

Building Local Capacity to Increase HPV Vaccination among Adolescents in Los Angeles: A Project of the Norris Comprehensive Cancer Center at the University of Southern California

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OBJECTIVE

The supplemental award given to the Norris Comprehensive Cancer Center of USC from the National Cancer Institute (NCI) helped support the development of new linkages with human papillomavirus (HPV) related services and cancer control coalitions, and to redirect some of our efforts to cultivating and enhancing new and existing relationships with medical providers, school-based clinics, and community efforts engaged in HPV prevention and control.

The long term goal is to utilize enhanced collaborations to develop or expand intervention research to increase HPV vaccination uptake in Los Angeles County (LA County) in response to the 2014 President's Cancer Panel report.

METHODS

Through a multidisciplinary team of academic, clinical and local health department partners, we conducted a local environmental scan. Our activities between August 2014 – July 2015 consisted of:

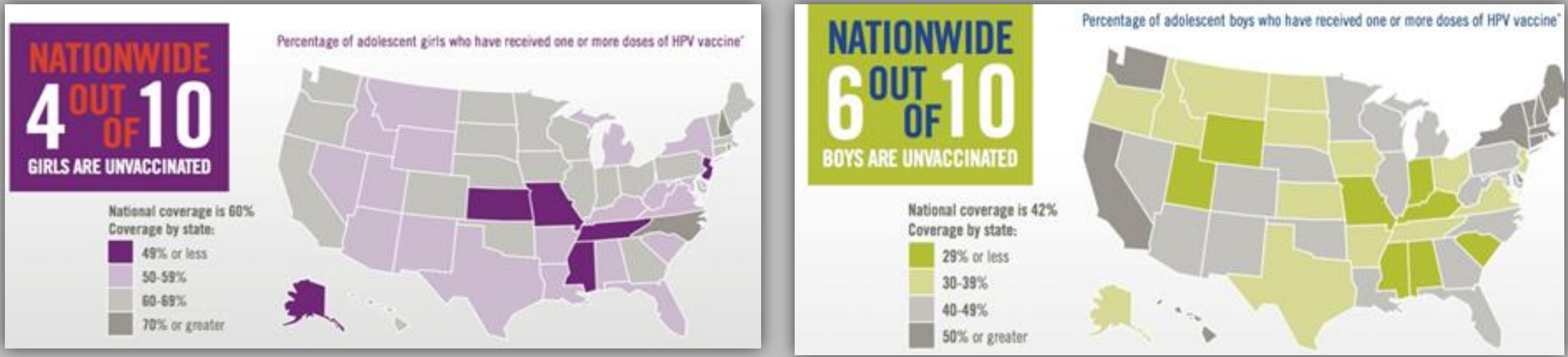
- 21 key informant interviews
- Developing a community advisory board (CAB) to identify needs and recommendations
- Surveys with key stakeholders about HPV vaccine priorities and next steps (N=28)
- Literature review on HPV interventions and clinician practices, parent and youth knowledge attitudes and behavior (KAB)
- Community feedback and results from an HPV community forum

Through this process we connected with 40+ organizations, created a network and fueled excitement about this topic among clinics and other community organizations.

BACKGROUND

National HPV Vaccine Coverage Rates

The 2014 National Immunization Survey-Teen data shows a slight national increase in HPV vaccination uptake over the prior year of adolescents nationwide. However, even with the estimated 3% national increase for 1 dose HPV vaccination coverage rates for females (Figure 1), this continues to be far less than the Healthy People 2020's goal of reaching 80% uptake for both males and females (MMWR, CDC 2015).



Figures 1 and 2: Source: National Immunization Survey (NIS-Teen, US, 2014 (MMWR), July 31, 2015, Vol. 64, No. 29

State HPV Vaccine Coverage Rates

As a state, California has seen a slight overall improvement in HPV vaccine uptake in the past year. Particularly, we did see a significant increase (14.5 %) in third dose completion for males.

Table 2: Estimated Vaccination Coverage, HPV Vaccination Coverage, California						
Among Adolescents Aged 13-17 Years						
	≥1 dose 2013 % (95% CI)	≥1 dose 2014 % (95% CI)	≥2 dose 2013 % (95% CI)	≥2 dose 2014 % (95% CI)	≥3 dose 2013 % (95% CI)	≥3 dose 2014 % (95% CI)
Female	67.6(±9.4)	69.2 (±9.4)	57.3(±10.0)	61.5 (±9.8)	45.8(±10.2)	47.7 (±9.8)
Male	50.9(±9.7)	52.1 (±9.3)	33.2(±9.7)	41.2 (±9.2)	16.6(±8.0)	31.1 (±8.9)***

Source: Los Angeles County Health Survey (LACHS), 2011, Los Angeles County Department of Public Health

Local HPV Vaccine Coverage Rates

The greater Los Angeles County area spreads over 4,850 square miles making it the largest metropolitan region in the US by land. HPV vaccination rates in LA County are in general lower than the national and state average among females (13-17) with 44% receiving one dose of the vaccine (Los Angeles County Healthy Survey (LACHS), 2011) compared to 65% statewide and 53% nationwide in 2011 (NIS-Teen, MMWR, 2012).

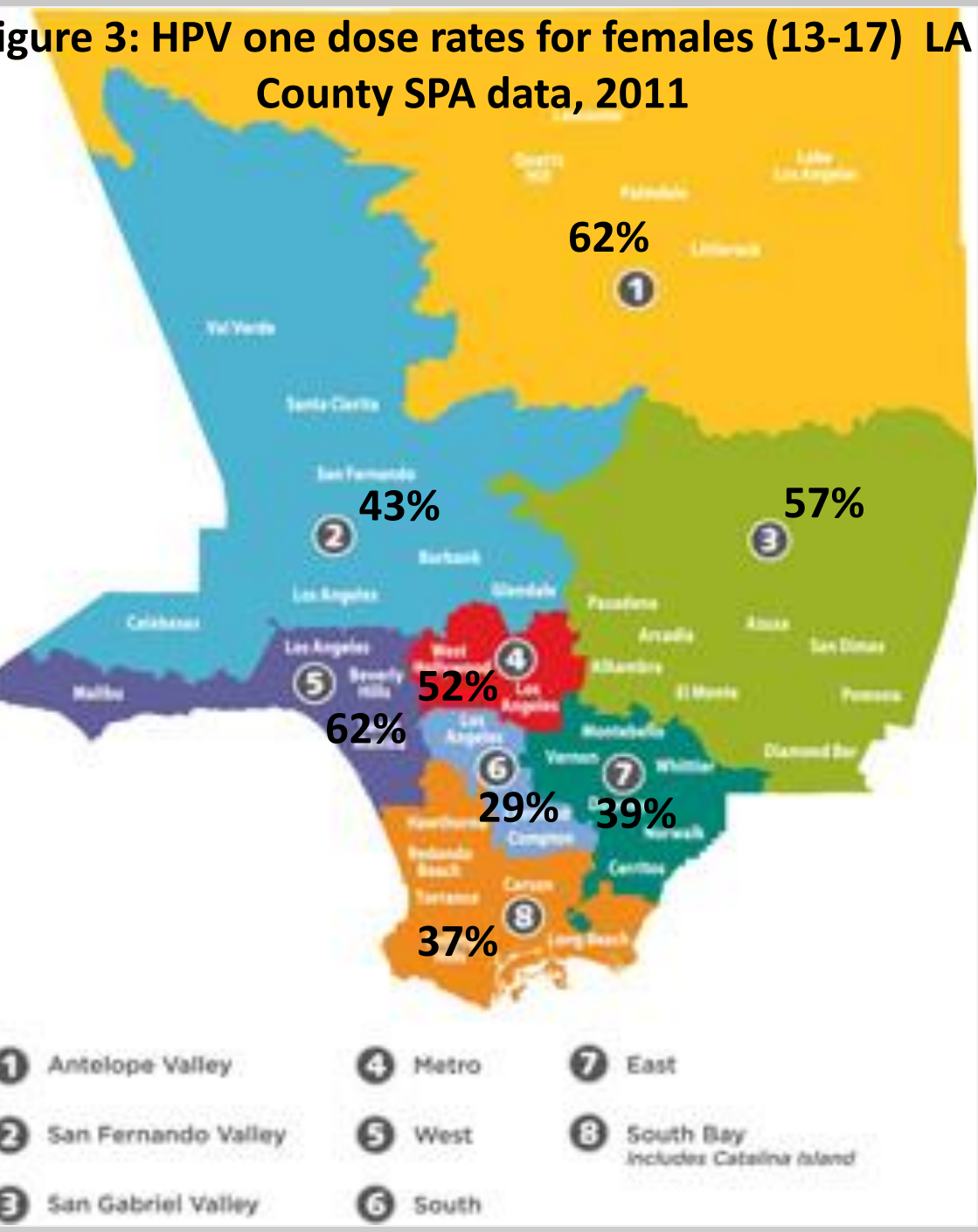


Figure 3: HPV one dose rates for females (13-17) LA County SPA data, 2011

Two of the three catchment areas for the USC Norris Comprehensive Cancer Center (Service Planning Areas 2, 3, & 4 as seen in Figure 3) are lower than the national average (60%). Data from the LACHS reveals that the percentage of females ages 13-17 who received 1 dose of the HPV vaccination in 2011 was lowest among ethnic minorities (Latinos, 44%; African American, 41%, Asian/Pacific Islander, 39%) in comparison to White, non-Hispanic females (54%).

RESULTS

Key Informant interviews served as a way to begin to develop our network. We targeted community organizations and clinics that had strong ties to the community. Through snowball sampling, we were able to reach 21 individuals. The phone interview included questions about their past and current HPV vaccine programs and procedures as well as the challenges and recommendations for HPV vaccine uptake.

Themes that emerged during the phone interviews concerning the local HVP vaccination intervention programs and resources were brought to the community advisory board (CAB) for discussion.

The **community advisory board** was comprised of 30 members including representatives from local clinics, mobile health units, hospitals, local health departments, school clinics, promotor/CHW programs, community based organizations, volunteer agencies, academics and clinicians. We had three meetings which generated discussion about the current local climate in HPV vaccination, data, resources, challenges, needs, interventions and recommendations. Based on these discussions, we developed a list of challenges, sub-populations that we should focus on and next steps in order to improve the uptake of the HPV vaccine in Los Angeles.



From left to right top row: Michele Rigsby and Brian Zunner, Cedars-Sinai, COACH for Kids and their Families; Maribel Soria, Altamed; Krystle Gupilan, LA Trust for Children's Health; Sonia Pinal, American Cancer Society; Katrina Kubicek, Children's Hospital Los Angeles, Laurel Fowler, LA County Immunization Program; Sharon Hudson, Kaiser Permanente; Jenny Jaque, Keck School of Medicine USC; middle row: Ethel Johnson, CDC; Marie Mayen-Cho, Providence; Nancy Tsayuki, Providence, Little Company of Mary; Lourdes Baezconde Garbanati, Norris Comprehensive Cancer Center; Marisela Robles, Southern California Clinical & Translational Science Institute; bottom row: Christine De Rosa, LA County Division of HIV and STD Programs; Laura Vargas, Planned Parenthood Los Angeles; Wendy Burger, LA County Immunization Coalition; Michele Horejs, Planned Parenthood Los Angeles; Mayra Rubio-Diaz, Southern California Clinical & Translational Science Institute

A survey asking CAB members to prioritize from the lists that were created was distributed and the results indicating highest to third priority are listed below.

Local efforts should focus on these populations:

Highest Priority – Clinicians

Second Priority – Parents

Third Priority – Adolescent girls **and** Adolescent boys (ages 11-18)

Most pressing local challenges/barriers:

Highest Priority – Complexity of patient-provider communications/provider recommendations **and** Lack of follow through for 2nd and 3rd dose

Second Priority – Parental attitudes about the vaccine as it relates to youth sexual behavior

Third Priority – Limited public understanding of vaccine benefits- vaccine associated with girls and cervical cancer only

Project ideas/next steps to improve HPV update locally:

Highest & Second Priority – Training for clinicians on how to better communicate with families

Third Priority – Piloting and evaluating an education based intervention that would increase HPV vaccine knowledge **and** Train promotores/CHWs

It is important to note that although respondents prioritized population, challenges and next steps, in our group discussions it was clear that in order to significantly improve HPV vaccine uptake future efforts need to address several of the pressing challenges using a variety of different approaches.

Through the interviews and the advisory board discussions, we identified local HPV interventions and resources. Some of these interventions are no longer being implemented due to lack of funds and many have not been evaluated for outcomes.

Local HPV Interventions and Resources	
<ul style="list-style-type: none">Online resource databaseHotline referral servicesPamphlets/bookletsOnline awareness campaignsReminder calls for 2nd and 3rd doseCommunity based classes for parents	<ul style="list-style-type: none">Mobile health unitsYouth classes in school settingsHealth fairsExpress immunization programs in clinicsPromotor based educationSchool based health centers – in LA County there are 73 centers and 70% of these provide onsite HPV vaccination to 13-17 year olds (LA Trust)

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In partnership with the USC Clinical and Translational Science Institute, Community Engagement program we organized an HPV community forum. Drs. Lourdes Baezconde-Garbanati and Martin Kast presented their research with assistance of simultaneous Spanish translation. Participants (n= 20) were asked to complete a brief survey that included questions about HPV knowledge and intention to vaccinate their child(ren).

- Following participation in the seminar, there was a 15% increase in the number of participants who reported they would agree to vaccinate their child against HPV if it was offered by their doctor.
- When asked about whether their spouse, mother and friends would approve them vaccinating their child for HPV, 85% of respondents said their family and friends either wouldn't mind or would rather they do vaccine their child, only 7.5% said they would rather they not vaccinate.



A participant expressed, "It's important to protect our sons. I don't have that many concerns anymore, now I'm going to vaccinate him (her son)"

CONCLUSION

Our next steps include disseminating this information to all of our local partners to inform their work. We are exploring opportunities to continue our community advisory board given that 75% of CAB members said they would like to continue meeting on a regular basis and 18% agreed to stay involved in other forms (i.e. email, specific projects/research). Continuing with our CAB would allow us to collaboratively address one or more of the priorities identified.

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