Health Department Strategies to Support HPV Vaccination
Background

National coverage rates for the human papillomavirus (HPV) vaccine remain alarmingly low despite the widespread availability of a highly effective vaccine. However, high coverage rates for other adolescent vaccines suggest that similar success with the HPV vaccine is possible. According to the 2014 National Immunization Survey—Teen module, 60% of girls and 41.7% of boys 13–17 years old received at least one dose of the HPV vaccine compared to 87.6% for Tdap and 79.3% for meningococcal conjugate vaccine. The National Association of County and City Health Officials (NACCHO), with funding from and in partnership with the Centers for Disease Control and Prevention (CDC), has made increasing HPV vaccination rates a priority and supports health departments to work to increase uptake of the HPV vaccine in their communities.

NACCHO’s Work

In 2014, NACCHO awarded funding to ten local health departments in states with the lowest HPV vaccination rates to participate in an action planning process and receive technical assistance to increase HPV vaccination rates in their communities. NACCHO designed an action planning process that engaged local health departments to conduct an environmental scan of their community resources, identify key community stakeholders, and participate in an action planning meeting facilitated by NACCHO staff. These local health departments are working with state immunization programs, cancer and immunization coalitions, private medical providers, pharmacies, schools, and faith-based organizations to develop strategic focus areas to guide the implementation of their initiative through June 2016. NACCHO also funded a second cohort of ten local health departments through June 2016 to participate in the action planning process, and will continue to share key themes and lessons learned with other local health departments.

How to Use this Document and Other HPV Resources

NACCHO developed this resource as a result of interviews with select state and local health departments. Leading themes that indicated an uptake in HPV and other adolescent vaccination rates include reminder/recall, provider education, and Assessment Feedback Incentives eXchange (AFIX). To assist your local health department in increasing HPV vaccination rates, view the following strategies. For more HPV resources, including existing HPV promotional materials, strategies, and communications, download NACCHO’s Guide to HPV Resources for Local Health Departments.
Patient Reminder/Recall

Patient reminder/recall programs send messages via phone, text message, or postcard to alert parents or guardians of children and adolescents that are due (reminder) or overdue (recall) for recommended immunizations. Both centralized and practice-based reminder/recall programs have been shown to be effective in increasing vaccination rates.

Local health departments can improve HPV vaccination rates through patient reminder/recall by:

- Notifying providers about planned reminder/recall campaigns through medical association or health department communications.
- Accessing patient vaccination status via an Immunization Information System (IIS), clinic medical records, or provider offices.
- Cleaning and merging duplicate data before conducting reminder/recall to focus resources on only active patients.
- Using autodialing systems to send texts and/or phone calls to automate communication with parents/guardians of adolescents about their immunization status.
- Educating providers by webinar or in-person trainings about how to conduct their own reminder/recall efforts.
- Adding alternate languages to text, phone, and written messages.
- Highlighting the importance of HPV vaccination for both boys and girls in any messages.
- Capitalizing on back to school time when adolescents are visiting the doctor for school/sports physicals.
- Co-branding materials with providers when possible to demonstrate the endorsement of multiple public health/medical organizations.
- Evaluating the effectiveness of reminder/recall campaigns and compare mode of delivery (text vs. call vs. email).

Provider Education

Provider education is an essential component of any HPV vaccination campaign as a provider’s recommendation is the strongest predictor of an adolescent’s HPV vaccination.2,3

Local health departments can improve HPV vaccination rates through provider education by:

- Providing information about HPV and the importance of the HPV vaccine to all staff in a clinical setting, including clinicians, front desk staff, and medical assistants to ensure that all members of the medical office team provide consistent messaging about the HPV vaccine and to facilitate practice-level buy-in and support for promoting the HPV vaccine.
- Using data (IIS, billing, EHR, etc.) to identify provider offices with low HPV vaccine coverage levels and high adolescent patient volume to target specific providers for education and maximize time and resources.
- Identifying immunization champions that will relate to providers and can help develop provider education curriculum.
- Identifying opportunities to provide web-based provider education.
- Utilizing and leveraging events and resources already in place to reach providers — grand rounds, conferences and annual meetings, residency trainings, awareness months, and existing communications mechanisms such as newsletters, websites, journals, and blogs.
- Presenting or providing trainings at school nurse meetings and conferences.
- Partnering with medical or professional associations to advertise educational opportunities.
- Providing lectures in collaboration with immunization and/or cancer coalitions.
- Communicating the importance of HPV vaccination to nursing and medical students at local colleges/universities.
- Using evidence-based strategies, such as the Community Guide, focusing on a strong, clear, routine recommendation for HPV vaccine at 11–12 years, and assessing and vaccinating patients at every visit.
- Developing or using an existing toolkit with provider- and parent-specific HPV resources.
- Using existing HPV education materials such as:
  - Guide to HPV Resources for Local Health Departments
  - Tips and Time-savers for Talking to Parents about HPV vaccine
  - NIDIL Call to Action: HPV Vaccination as a Public Health Priority
  - President’s Cancer Panel Annual Report 2012–2013: Accelerating HPV vaccine uptake: Urgency for action to prevent cancer
Assessment Feedback Incentives eXchange (AFIX)

AFIX is a CDC quality improvement program that aims to increase immunization rates and improve provider immunization practices. Health department staff (state or local) assess provider immunization rates and practices, provide feedback and recommendations for improving immunization practices, give incentives to recognize progress, and exchange information with providers to follow-up on performance and share tools to improve their practice.

Local health departments can improve HPV vaccination rates through the AFIX program by:

- Encouraging staff who conduct AFIX visits to incorporate HPV vaccine education and coverage assessments into provider visits.
- Providing summary reports (via IIS or CoCASA) to providers of adolescent vaccine coverage rates and a list of patients not up-to-date for their immunizations or with missed opportunities to vaccinate.
- Encouraging providers to assess vaccine ordering at the practice level, i.e. by asking “Are you ordering less HPV than Tdap or MCV?”
- Encouraging competition among providers to improve vaccination rates by hosting a contest among community medical providers who administer vaccines to recognize providers who improve their practices’ rates or have the highest rates in the community.
- Examining administration rates for males vs. females and completion of one dose vs. three doses to determine trends and identify challenges.
- Offering feedback on implementing evidence-based strategies to avoid missed opportunities and improve three-dose coverage of the HPV vaccine among eligible adolescents in a given practice.

References


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