccination Rates

Here's what parents say about the HPV vaccine…



AND THE TOP REASONS ARE

1	2	3	4
CONCERN FOR ADVERSE SIDE EFFECTS	FEEL THEIR CHILD IS NOT AT RISK	DON'T HAVE ENOUGH INFO	OTHER CONCERN
60%	**24%**	**12%**	**4%**

WHAT PARENTS DON'T KNOW ABOUT THE HPV VACCINE

Number of Doses
54%

Age to Start
54%

Age to Complete
64%

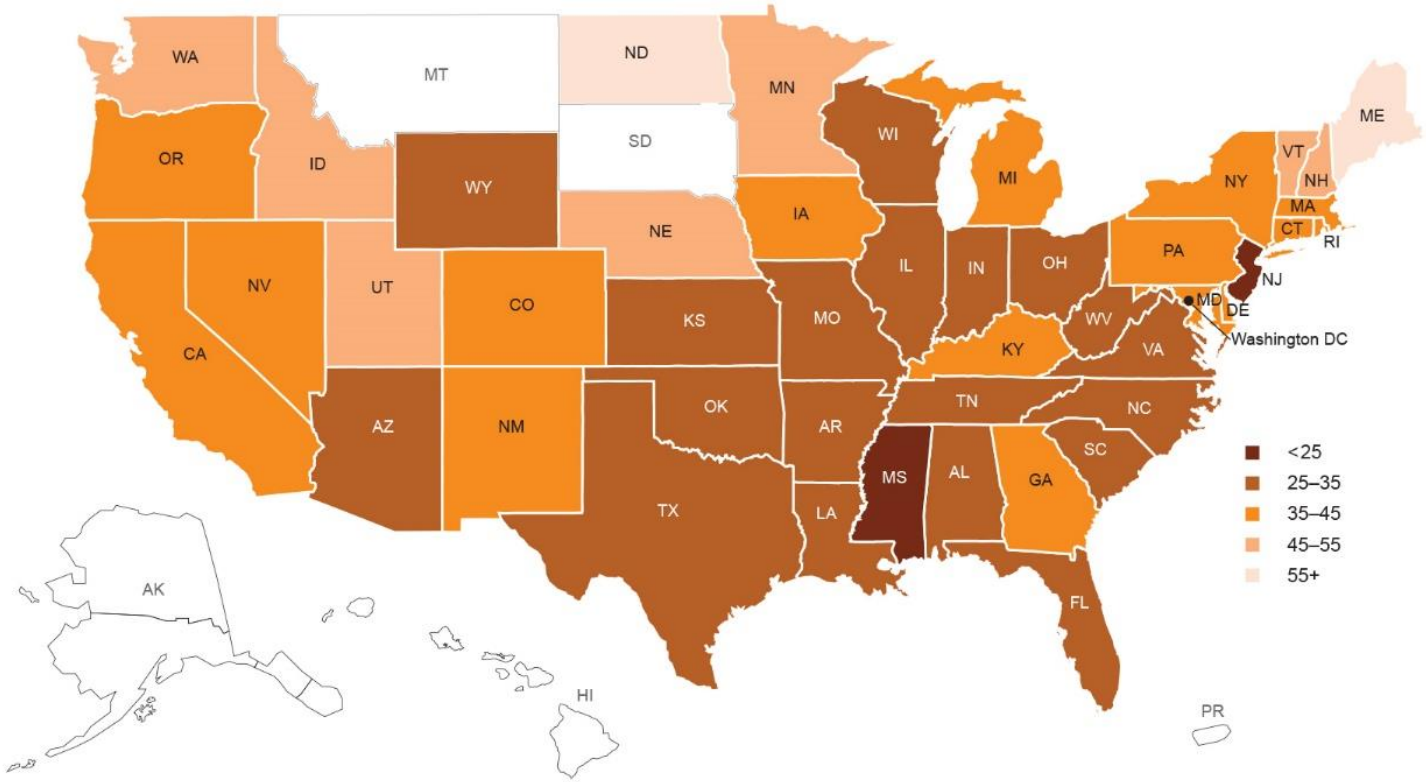
PARENTS WANT INFORMATION

57% want doctors to give them information on vaccination schedules

Adolescent Vaccination Rates

HPV vaccination rates vary widely by state and Metropolitan Statistical Areas (MSAs)

% OF ALL ADOLESCENTS WHO COMPLETED THE FIRST DOSE OF THE HPV VACCINE BEFORE THEIR 13TH BIRTHDAY BY STATE
(COMPLETION YEAR – 2016)



Alabama and Birmingham results

Location	Completed in 2013	Completed in 2016
Birmingham	18.6%	**33.0%**
Alabama	19.7%	**34.1%**
National	22.4%	**34.4%**

* Percent of adolescents who received their first of three doses of HPV vaccine between ages 10 and 13

THE HEALTH OF AMERICA℠

Health of America on the web

Health of America materials can be found at:
https://www.bcbs.com/the-health-of-america

The Health of America Initiative: HPV Vaccination Findings

March 5, 2019

BlueCross BlueShield

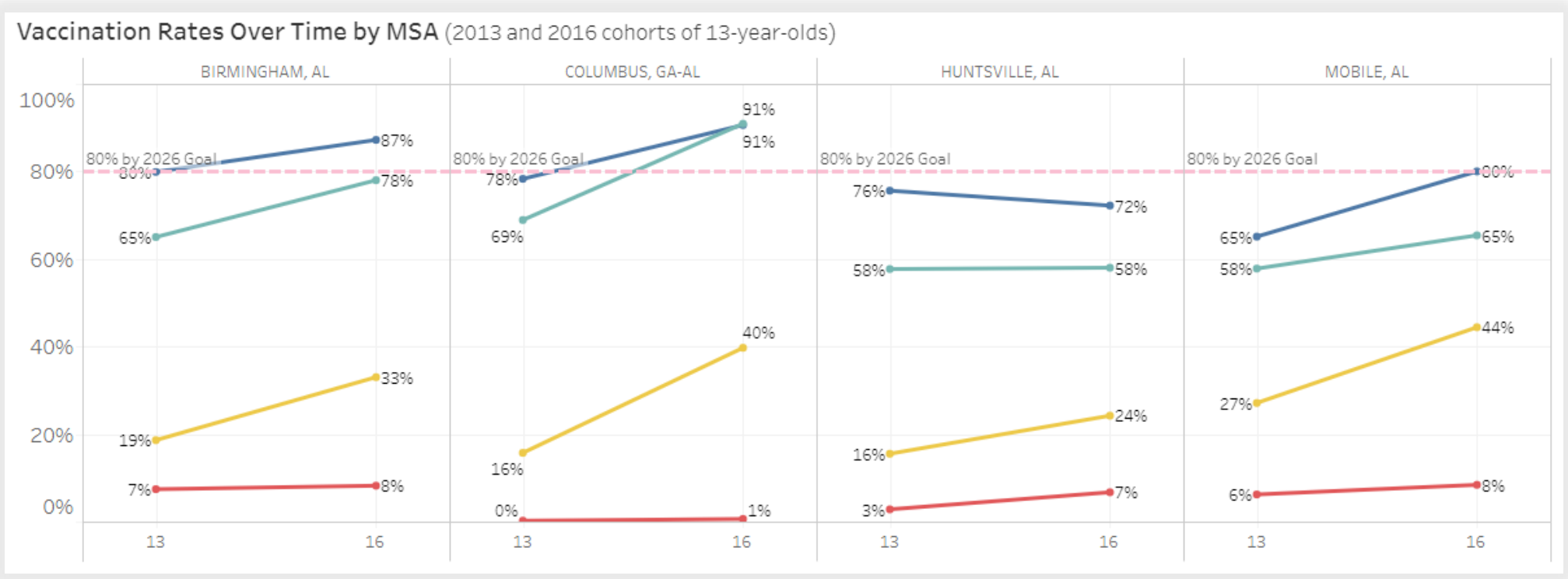
THE HEALTH OF AMERICA℠

Blue Cross and Blue Shield of Alabama

Lisa Wright, MD
Medical Director

Interested in taking a deeper dive in the Blue Cross Blue Shield adolescent vaccination report data?

The American Cancer Society has developed a Tableau dashboard to visualize the data by state and MSA, making it easier to interpret.



Check it out at http://bit.ly/bcbshpvdashboard

American Cancer Society®

Mission: HPV CANCER FREE

Power Panel #3:

Q & A

National HPV Vaccination Roundtable

DAY TWO LUNCHEON LEADS	Immunization	Academics/ Researchers	Health Systems/ Providers	Comp Cancer	ACS	OPEN/Lobby
	Jane Pezua	Jen Sienko	Achal Bhatt	Allison McGuire	Greg Parkington	General

Lunch with Colleagues

1:00-1:45 P.M.—Please be in the room at 1 sharp!

BREAKOUT #1:

Issues in Managing a Coalition (Cat Herding 101)

LOBBY

BREAKOUT #2:

Increasing HPV Vaccination in Rural Communities: Challenges & Opportunities

BOARD ROOM WTI 231

BREAKOUT #3:

Survey Says…Top Kinds of Collaborations with Health Systems (& Health Plans too!)

WTI 101

STATE TEAM MEETUP:

REGROUP DIRECTIONS:

Teams have 25 minutes to discuss takeaways from the last two days, answer the following question, and prepare a poster for report back to the full group:

Identify what concrete actions you will take as a team after this event?

STATE TEAM MEETUP:

AL: Lobby

AR: WTI 101

TN: WTI 231

KY: WTI 201

SC: Lobby

MS: Lobby

GA: Patient Education Room

1:45-2:15 P.M.

State Team Report Back

Nikki Hayes, MPH
Branch Chief
Comprehensive Cancer Control
CDC

Achal Bhatt, PhD
Public Health Analyst &
Acting Lead Partnership Team
Immunization Services Division
CDC

Closing Activity

National HPV Vaccination Roundtable

THANK YOU FOR COMING!

TASK GROUP DEBRIEF MEETING IN WTI 231