2023 Emerging Leaders

A Comparison of the Comprehensiveness of HPV-Related Cancer Prevention Goals across State Cancer Plans

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Highlight 1

The majority of state cancer plans included a goal about HPV vaccination.

Highlight 2

There was wide variation across state cancer plans with regard to comprehensiveness of HPV vaccination goals.

Highlight 3

Strategies such as setting SMART goals related to HPV vaccination can improve the comprehensiveness of cancer plans.

Background

Human papillomavirus (HPV)-related cancers remain a public health issue, despite the fact that most cases are preventable if age-eligible individuals completed the HPV vaccine series [1]. Originally introduced as a vaccine for girls to prevent cervical cancer, the HPV vaccine is now recommended for all genders ages 9-26 years old and the prevention of multiple HPV-related cancers [1]. In 2022, United States (U.S.) uptake rates of HPV vaccination among 13-17-year-olds was 76.0% (1 or more doses) and 62.6% (up-to-date) [2]. While most states have shown improvement in HPV vaccination rates over time, many states continue to struggle with vaccine uptake [1].

Numerous disparities exist in HPV vaccination. Females are three times more likely than males to get vaccinated [3]. Compared to non-Hispanic White Americans, non-Hispanic Black Americans are 36% more likely to receive the vaccine, while Hispanic Americans are 27% less likely [3].

Geographic disparities also exist relative to state, region, and rurality. In 2022, HPV vaccination rates among 13-17-year-olds ranged from 61.0% (Mississippi) to 94.6% (Rhode Island) for uptake of one or more doses and 38.5% (Mississippi) to 85.2% (Rhode Island) for being up-to-date [1]. Other geographic factors that may negatively impact the uptake of HPV vaccine include lower levels of education, high rates of poverty, and barriers around access to care [4].

In 1998, the CDC created the National Comprehensive Cancer Control Program (NCCCP) in order to identify and disseminate cancer control strategies across geographic regions of the U.S. [5]. In 2020, all 50 states and 9 territories had published cancer plans, 19 of which had an implementation plan. Given the disparities in HPV vaccination that exist, we sought to examine cancer plans with health equity in mind.

Aims

This project aimed to review the state cancer plans of each of the states and territories that represented the upper and lower quartiles of HPV vaccination coverage in the U.S. (based upon National Immunization Survey-Teen [NIS-Teen] data from 2022), examine comprehensiveness of the plans to address HPV-related cancer prevention, and assess whether cancer plans highlighted health equity.

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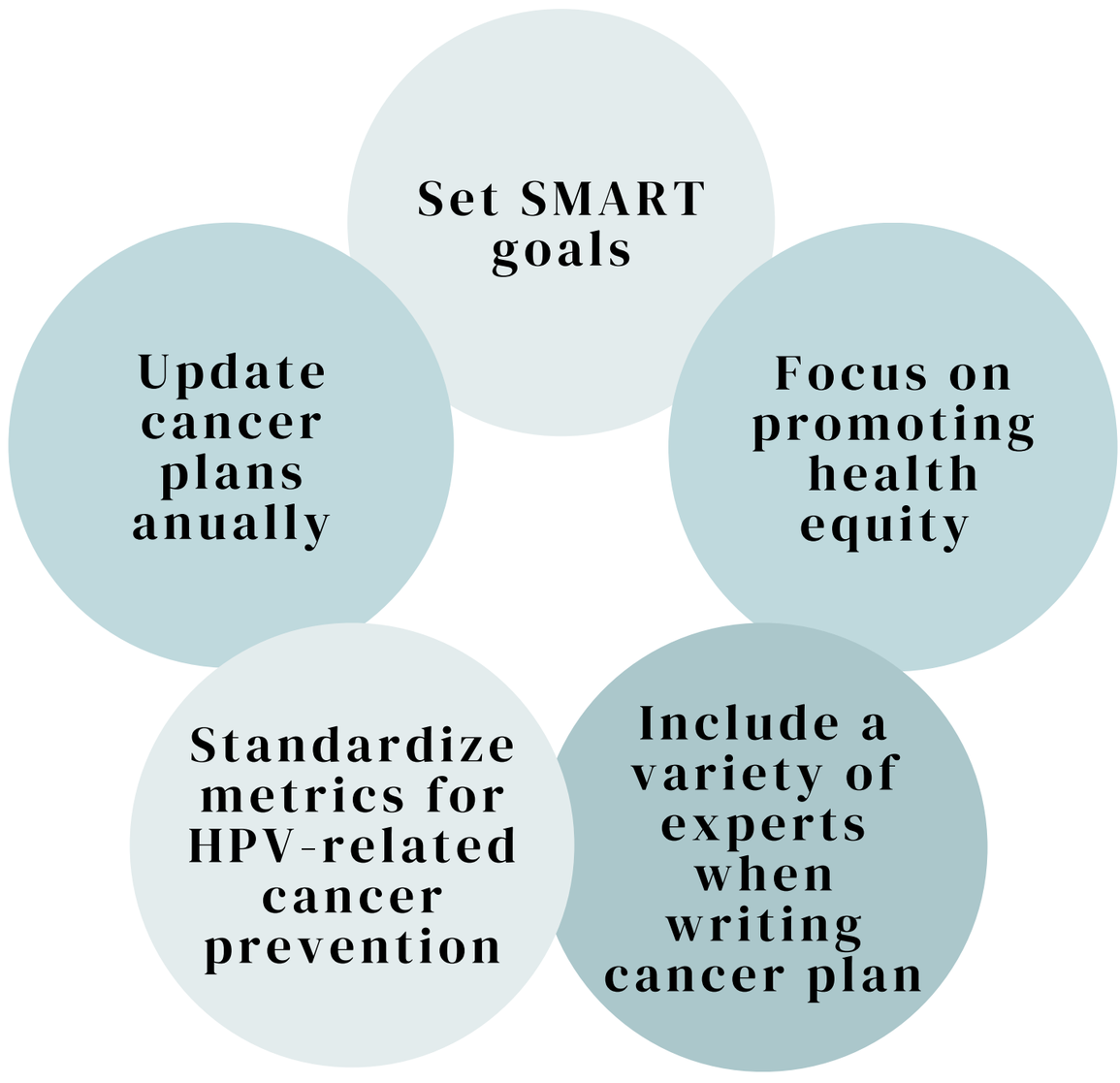
Methods

The team examined HPV vaccination rates using the 2022 NIS-Teen data set and identified the top quarter and the bottom quarter of US states and territories (n=28). Each member of the four-person team reviewed and extracted data from seven states and territories' cancer plans based on current best practices and health equity considerations for HPV vaccination. The variables of interest included whether or not the plans defined an HPV vaccination goal, used specific HPV vaccine metrics, and mentioned addressing health disparities and/or promoting health equity. The team completed two rounds of review and met to discuss the variables throughout the process to clarify definitions. The team compared the comprehensiveness of HPV vaccine-related goals across state cancer plans and developed recommendations for future versions of state cancer plans in order to promote HPV cancer health equity.

Main Findings

- The majority of state cancer plans included a goal about HPV vaccination.
- There was variation across the 28 state cancer plans included in this project in terms of comprehensiveness and use of specific HPV vaccine goals and metrics.
- Thirteen cancer plans mentioned either health disparities or health equity in their cancer plan, though most did not address HPV vaccination disparities or HPV-related cancer equity specifically.
- Often the HPV vaccination goals were not Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) [6], although use of these strategies could improve the quality of HPV vaccination goals.

Strategies for Improving Comprehensiveness of State Cancer Plans



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