

2015 Survey for Improving Pediatric HPV Vaccination Rates in Texas

This survey gathers information from people whose work involves HPV vaccination across the state of Texas. Findings from the survey will help inform local research priorities and help identify the challenges and facilitators associated with increasing HPV vaccination uptake in the pediatric care setting. The survey is completely confidential. It is anonymous unless you choose to give your name at the end of the survey. This survey takes approximately 10 minutes to complete. Thank you for participating.

Section 1. Respondent's Work

1.1 In what city or town do you work?

- ☐ Abilene
- ☐ Amarillo
- ☐ Arlington
- ☐ Austin
- ☐ Baytown
- ☐ Beaumont
- ☐ Brownsville
- ☐ Corpus Christi
- ☐ Dallas
- ☐ El Paso
- ☐ Fort Worth
- ☐ Galveston
- ☐ Georgetown
- ☐ Harlingen
- ☐ Houston
- ☐ Killeen
- ☐ Laredo
- ☐ Lubbock
- ☐ McAllen
- ☐ New Braunfels
- ☐ Odessa
- ☐ San Angelo
- ☐ San Antonio
- ☐ San Marcos
- ☐ Temple
- ☐ Texarkana
- ☐ Tyler
- ☐ Waco
- ☐ Wichita Falls
- ☐ Other (please specify)

1.1.a Specify other city.

1.2 Please select the type of organization for which you work:

- ☐ Hospital-based clinic including university clinic or residency teaching practice
- ☐ Private for-profit medical practice (individual)
- ☐ Private for-profit medical practice (group)
- ☐ Public health department-operated clinic
- ☐ A public health department (not a clinic)
- ☐ Federally Qualified Health Center
- ☐ School Clinic
- ☐ School-based Health Center
- ☐ Indian Health Service-operated center, tribal health facility or urban Indian health care facility
- ☐ U.S. Military health care facility
- ☐ Rural Health Center
- ☐ Migrant Health Center
- ☐ A clinic in a correctional facility
- ☐ Other (includes funding or government agency, pharmaceutical company, public policy organization, others)

1.2.a Specify other type of organization.

1.3 Tell us about your care setting:

1.3.a Number of physicians:

- ☐ 0-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-50
- ☐ More than 50
- ☐ I don't know

1.3.b Number of nurses:

- ☐ 0-10
- ☐ 11-20
- ☐ 21-50
- ☐ More than 50
- ☐ I don't know

1.3.c Number of administrative staff::

- ☐ 0-5
- ☐ 6-10
- ☐ 11-20
- ☐ More than 20
- ☐ I don't know

1.3.d Is your care setting a Vaccines for Children (VFC) provider?

- ☐ Yes
- ☐ No

1.3.e Approximate % of patients with private insurance:

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%
- ☐ I don't know

1.3.f Approximate % of patients with public insurance:

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%
- ☐ I don't know

1.3.g Approximate % of patients who are uninsured:

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%
- ☐ I don't know

1.4 What are your job responsibilities? Please check all that apply: (required)

- ☐ Administrative/managerial
- ☐ Data entry
- ☐ Healthcare provider
- ☐ Other (please specify)

1.4.a Specify other job responsibilities.

1.4.b If you answered "healthcare provider," please tell us what type:

- ☐ Not applicable, I don't provide healthcare.
- ☐ Licensed vocational nurse
- ☐ Medical assistant
- ☐ Nurse practitioner
- ☐ MD-Family practitioner
- ☐ MD-Obstetrician gynecologist
- ☐ MD-Pediatrician
- ☐ MD-Physician (other specialty, please specify)
- ☐ Physician assistant
- ☐ Registered nurse
- ☐ Other (please specify)

1.4.c Specify other physician specialty.

1.4.d Specify other type of healthcare provider.

1.5 Are you involved with any HPV-related cancer coalitions/groups?

- ☐ Yes
- ☐ No

1.5.a If Yes, please specify which coalitions/groups in text box.

Section 2. Factors Influencing Rates of HPV Vaccination

2.1 In your opinion, to what extent are the following issues responsible for the low rates of HPV vaccination among girls 9 to 17?

	Not at all	A little	Somewhat	A great deal	Don't know
Adolescent girls don't receive routine medical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge among providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge among families that vaccine is a series of shots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logistical barriers to returning for series of three shots.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of provider recommendations for vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of vaccine's availability among providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of vaccine for providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of vaccine for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient concerns about safety or side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient perception that girls are at low risk for cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient perception that there is no need to vaccinate girls who are not sexually active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.2 Can you identify other reasons for the low rates of HPV vaccination among girls 9 to 17? If so, please explain.

2.3 In your opinion, to what extent are the following issues responsible for the low rates of HPV vaccination among boys 9 to 17?

	Not at all	A little	Somewhat	A great deal	Don't know
Adolescent boys don't receive routine medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge among providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge among families that vaccine is a series of shots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logistical barriers to returning for a series of three shots.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of provider recommendations for vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of vaccine's availability among providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of vaccine for providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of vaccine for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient concerns about safety or side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient perception that boys are at low risk for genital warts and cancers caused by HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient perception that there is no need to vaccinate boys who are not sexually active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/patient belief that girls and women should be the ones to take preventative steps against cervical cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.4 Can you identify other reasons for the low rates of HPV vaccination among boys 9 to 17? If so, please explain.

2.5 Have you or your care setting used any particular strategies or educational tools that have resulted in more pediatric patients (or their families) choosing the HPV vaccine? Please select all that apply.

- ☐ Utilization of immunization information systems
- ☐ Provider assessment and feedback
- ☐ Provider reminders (Electronic Medical Record reminder prompts)
- ☐ Client reminder and recall systems
- ☐ Standing orders of vaccine
- ☐ Providing vaccination in schools
- ☐ Providing vaccination in child care settings
- ☐ Providing vaccination in WIC settings
- ☐ Providing vaccination in pharmacy settings
- ☐ Mass or small media public awareness campaigns
- ☐ Educational information sessions
- ☐ Other _____

2.6 Have you or your care setting used any particular methods for recall or reminders for series completion?

- ☐ None
- ☐ Mailed reminder cards
- ☐ Text reminders (mobile phones)
- ☐ Phone call reminders
- ☐ Other (please specify)

2.6.a Please specify other recall or reminder method.

Section 3. Documenting Immunizations

3.1 How does your care setting document patients' immunizations? Please check all that apply.

- ☐ Practice Management System (billing system)
- ☐ Paper Charts
- ☐ ImmTrac
- ☐ Other Immunization Information System, please specify
- ☐ Electronic Medical Record System (EMR), please specify

3.1.a Specify other immunization information system.

3.1.b Specify other electronic medical record (EMR) system.

3.2 Does your care setting use a local immunization information system or an electronic medical record (EMR) system to exchange data with ImmTrac?

- ☐ Yes
- ☐ No
- ☐ Don't know

3.3 Any challenges with exchanging of data with ImmTrac? If so, please explain.

Section 4 HPV Vaccine Discussion at Your Facility (Healthcare providers only)

4.1 In your care setting, at what age do you start recommending that patients receive the HPV vaccine?

- ☐ 9 years old
- ☐ 10 years old
- ☐ 11 years old
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old
- ☐ 18 years old

4.2 How is the HPV vaccination introduced during the pediatric patient's visit? Ex: "Your child is due for 3 vaccinations at this visit including HPV," or "Your child is due for Tdap, meningococcal vaccine and an optional HPV vaccine." Response required.

4.3 At your care setting, how would you rate the strength of the recommendation given to children ages 9-12 for HPV vaccination?

- ☐ Very Strong
- ☐ Strong
- ☐ Fair
- ☐ Weak
- ☐ Very Weak

4.4 At your care setting, how would you rate the strength of the recommendation given to adolescents ages 13-17 for HPV vaccination?

- ☐ Very Strong
- ☐ Strong
- ☐ Fair
- ☐ Weak
- ☐ Very Weak

4.5 Which members of the care team are involved in ensuring vaccinations are up-to-date? Check all that apply.

- ☐ Physician
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Medical Assistant
- ☐ Administrative Assistant
- ☐ Other (please specify)

4.5.a Specify other type of care team member.

4.6 What is the most common reason for HPV vaccine refusal among your patients?

- ☐ Inadequate insurance coverage
- ☐ Lack of knowledge about diseases caused by HPV infection
- ☐ Concerns due to media portrayal of the vaccine
- ☐ Consent would lead to riskier sexual behaviors
- ☐ Belief son or daughter too young to be vaccinated
- ☐ Other (please specify)

4.6.a Specify other most common reason.

4.7 How do you respond to HPV vaccine refusal? Check all that apply.

- ☐ Document and do not recommend in future visits
- ☐ Document and make vaccine recommendation at next visit
- ☐ Provide educational materials for patient to consider
- ☐ Other (please specify)

4.7.a Specify other ways you respond to HPV vaccine refusal.

4.8 How often is HPV vaccine administered for children age 9-12 on the same day as the first recommendation?

- ☐ Never
- ☐ Seldom
- ☐ Often
- ☐ Very Often
- ☐ Always

4.9 How often is HPV vaccine administered for adolescents age 13-17 on the same day as the first recommendation?

- ☐ Never
- ☐ Seldom
- ☐ Often
- ☐ Very Often
- ☐ Always

Section 5. HPV Education (Healthcare providers only)

5.1 Does your care setting provide any educational materials on HPV-associated cancers for patients and families at the time of consultation?

- ☐ Yes
- ☐ No

5.1.a If yes, where are these materials retrieved from? Check all that apply.

- ☐ CDC materials
- ☐ The Immunization Partnership
- ☐ American Cancer Society
- ☐ Other (please specify)

5.1.b Specify other sources of educational materials on HPV-associated cancers provided to patients and families.

5.2 Does your care setting provide any educational materials on the HPV vaccine to patients and their parents/guardians?

- ☐ Yes
- ☐ No

5.2.a If yes, where are these materials retrieved from?

5.3 Does your care setting provide in-service training on HPV-associated cancers and the HPV vaccine?

- ☐ Yes
- ☐ No

5.3.a If yes, how is this education delivered? Please check all that apply.

- ☐ Staff meeting
- ☐ Online Continuing Education Course
- ☐ Literatures/Handouts
- ☐ Speaker Series
- ☐ Other (please specify)

5.3.b Specify other delivery method for training at your care setting.

Section 6. HPV Vaccine Administration (Administrative/managerial or Healthcare providers only)

6.1 How often do you have HPV vaccines in stock at your clinic?

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ Don't Know
- ☐ Not Applicable

6.2 Please describe any challenges associated with maintaining the stock of HPV vaccines.

Survey Completion

7.1 Name (optional):

7.2 Title:

7.3 Organization:

Are you interested in providing more detailed feedback on HPV vaccine uptake via a Key Informant Interview? The interview is a conference call discussion that will allow you to share your successes and challenges with your efforts regarding HPV vaccine uptake.

- ☐ Yes
- ☐ No

If Yes, please provide your e-mail address.

7.3 a E-mail Address: