Inform and Educate Providers

CHAPTER 4
Introduction

The teenage years are a time of rapid development and growth. During this time, one of the main pillars of preventive care for adolescents is vaccination. Each visit to a provider office is an opportunity to vaccinate against a variety of diseases. To ensure that adolescent patients receive proper care, providers need to have the correct information about adolescent vaccinations both within their practice and in the general population.

According to physicians, 78% of teens have received the vaccinations recommended for this point in life. However, adolescent vaccination rates are not at an optimal level, and in some cases, are far below Healthy People 2020 immunization goals.

A challenge to increasing adolescent vaccination rates is obtaining a strong recommendation from the health care provider. For example, in a recent study on provider perspectives, only ~60% of pediatricians and family physicians strongly recommended the HPV vaccine for 11- through 12-year old girls. Another study found that a major reason teenagers didn’t receive a Tdap vaccination was the lack of a health care provider recommendation.

Educating providers on the need for a strong recommendation, and the best way to provide a recommendation, is critical to increasing adolescent vaccination rates. Additionally, helping providers understand how to approach vaccine-hesitant parents of adolescents, and how to have potentially difficult conversations about teenage behaviors in relation to the HPV vaccine, can help increase adolescent vaccination rates.

Immunization programs play an important role in helping providers stay up to speed on vaccines needed for adolescent patients, by conducting quality improvement exercises like AFIX and highlighting teens in the provider practice who may not be fully vaccinated. The following activities serve as examples of ways to inform and educate providers:

The activities highlighted here related to engaging stakeholders are:

- **Getting Started:** Establishing a Statewide Immunization Conference (Kentucky)
- **Moving Forward:** “We Are the Key to Cancer Prevention” HPV Vaccination Campaign (West Virginia)
- **Taking It to the Next Level:** “Just Another Shot: Reframing the HPV Vaccine” Videos for Providers (Minnesota)
How Immunization Programs Inform and Educate Providers (2016)

2016 AIM Annual Survey, 61 of 64 Immunization Programs responded to survey

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<td>Assess adolescent coverage during provider AFIX visits</td>
<td>Provide CDC ‘You are the Key to Cancer Prevention’ resources to providers</td>
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<td>Conduct provider education webinars focusing on HPV</td>
<td>Offer provider CME/CNE programs about HPV vaccine</td>
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www.immunizationmanagers.org/adolescents
Resources for Providers

Many organizations provide tips, tools and education for providers to improve adolescent immunization rates:

**Immunization Action Coalition**
- American Academy of Family Physicians Foundation

- “Pursuit of the Three C’s—Confident, Concise, and Consistent Healthcare Provider Recommendations for Adolescent Vaccines: Tools to help providers recommend vaccines for adolescents
  www.aafpfoundation.org/foundation/our-work/grants-awards/all/HighlightonVaccinations4Teens/HOV4TResourceLibrary.html

- AAFP Foundation Adolescent Resource Library: Resources to help educate teen patients and their parents/guardians

- AAFP Foundation “At a Glance” Teen Vaccination Fact Sheet:
  One-page resource for providers specific to the 16-year-old immunization platform visit
  www.aafpfoundation.org/content/dam/foundation/documents/what-were-doing/awards-grants/hov4t/ResourceLibrary/HOV4T_physician_fact_card.docx

**American Academy of Pediatrics**
- “The Need to Optimize Adolescent Immunization” (in Pediatrics, 2017): Clinical report focusing on the epidemiology of adolescent vaccine-preventable diseases and reviewing the rationale for the adolescent immunization schedule
  http://pediatrics.aappublications.org/content/early/2017/02/02/peds.2016-4186

- “Practical Approaches to Optimize Adolescent Immunization” (in Pediatrics, 2017): Clinical report focusing on increasing adherence to universally recommended vaccines in the annual adolescent immunization schedule
  http://pediatrics.aappublications.org/content/139/3/e20164187

**HPV IQ**
- Website designed for public health professionals and primary care providers who want to increase and improve the delivery of the HPV vaccine to adolescents
  www.hpviq.org

**Within Reach**
- E-Learning Course: “There Never Was an Age of Reason: Vaccines, Vaccine Hesitancy, and Vaccine Decision Making”: Information and tips on how parents make decisions about vaccines, the provider role in vaccine decisions, and how best to approach parent conversations about vaccines
  www.withinreachwa.org/age-of-reason-register

- E-Learning Course: “You Are the Key to HPV Cancer Prevention”: Continuing education course designed for health professionals who work with adolescents and their parents. This course helps providers frame the HPV vaccine conversation, encourages providers to make a strong vaccination recommendation and offers responses for parents’ most common questions
  www.cardeaservices.org/resourcecenter/you-are-the-key-to-hpv-cancer-prevention
Overview of activity
The Kentucky Immunization Program initiated a statewide immunization conference, including sessions on adolescent immunization and expanding the reach of provider education efforts.

Ages targeted
All adolescents

Background/impetus for the activity
The Kentucky Immunization Program holds regional trainings for VFC providers on vaccine storage and handling, but felt that there was a need to reach a broader group of immunization providers in the state with immunization-related education to help improve coverage rates, especially among adolescents and adults. The program leveraged internal expertise and external connections with the Kentucky Rural Health Association (KRHA) to launch a statewide immunization conference.

Description of activity
In 2015, the Kentucky Immunization Program collaborated with KRHA to hold its first statewide immunization conference. The 3-day conference (first and last day are half days) was held in the state’s two biggest cities (Louisville in 2015, Lexington in 2016). The conference content covered all vaccine-preventable diseases, including adolescent immunization-specific sessions. A major focus has been HPV vaccine, given low coverage rates in the state.

To establish the format and content for the conference, Immunization Program staff attended several other state immunization conferences to see their format, talk with coordinators, hear their speakers, and collect materials, which were then discussed by the Kentucky conference planning group. Planning for the first conference took about 11 months. About two weeks after each conference, the program conducted a “hot wash” to review conference evaluations, and started planning for the next one.

The conference includes guest speakers and many exhibitors. To encourage provider attendance, the Program recruited nationally recognized speakers. The program and KRHA identified potential speakers based on appearances at other national conferences (e.g., the National Immunization Conference) and recommendations from other program partners. In addition, some speakers are from the Centers for Disease Control and Prevention (CDC).

Attendees have been a mix of physicians, nurses, physician assistants, office managers, local health department staff, and pharmacists, among others. The Kentucky Immunization Program offers continuing education credits for conference sessions to as many provider
types as possible. The program also includes the conference in TRAIN, the public health training network.

Role of Immunization Program and other agencies/groups involved

KRHA is the lead agency for organizing and running the conference. Their responsibilities include exhibitor registration and logistics of exhibit space, attendee registration, and printing of the conference program.

The Kentucky Immunization Program helps pull together the information for the conference program and the session presentations. It also contacts potential speakers and arranges transportation for confirmed speakers. The Program also organizes the continuing education credits portion of the conference.

The statewide immunization coalition, formed in 2015, is also involved. In addition, the Program works with the state’s Area Health Education Center (AHEC) to establish continuing education credits for physicians. Dr. Gary Marshall, author of “The Purple Book” (a vaccine handbook for clinicians) and a pediatrician at the University of Louisville, is a valuable partner to the program and suggests possible speakers.

The partners have monthly telephone calls to plan the conference, with more frequent calls as the conference gets closer.

Dissemination

The Program advertises the conference through its connections with relevant state provider organizations, including those that represent medical licensing, pediatricians, family physicians, obstetricians/gynecologists, public health, pharmacists, nurses, and hospitals. The Program emails these organizations, who then forward the information to constituents and/or advertise in newsletters. The Program also advertises the conference via its VFC provider email listserv and the landing webpage of its new immunization registry. KRHA advertises the conference to its members and partners, including state medical professional organizations, universities with medical programs, the Kentucky Public Health Association (KPHA), and the Kentucky Cancer Consortium.

Intersection with other program activities

The annual immunization conference is in addition to the annual regional trainings for public and private VFC providers. The main focus of the VFC trainings is vaccine storage and handling, but the trainings also provide education on vaccine-preventable diseases, with a recent focus on adolescent vaccines (HPV, MCV4, Tdap).
Partnering with KRHA has led to other provider education opportunities. For example, the Program Manager provided an HPV-related presentation at KRHA’s annual meeting and to college students at Kentucky State University. For these talks, the Program has adapted the national “HPV You Are the Key” presentation to include Kentucky-specific data. KRHA also sponsored a one-day HPV summit in June 2016, in collaboration with the Immunization Program and the Division of Women’s Health.

Funding
The Program initially used grant funds to establish the state immunization conference. Currently, funding support comes mainly from KRHA, as well as exhibitor fees, sponsor support, and registration fees. The Kentucky Immunization Program is responsible for funding staff support for conference-related activities and some printing of educational materials, through CDC cooperative agreement and state funds.

Staffing
Immunization program staff involved with conference planning and manpower include the Program Manager, VFC Coordinator, Immunization Nurse, Immunization Epidemiologist, field staff, and the CDC Public Health Advisor.

Implementation status
The second annual statewide immunization conference was held in November 2016 and a third conference was held in December 2017.

Successes
- Between 2015 and 2016, attendance grew from 200 to 300 attendees, and conference evaluations were very positive in both years. For 2017, the program is planning for another jump in attendance.
- The conference has the support of the Commissioner of the Department for Public Health.
- The program’s connections with state provider organizations have been valuable for advertising the conference beyond VFC providers.
- Conference feedback identified provider education needs (e.g., how to talk to vaccine-hesitant parents).

Challenges
- Striking a balance on session scheduling can be tricky. At the first conference, the Program learned that speakers and sessions were spaced too close together to allow for questions, so now more time is built into the schedule for attendee questions.
- The Program would like to hold the conference in different areas of the state to balance the travel burden for providers, but is limited by the logistics of bringing in out-of-state speakers who need to be within a reasonable driving distance of an airport. The eastern part of the state is the area most impacted by this limitation.

Other lessons learned/Advice to other programs
- Conference attendees are given a “bingo card” to get punched at each exhibitor’s table. Once their card is full, they drop it in a container, from which a prize winner is drawn at the end of the conference (the 2016 prize was an iPad). This encourages attendees to visit
the exhibits, which in turn encourages exhibitors to participate in the conference and also encourages attendees to stay until the end of the conference.

- Providing attendees with continuing education credits encourages attendance. The Program provides these credits for as many types of providers as possible.
- For programs just starting out with conference hosting, it is valuable to have or seek a partner with conference organization experience. Based on experience with its own annual conference, KRHA had several tips for holding a successful conference. In addition, clearly defining the roles of each partner helps the process run smoothly.
- Use connections at high levels to secure experienced speakers. Obtain support from senior public health leadership.
- Quality speakers encourage attendance. In Kentucky, each conference featured Dr. Daron Ferris, Director of HPV Epidemiology & Prevention Program at the Georgia Cancer Center. He treats gynecological cancers and has clinical stories and photos that hold attendee interest.
- Programs should allow sufficient time for planning. Significant lead time is necessary to secure speaker calendars and desirable meeting space.
- To help establish the first conference, there was no registration fee for attendees. Conference attendees were asked about willingness to pay and the majority of respondents were fine with paying a fee. The conference now charges a registration fee to attend.

Relevant resources
- 2016 Kentucky Immunization Conference sponsor form:
- 2015 Kentucky Immunization Conference Save the Date:

For more information
Contact Margaret C. Jones, Program Manager, Kentucky Immunization Program, at (502) 564-4478 ext. 4257 or margaretc.jones@ky.gov.
Overview of activity
The West Virginia Immunization Program conducted an HPV vaccination campaign to encourage providers to address cancer prevention with HPV vaccination.

Adolescent ages targeted
All adolescents, especially those due for HPV vaccine doses

Background/impetus for the activity
The West Virginia Immunization Program and its partners developed a provider education campaign to increase providers use of evidence-based strategies to increase HPV vaccination, make effective vaccine recommendations, and address cancer prevention. The campaign was designed to address low HPV vaccine coverage rates (only 39% of girls and 27% of boys ages 13 to 17 in West Virginia completed the HPV vaccine series in 2015) and high incidence of HPV-associated cancers (West Virginia has the third highest incidence in the US of HPV-associated cancers among both females and males).

Description of activity
Together with the state immunization coalition (the West Virginia Immunization Network, or WIN), the state chapter of the American Cancer Society (WVACS), and the West Virginia Comprehensive Cancer Program, the West Virginia Immunization Program developed a four-component HPV vaccine campaign directed toward providers. The four components are: (1) take the pledge, (2) track improvement, (3) get access to training opportunities and resources, and (4) get recognized.

For the first component, providers take a pledge to join the “We Are the Key to Cancer Prevention” campaign. By signing the practice-level pledge, providers indicate they will strive to achieve an 80% coverage rate for recommended doses of HPV vaccine in both males and females at 11 to 12 years, to protect these patients from HPV-related cancers. The pledge, signed by a medical director or physician, is completed online and rewarded with a displayable certificate. In the second component, practices track improvement through quarterly reports comparing HPV dose distribution to previous quarters. The data are drawn from the West Virginia Statewide Immunization Information System (WVSIIIS). In the third component, practices receive access to HPV-related training opportunities and resources, such as webinars and a quarterly HPV newsletter. The fourth component is an HPV Vaccination Honor Roll on the campaign website recognizing practices that have signed the pledge.

The educational component utilizes existing resources developed by other organizations (e.g., CDC, American Academy of Pediatrics (AAP)), as well as those developed by campaign partners for broader purposes. For example, WIN hosted a webinar on the revised HPV vaccine dosing recommendation and created a poster on HPV vaccination.
targeted to college students (to address a lack of materials promoting HPV vaccine to that age group). WIN also developed a video series called “Faces of Vaccine-Preventable Diseases,” which includes cervical cancer and HPV as well as HPV-associated head and neck cancer in males.

Role of immunization program and other agencies/groups involved
The campaign is jointly sponsored by WIN, WVACS, the West Virginia Cancer Program (which is within the West Virginia Department of Health), and the West Virginia Immunization Program. All partners were involved in planning the campaign, and communicate through conference calls and email.

The Program coordinates the quarterly reports drawn from WVSIIIS and communicates with VFC providers about the campaign. To produce the quarterly reports, the Program worked with its registry vendor to adjust the functionality to pull the data needed. WIN maintains the campaign website as part of its overall website responsibilities for the coalition. It also hosts HPV-related training opportunities and prepares a quarterly HPV newsletter highlighting new resources on improving HPV vaccination rates. The WVACS and West Virginia Cancer Program provide educational materials and communicate with constituents about the campaign.

Dissemination
The West Virginia Immunization Program sent information about the campaign to its 416 public and private VFC provider sites. Partner organizations have disseminated campaign information to constituents (e.g., WIN marketed it to its 800-member listserve). WIN also promoted the campaign and held HPV vaccine-related sessions at several state conferences (e.g., the American Academy of Family Physicians, AAP, Public Health Nurses Association, immunization summit).

Intersection with other program activities
The Program promotes the campaign to VFC providers through regular communication and site visits. In 2017, the Program initiated adolescent AFIX at provider site visits, including an emphasis on tracking and improving HPV vaccine coverage rates.

Funding
Funding for these activities comes from multiple partners. The West Virginia Immunization Program provides staff support and funding for HPV and other immunization-related training through support from the CDC cooperative agreement and state line-item funds. In addition, the West Virginia Cancer Program contributed one-time funds toward the project.
Staffing
The Program Manager was involved in planning the campaign and oversees its implementation. WVSIIS staff generate the quarterly HPV reports from WVSIIIS. The Program’s Health Educator, hired in 2017, is heavily involved in the campaign. This position had been vacant for two years.

Implementation status
Campaign development started in 2015. The campaign officially launched in late summer/early fall 2016 and is ongoing.

Successes
• The West Virginia Immunization Program and WIN have worked very closely on many projects but this was the first time these programs collaborated with the WVACS and the West Virginia Cancer Program. These new partnerships benefit not only this campaign by reinforcing the campaign focus on preventing cancer, but also establish a foundation for future collaboration.

• When the partners developed the idea for the campaign, they did not have anything in their budgets to support it. The campaign was successfully designed for a limited budget by building on existing activities, training opportunities, and available resources.

• In the first year of the campaign, 28 provider sites signed the pledge, including 16 local health departments. Other signers include academic institutions, community health centers, primary care practices, school-based health clinics, a hospital, a university health service office, and a health educator.

Challenges
• Response to the campaign has been lower than hoped, even with the option for providers to opt out of the honor roll and quarterly reports. To address this challenge, the West Virginia Immunization Program is intensifying its outreach. In 2017, the program visited a majority of VFC provider sites and included a presentation on the campaign.

Other lessons learned/advice to other programs
• A good start is to identify all potential internal partners within the state health department, such as cancer prevention and health promotion, determine which ones bring complementary strengths to the table, and try to “get them in the tent.” The Immunization Program offers leverage and a very strong relationship with VFC provider sites as well as its major programmatic focus on childhood vaccinations.

• Programs should review the functionality of immunization information systems to identify changes needed to create high-quality reports so that provider sites can monitor progress.
Relevant resources

- WIN HPV resources webpage
  http://wvruralhealth.org/WIN/MHCP/ResourcesMH/HPVResources/

- WIN HPV poster for college students:

- WIN’s YouTube channel, with videos from the Faces of Vaccine-Preventable Diseases project:
  www.youtube.com/user/ImmunizeNowWV

- “We Are the Key to Cancer Prevention” enrollment including the pledge language:
  https://www.surveymonkey.com/r/H2N85MC

For more information
Contact Jeff Neccuzi, Director, West Virginia Division of Immunization Services, at (304) 356-4035 or Jeffrey.j.neccuzi@wv.gov.
Overview of activity
The Minnesota Immunization Program created a video for health care providers on vaccinating adolescents with HPV vaccine.

Ages targeted
All adolescents

Background/impetus for the activity
Based on the gap in coverage rates between HPV vaccine and other adolescent vaccines (MenACWY and Tdap) and evidence showing that health care providers’ approach to HPV vaccine influences acceptance, the Minnesota Immunization Program sought to develop an education tool to improve provider HPV communication.

Description of activity
The Minnesota Immunization Program created a video demonstrating positive ways to discuss HPV vaccine with adolescents and parents. The program developed the script, issued an RFP for a professional video production firm, and recruited a practicing family physician (Dr. Jon Hallberg), well-known locally as a Minnesota Public Radio medical correspondent, to serve as narrator. Video development began in October 2013 and the video was posted online in late 2014.

The 12-minute video begins with an introduction by the narrator, followed by three humorous vignettes that parody -- using non-HPV vaccines -- the ways in which health care providers often discuss HPV vaccine (e.g., less urgent than other vaccines). After each vignette, the narrator explains how the parody illustrates ways in which providers present HPV vaccine to patients and parents without strongly recommending it.

Next are four model clinical encounters in which providers demonstrate positive ways to recommend HPV vaccine and answer common questions from patients and parents. The vaccine is recommended at both acute and preventive visits and to both boys and girls. Each of the model encounters addresses a theme (It’s Effective, It’s Necessary, It’s Safe, It’s Valuable). The four encounters are also available as individual two-minute video segments for targeted use.

Role of immunization program and other agencies/groups involved
The Program developed the script, hired and managed the video production firm, attended the filming, provided feedback on video editing, and promoted use of the video. Internal partners included the Minnesota Department of Health’s legal counsel, which provided contracting advice, its communications office, and the Comprehensive Cancer Control Program, which was represented on the project team.
The video production firm hired the actors, coordinated filming, and edited the videos. The Program’s CDC project officer provided feedback on script. Two local clinics allowed use of exam rooms as sets for filming. Many external health care providers provided feedback, either on the script or the rough cut of the video, and one practicing family physician acted as narrator.

**Dissemination**

The finished video is posted on YouTube and as a resource on the Minnesota Immunization Program’s web page for health care providers serving adolescents. The program widely promoted the video to public and private providers, including via monthly newsletters, social media, and the biennial statewide immunization conference. Several state partners and coalitions (e.g., the Minnesota chapter of the AAP, Minnesota Public Health Association, Minnesota Cancer Alliance) also promoted the video to their audiences. The web page with the videos includes instructions for contacting the Program to obtain electronic files of the videos and embedding the videos on a website. The Program also made DVDs available.

**Intersection with other program activities**

The Program promoted the videos during AFIX and VFC site visits, as appropriate, and through other provider education opportunities (e.g., statewide immunization conference).

**Funding**

This activity was funded using 317 and HPV Prevention and Public Health Fund (PPHF).

**Staffing**

The program’s HPV PPHF leadership team was involved with putting the video together, including the Adolescent Coordinator, AFIX Coordinator, IIS staff, communications staff, and the Education and Partnerships Unit Supervisor.

**Implementation status**

Video development is complete. Online availability and sharing of the video is ongoing.

**Successes**

- As of May 18, 2017, YouTube viewer counts were 4,783 views for the full video; and for the standalone segments: 1,067 for *It’s Effective*, 655 for *It’s Necessary*, 536 for *It’s Safe*, 564 and *It’s Valuable*.

- The videos are posted on the Program’s HPV Vaccine Video for Health Care Providers website (see Resources section), which had 5,196 views between January 1, 2015, and June 20, 2017.
• The video has been shared and used widely by others, including the CDC, other immunization programs, state and local health departments, private and public health clinics, national and state-level provider organizations (e.g., AAP), universities, and cancer researchers, among others.

• In a brief survey that the Program conducted among those requesting the video, the video was rated 9.2 on a 10-point scale for overall usefulness. The Program also received positive feedback on the video via email.

• Dr. Hallberg’s many contributions (e.g., clinical perspective, professional delivery, technical savvy) were invaluable for creating a high-quality end product.

Challenges
• The actors were unfamiliar with the subject matter and needed on-the-spot coaching to know which words to emphasize and which lines contained terminology that should not be paraphrased. Though the program was not always fully satisfied with the actors’ delivery, it was not feasible to continue to reshoot. In hindsight, the program would have included in the budget and timeline a rehearsal session with the actors to resolve these issues up front.

Other lessons learned/Advice to other programs
• Getting feedback on the script from external health care providers helped to make the dialogue more realistic.

• Featuring a family physician as spokesperson was important because Minnesota’s lowest HPV vaccination rates are in rural areas, where there are more family physicians than pediatricians. Having a physician with existing visibility in the state was also very helpful.

• The program received some comments from users of the videos that the model encounters are a bit long and that it is unrealistic to have all encounters end in vaccine acceptance. If re-doing the project, the program would consider making additional model encounter videos of shorter duration and including some encounters in which the provider must respond to parents declining vaccination.

Relevant resources
• Link to full video and stand-alone segments on the Program’s HPV Vaccine Video for Health Care Providers webpage: www.health.state.mn.us/divs/idepc/immunize/hcp/adol/hpvvideos.html

• Contact health.wenvaxteens@state.mn.us to obtain the video files for use in professional education programs.

• The Program’s web page for health care providers serving adolescents: www.wenvaxteens.com.

• Link to another version of project summary: https://practices.immunizationmanagers.org/content/uploads/2016/12/MN_2016-Bulls-Eye-Submission_Minnesota.pdf

For more information
Contact Denise Dunn, Assistant Section Manager, Vaccine-Preventable Disease Section, at (651) 201-5560 or denise.dunn@state.mn.us.
REFERENCES
