2023 Emerging Leaders

An HPV Vaccination Toolkit:

Helping Facilitate the Strategic Planning Process at the State, Regional or Local Levels

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NATIONAL HPV VACCINATION ROUNDTABLE

Background:

The National Comprehensive Cancer Control Programs are charged with bringing together organizations to create cancer plans to help reduce the burden of cancer in their catchment area. This is done through monitoring data, education, and assembling local, regional, and state partners.

Together they address systems, policy, and community changes, and disseminate best practices to improve cancer-related care across the continuum and promote the implementation of evidence-based programs.

Purpose:

The HPV Vaccination Toolkit is aimed to help cancer consortiums, immunization, and rural health coalitions at the state, regional, and local level facilitate the strategic planning process for HPV-related goals and aims.

Process Overview and Cycle Summaries

Utilized the Plan-Do-Study-ACT (PDSA)* Framework to carry out the iterative process to change and/or improve the Toolkit during each cycle.

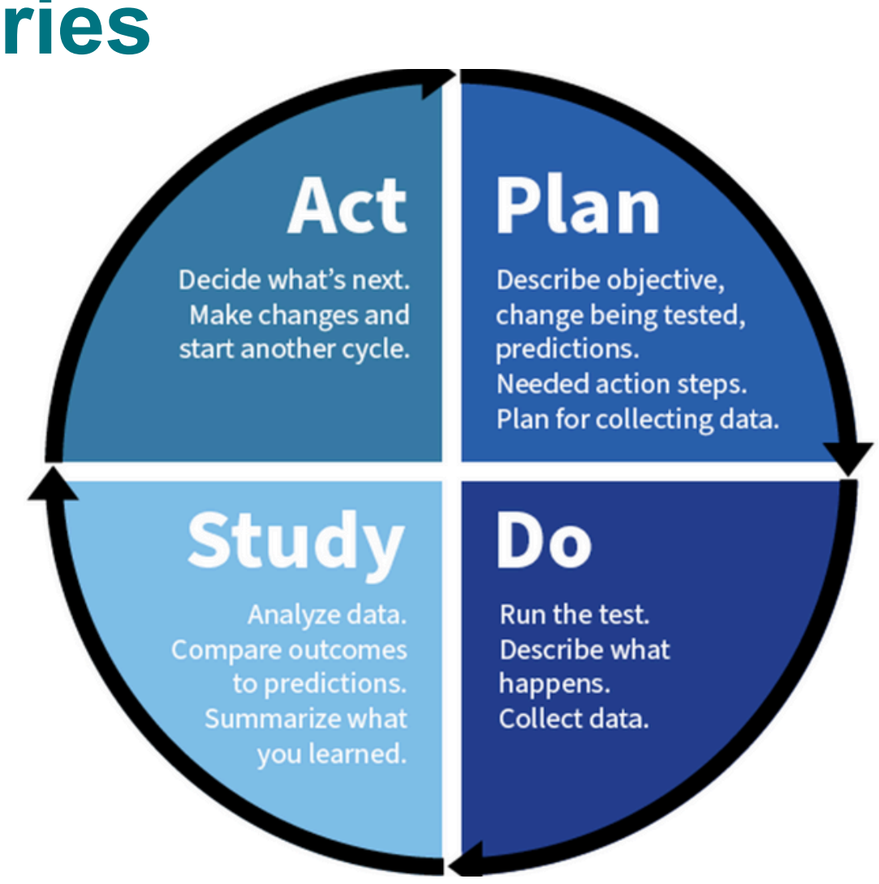
Plan: Decide what action steps need to be taken and plan for data collection

Do: Collect data

Study: Analyze and summarize data

Act: Decide what comes next

Project Total: 4 PDSA Cycles



PDSA Cycle 1

Plan

Determined data sources for secondary data collection
- 1+ Dose and Up-to-Date (UTD* - all recommended doses received)
- Top 10 states with highest 1+dose and highest UTD in rural areas

Do

Collected secondary data
- HPV Vaccination State-Level Data
  - 1+ Dose
  - UTD*
  - Overall State and Rural

Study

Analyzed secondary data to determine which state cancer plans to review

Act

Prepared plan for Cycle 2
- Compile state cancer plans to review
- Search and review EBIs and Best Practices

*PDSA: Plan-do-study-act https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/pdsa.html

PDSA Cycle 2

Plan
Collected state cancer plans for review
Collected EBIs & Best Practices around HPV vaccine and/or general vaccinations
The Community Guide and NCI Evidence-Based Cancer Control Programs

Do
Reviewed 15 cancer plans
Documented: Goals, objectives, strategies with a focus on:
Health equity, rural, gender, race, 1+ dose, UTD, special populations, alternative sites, policy, provider/healthcare personnel, parents, youth community, vaccine hesitancy, and starting at age 9
Created EBI table by category (e.g., provider, community, health systems, policy, etc.)

Study
Analyzed information collected from cancer plans to and noted common objectives, recommended measures, and strategies
Examined EBIs noted in cancer plans to determine which to incorporate in the Toolkit

Act
Using information collected from cancer plans and EBIs, planned to draft Toolkit
Prepare for Cycle 3 – Primary Data Collection

PDSA Cycle 3

Plan
Collected information for Toolkit and created first draft
Developed interview guide and submitted to IRB for primary data collection
Assessed: Usefulness, benefits, data, resources, and understanding of the Toolkit

Do
Conducted key informant interviews (n=3) with caner consortium directors responsible for completing HPV sections of cancer plans

Study
Summarize feedback from interviews

Act
Make changes to the Toolkit based on interview feedback
Prepare for Cycle 4: Modify IRB and create a survey to obtain feedback on next draft of the Toolkit

PDSA Cycle 4

Plan
Completed changes to Toolkit (2nd draft)
Developed REDCap survey and submitted IRB modification for survey collection
Assessed: Usefulness, benefits, data, resources, and understanding of the Toolkit

Do
Sent study invitations (**n=33**) to steering committee members of HPV Roundtable SE, individuals responsible for coordinating HPV content for state, regional, or local cancer plans, individuals who are members of immunization or rural health coalitions.
To date: **11** completed surveys; **3** in progress

Study
In Progress: Summarize feedback from surveys

Act
In Progress: Prepare to modify Toolkit based on feedback

Toolkit Components

Table of Contents
Purpose
How to Use
Introduction
HPV Guidelines
Data Sources for Vaccination Rates
Data Sources for Cancer Rates
Who's Not at the Table? (Partnerships)
Sample Objectives
Sample Strategies

Appendix
- Maps (HPV vaccination & cancer rates)
  - Overall 1+ Dose & UTD by state
  - Rural 1+ Dose and UTD by state
  - All sites HPV (rural/urban)
  - Cancer incidence by Sex
  - Rate changes by Urbanicity by Sex
- Evidence-based Interventions
  - (Community Guide and NCI)
- Continuing Education Credit Resources
- Additional Resources
- Evaluation (still in development)

30 Pages

Toolkit Data Collection

Key Informant Interviews

Participants:
Cancer Consortium Directors

3 interviews completed

Received:
- Consent
- Draft of Toolkit for review
- Interview questions
- $50 gift card

PDSA Cycle 3

Modified Toolkit

Survey

Participants:
Steering committee members of HPV Roundtable Southeast

State, regional or local Cancer Plan Coordinators

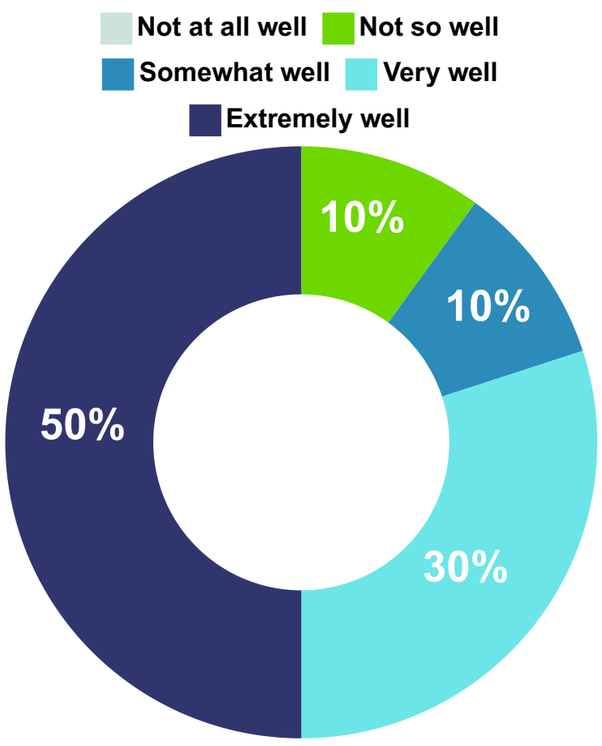
Immunization & Rural Health coalition members

11 surveys completed

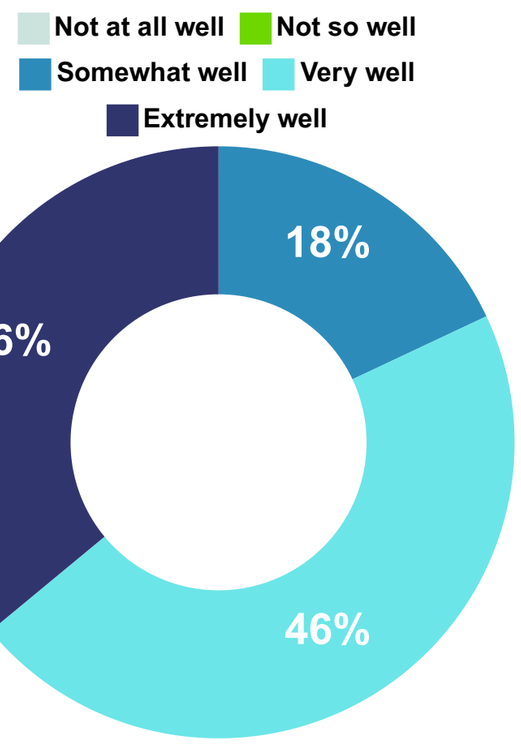
Received:
- Consent
- Draft of Toolkit for review
- REDCap survey link
- $20 gift card

PDSA Cycle 4

Results

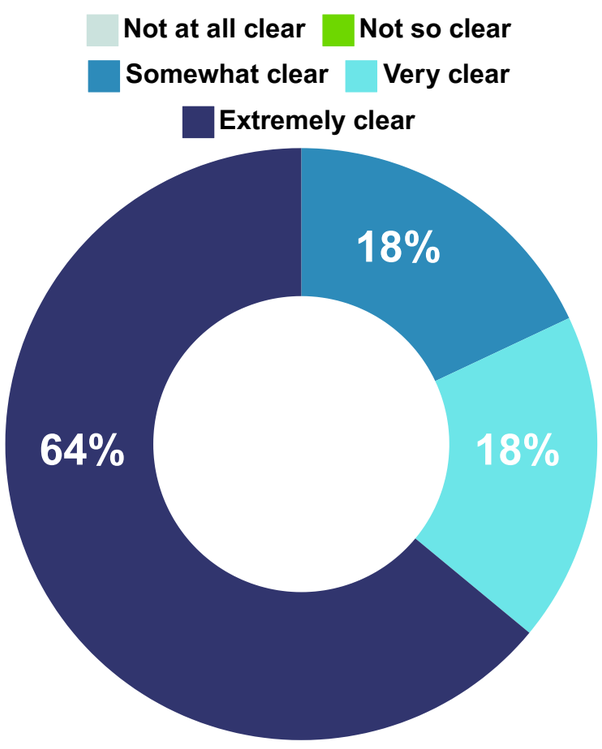


Introduction Section:
How well does this section explain the need to focus on HPV vaccination as primary prevention?

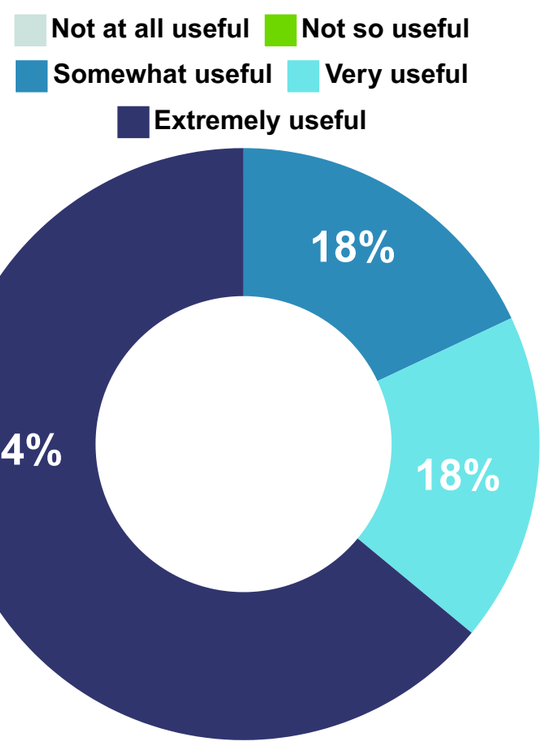


Introduction Section:
How well does this section emphasize the importance to prioritize other HPV-related cancers as much as cervical cancer?

Data Sources Section:
How clear is the information on how to find data sources and which ones should be used?



Objectives Section:
How useful do you find the examples of possible objectives?



Results

Interview & Survey Qualitative Feedback

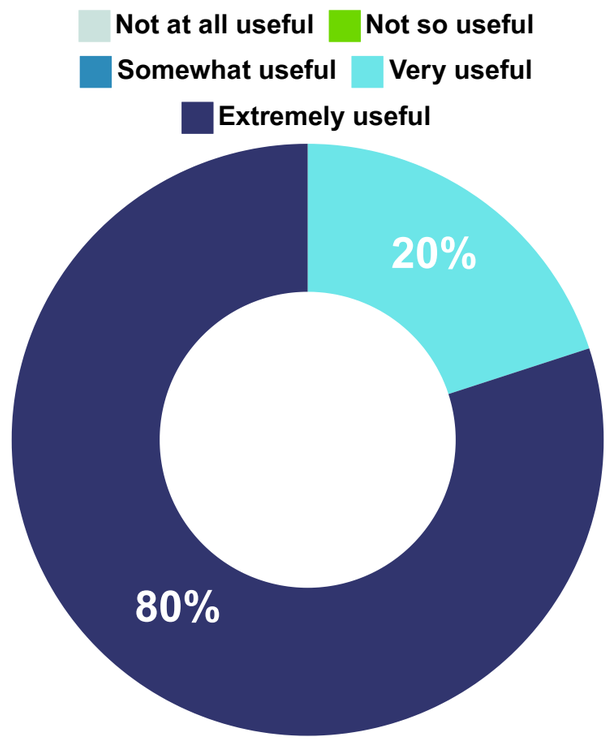
"My favorite section of the Toolkit"

"Comprehensive!"

"Favorite section. This will be helpful to others to have this comprehensive list"

"This will give us new strategies for increasing HPV vaccination rates in our grant proposal."

"Layout is overwhelming, limit to no more than 10 bullets per section."



Strategies Section:
How useful do you find the categories of strategies (e.g., starting at age 9, health equity, etc.)?

Additional Survey Comments

"As a coalition, I think this is very useful"

"This would have been/will be very helpful for us as we continue to update our state cancer plan."

"Great job! Very informative and useful"

"The toolkit will be very helpful to those developing HPV vaccination sections of cancer plans. Best part of the toolkit is the example strategies by category"

"Great job! Wish we had a toolkit like this when we were developing our cancer plans and other plans. It would have saved us so much time"

"Great work! This is a wonderful resource I hope you'll share"

"Very thorough and seems like it will be a useful guide"

"This is a really nice idea. I would love to give this to our outreach team and ask them to collectively use it to pick a strategy, develop metrics, etc. Very nice work"

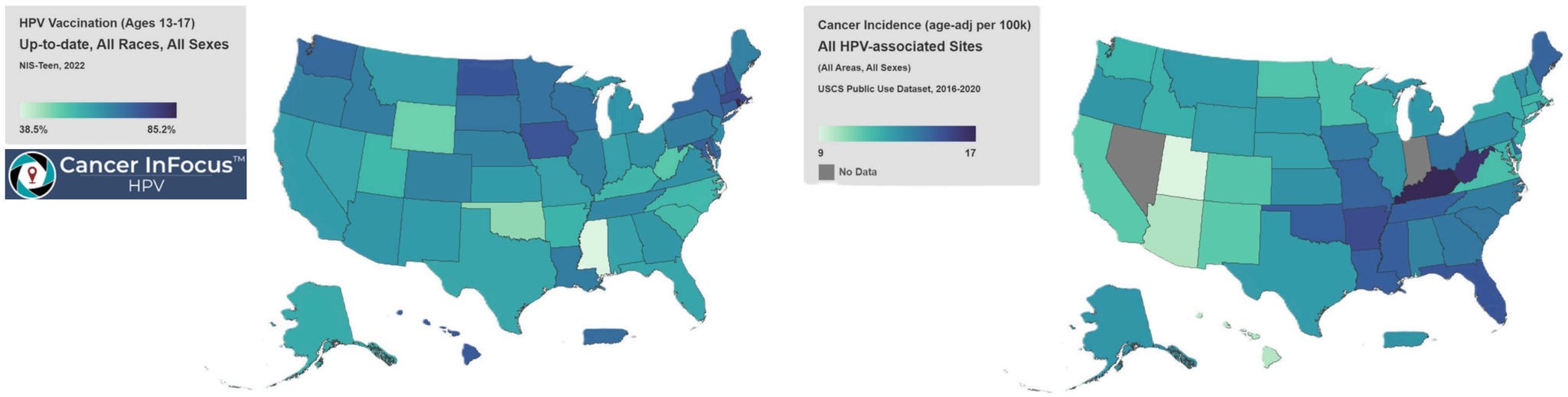
"This looks easy to use and full of helpful items we will actually use in our work as an HPV Vaccine Workgroup"

"This is an excellent toolkit. I think program planners will find this useful, specifically the maps and objectives"

Lessons Learned

The University of Kentucky, Markey Cancer Center (UKMCC) created **Cancer InFocus,** a data gathering, and visualization platform used to aid in cancer surveillance for cancer center catchment areas. Feedback provided by key informant and survey participants concluded there was a need to have data and map visualizations readily available for users to easily access and download.

UKMCC has created a spin-off version of the platform called, **Cancer InFocus HPV**. Presenting HPV-associated cancer rates, vaccine coverage, and demographic variables at the state-level across the US.



To use **Cancer InFocus HPV** visit: **https://cancerinfocus.org/hpv/**

Next Steps

Final modification of the HPV Vaccination Toolkit. Disseminate through the HPV National Roundtable, state cancer consortiums, and state and regional cancer and immunization coalitions.