



# ENVIRONMENTAL SCAN OF BARRIERS AND FACILITATORS TO HPV VACCINATION IN TEXAS PEDIATRIC CARE SETTINGS

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## Introduction

In the United States, most adolescents are not receiving the HPV vaccine,<sup>1</sup> despite the fact that almost 10,000 people die from an HPV-related cancer each year.<sup>2</sup>

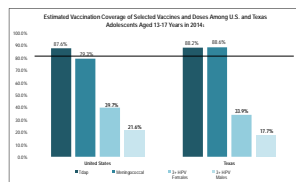
In February 2014, the President's Cancer Panel (PCP) published a report with goals for increasing HPV vaccination uptake.<sup>3</sup> The goals outlined in the plan were:

- reduce missed clinical opportunities;
- increase family acceptance; and,
- increase access to services.

In response to the report, the National Cancer Institute (NCI) issued 18 Cancer Center Support Grant supplement awards for the purpose of conducting environmental scans to determine barriers and facilitators to HPV vaccination in pediatric care settings. The University of Texas MD Anderson Cancer Center was an awardee with a scan catchment area of the entire state of Texas.

## Background

In Texas, the 2014 HPV vaccine uptake rates among adolescents age 13-17 in Texas were far below the *Healthy People 2020* goal of 80% and also below the national rates.<sup>1</sup>



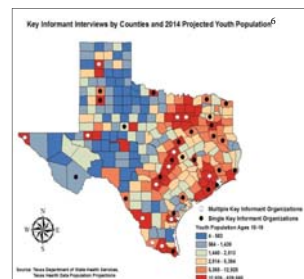
Each year Texas has around 3,000 new cases and 700 deaths due to HPV-related cancers.<sup>4</sup> These cases lead to an estimated \$170 million in treatment costs and loss of income due to illness that is experienced by patients and their family.<sup>5</sup>

## Objectives

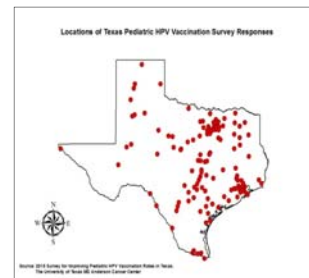
The objectives of the Texas environmental scan were: 1) increase knowledge of Texas barriers and facilitators to HPV vaccination, and 2) foster enhanced collaborations between stakeholders to increase HPV vaccination rates across Texas and the nation.

## Methods

Data collection was conducted over ten months in three phases which included primary and secondary data. The first phase of the scan included a Texas specific literature review which informed the questionnaire used during key informant interviews. Sixty-four key informant interviews from across the state were conducted as part of the second phase.



An Institutional Review Board-approved web-based survey was sent to healthcare professionals with the assistance of several professional organizations. 1,132 responses were received from more than 30 cities and towns across the state. This was the third phase of data collection.

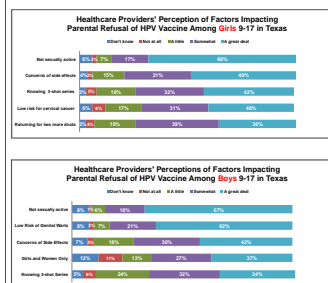


## Results

The results of the literature search, key informant interviews and web-based surveys were synthesized to identify Texas specific barriers and facilitators to HPV vaccination.

### Barriers Identified in Texas

Texas has similar barriers such as those mentioned in the PCP report<sup>3</sup>: missed clinical opportunities, a lack of parental acceptance of the HPV vaccine and a lack of access to HPV vaccine services. Yet several barriers specific to Texas were identified through the environmental scan conducted by The University of Texas MD Anderson Cancer Center.



Texas providers reported high rates of a **generalized negative attitude towards the HPV vaccine and vaccinations in general**. In 2007, former Governor Rick Perry issued an executive order mandating 11 and 12 year-old girls be vaccinated against HPV.<sup>7</sup> This order was met with fierce criticism and was overturned by the Texas House of Representatives.<sup>8</sup> Additionally, Texas has seen an increase in non-medical vaccine exemptions.<sup>9</sup> In the 2013-2014 school year, more than 38,000 students (about 0.75 percent of the school age population) had a non-medical vaccine exemption.<sup>10</sup>

Texas providers also uniquely report difficulties with the state **immunization information system (IIS)**. ImmTrac is an *opt-in* registry and thus cannot accurately track all state vaccinations.<sup>11</sup> This does not allow for accurate tracking of state vaccinations. Forty percent of survey participants reported that they do not routinely upload information to ImmTrac. Additionally, there is no way for providers to verify information in the IIS or to retrieve information out of the database.

Multiple barriers in Texas have been identified in the form of **insurance gaps**. Texas is home to more than 800,000 uninsured children and 16.3% of children eligible for Medicaid or CHIP are not enrolled in these programs.<sup>12,13</sup> Additionally, children enrolled in CHIP are required to reapply every six months, which reportedly is a huge burden for providers and families. Our scan participants report that many families are not familiar with the Texas Vaccines for Children (VFC) program which provides free vaccinations for qualified children.

### Facilitators Identified in Texas

Higher vaccine rates were found in healthcare practices using facilitators noted in the PCP report such as bundled recommendations.<sup>3</sup> Some additional facilitators included the use of **culturally appropriate education**. Clinics that were using "promotoras" (Spanish speaking community health workers) were able to prime patients in the waiting rooms before a visit where the HPV vaccination was going to be administered thus reducing the refusal rate. An in-progress study is comparing the use of a tailored interactive video tool (delivered via iPad) versus a fotonovella to inform patients about the HPV vaccine. Preliminary findings have shown a significant increase in vaccinations for the video tool.

**Active collaborations** in Texas help facilitate HPV vaccination. Several public health departments have special initiatives to build relationships with local city councils and school administrators to educate them about the importance of HPV vaccination. These collaborations have led to back-to-school immunization drives resulting in higher HPV vaccination rates. Additionally, there is a large number of stakeholder organizations that are very active in the promotion of HPV vaccination across the state.

## Recommendations

In addition to the recommendations highlighted in the PCP report,<sup>3</sup> the following recommendations are suggested to help increase HPV vaccination rates in the state of Texas.

- Employ a social marketing campaign to highlight the benefits and safety of the HPV vaccination for cancer prevention.
- Educate legislators on the need to remove all non-medical exemptions for vaccinations.
- Use data on disparate impact of HPV disease on uninsured populations and geographic areas to create targeted campaigns to enroll in Affordable Care Act and Vaccines for Children programs.
- Educate legislators on the need to convert the existing ImmTrac system to a more accurate and useful opt-out registry.

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