Disclosure: Session I3

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

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Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept commercial support for this continuing education activity.
Indian Health Service (IHS)

- Federal health care provider for eligible American Indian/Alaska Native (AI/AN)
  - Not an entitlement program
  - Member of federally recognized tribes (573)
- Healthcare to ~2.2 million AI/AN people
- Highly de-centralized system
  - 12 administrative regions and 170 service units
- IHS funded “I/T/U” system (35 States)
  - Indian Health Service facilities
  - Tribal health facilities
  - Urban Indian health facilities
Childhood* Vaccine Coverage
IHS All Regions
19-35 month olds

* 4:3:3:1:4 series includes 4 doses of DTaP, 3 doses of Polio (IPV), 1 dose of MMR, 3 doses of Hib, 3 doses of Hep B, 1 dose of Varicella and 4 doses of PCV

Healthy People 2020 Goal – 80%

Data source: National Immunization Reporting System (NIRS):
https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home
Adolescent Vaccine Coverage
IHS All Region
13-17 year olds

Data source: National Immunization Reporting System (NIRS):
https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home
Bemidji Area Childhood Immunization Needs Assessment (BACINA)
GLITEC Mission

To support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community-based research, education, and technical assistance.
Components of BACINA

- Analysis of IHS National Immunization Reporting System (NIRS) data
  - Data from the facility’s Electronic Health Record
- Analysis of Immunization Information System (IIS) data in three-state area
  - Michigan, Minnesota, Wisconsin
- Interviews with Bemidji Area Facility Immunization Coordinators
Safe Healthy Children Immunization Project
Improving Pediatric Immunization Series Completion in Rural American Indian Communities
Project overview

- Childhood immunization coverage rates for the IHS Great Plains Area are below the HP 2020 goal.
- 7 tribal reservation communities located in North and South Dakota
  - Rural, geographically isolated, impoverished
- GOAL
  - Increase awareness, assess and mitigate parent, community, and provider-level barriers, and develop a culturally appropriate educational toolkit and resources.
Safe Healthy Children Immunization Project
2-Year Project (2016-2017)

- **Patient**
  - Healthy Start Family Spirit Curriculum
  - Educational Material

- **Community**
  - Educational Events
  - Action Planning Community Meetings

- **Provider**
  - IHS Provider Education Sessions
Community Health Representatives Collaboration

As Native American people, we need to keep our circle PROTECTED AND STRONG.

WE ARE VACCINATED ... ARE YOU?
Talk to your doctor or other provider about getting vaccinated today. Check out cdc.gov/vaccines/adults/Index.html for more information.
Community Health Representatives (CHR)

- Lay healthcare workers from tribal communities
- Serve as a liaison between the community and the clinic
- IHS funded program
- Improve the quality and cultural knowledge of healthcare service delivery
Background

• Need for comprehensive and succinct information regarding vaccines

• Pamphlets or simple handouts:
  • Include vaccine eligibility
    • People with health conditions
  • Contact information for vaccination locations
  • Include personal stories
  • Family/community focus rather than individual
  • Emphasize a prevention approach
  • Including “our own people”
CHR Vaccine Project

Objective:
- Develop influenza and adult vaccine educational materials for tribal communities

Project Activities:
- Developing two video Public Service Announcements (PSA)
- Developing AI/AN specific posters and flyers
- Disseminating radio PSAs to tribal radio stations
Development of AI/AN specific Video PSAs

- CHR input gathered throughout video PSA development
- Features AI/AN actors
- Incorporates humor and personal stories
- Emphasizes protecting family and community
- Disseminated through Good Health TV®
  - 19 states, 79 locations
  - Aired twice a day for 48 days (7,584 total plays)
Dissemination of AI/AN specific Radio PSAs

- Rotation of 3 radio PSAs
  - CDC AI/AN Influenza PSA
  - Lakota male, Lakota female, and “I Never Get the Flu”
- Played on 8 tribal radio stations
- Played over 6 week period
MY CULTURE
Discovering Native Identity and Pride

learn more

WE R NATIVE
For Native Youth, by Native Youth.
We R Native

- Recognized that a comprehensive health service was needed to compete for Native youth’s time and attention online.
- Includes:
  - An interactive website
  - Text messaging service
  - Social media messaging (Facebook, Instagram, Twitter)
  - YouTube channel
  - Special features (monthly contests, community service grant, 100+ youth ambassadors, “Ask Auntie” Q&A service)
Survey Questions

- Do you feel getting a vaccine to keep you from getting really sick from a serious disease is important?
- Where do you get your information about vaccines?
- Have you gotten a flu vaccine in the past year?
- Have you heard of the HPV vaccine?
- Would you like more information of vaccines and which ones you might need?
Website content development

- Contributed 5 immunization blog posts
  - HPV vaccines
  - Influenza vaccines
  - National Infant Immunization Week
Acknowledgements

- Great Lakes Inter-Tribal Epidemiology Center
- Great Plains Tribal Chairmen’s Health Board
- Great Plains Tribal Epidemiology Center
- Community Health Representatives
- CHRs nationwide
- U.S. Dept. of HHS Region 7
Thank You

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The Texas HPV Coalition:
Building State-Level Collaboration to Increase HPV Vaccination Rates

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Funded by CDC Cooperative Agreement
NH23IP000953-04-00
Conflicts of Interest

The authors have no conflicts of interest to report
Session Overview

• Texas HPV Coalition history and structure (Greg Parkington)

• Preliminary results of Texas HPV Coalition case study (Sandy Preiss)
Texas is among the worst in HPV vaccination coverage*

*NIS-Teen Data: Overall Texas is 49.3% in ≥ 1 HPV vaccination coverage.
1. The HPV Vaccine is safe.
2. Vaccines work.
3. The HPV Vaccine is cancer prevention.
4. The HPV Vaccine is recommended for 11 & 12 year olds.
5. The priority focus of this coalition should be on evidence-based strategies and activities to increase vaccination rates.
6. Merck
7. We will make every effort to avoid wordsmithing and stay as high-level as appropriate to remain productive.
8. This coalition is not funded. Future planned activities that require resources may require also securing those resources.
9. This coalition will focus on efforts where we can have a bigger impact through collaboration. Individuals and organizations will continue to maintain their separate HPV projects/initiatives outside of this collaborative space.
TEXAS HPV COALITION WORKGROUPS

- Awareness
- Data/Tech
- Financial Incentives
- Systems Improvement
- Provider Education
FINANCIAL INCENTIVES WORKGROUP
» Provider Education workgroup: 1 in person, 3 more conference calls
» Data & Technology workgroup: 4 conference calls, plus collaboration with TMA
» Systems Improvement workgroup: 1 in person, 2 more conference calls
» Financial Incentives workgroup: 3 conference calls, subcommittee call
» FULL COALITION: 3 webinars, guest speakers from industry and a grant funded project
» …plus so many more!!!
2018 LOOK AHEAD…

TEXAS HPV COALITION

- 23 invitees ➔ 46 members ➔ 75 members
- Nearly 40 organizations/agencies/institutions
- Fundraising efforts
- Year 1 vs. Year 2
- Not changing course yet. Focus on the priorities set and dig a little deeper.
Case Study: the Texas HPV Coalition and collaboration on HPV vaccination in Texas
Case Study Overview
March-April 2018

Purpose: study collaboration on HPV vaccination in a state with a highly-engaged HPV stakeholder group
Research Questions

• What is the current state of collaboration on HPV vaccination in Texas?
• What factors have influenced collaboration?
• What have been the benefits of collaboration?
Two online focus groups

Seven phone interviews
Data Analysis

Transcription

Coding (in progress)

Thematic Analysis

Theme 1
Theme 2
Theme 3
...

Theme 4
Theme 5
Initial Salient Themes
Theme 1: Collaboration on HPV vaccination in Texas is strong
Theme 2: The Texas HPV Coalition has helped increase collaboration
Theme 3: Importance of a champion organization to promote collaboration
Next Steps

- Formal coding process
- Develop results into toolkit to increase state-level HPV vaccination collaboration
Future Research

• Evaluate outcomes and impact of collaboration

Created by Tomas Knopp from Noun Project
Thanks to:

- ACS: Matt Allison, Anna Hassan, Nina DaSilva Batista, Nikki Stephens
- RTI: Mahima Ashok, Nikie Sarris Esquivel, Jackie Amoozegar
- All the Texas HPV Coalition members who gave their time to participate in focus groups and interviews!

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