

FQHCs as a Key Partner in Community-Clinical Linkages to Support HPV Vaccination

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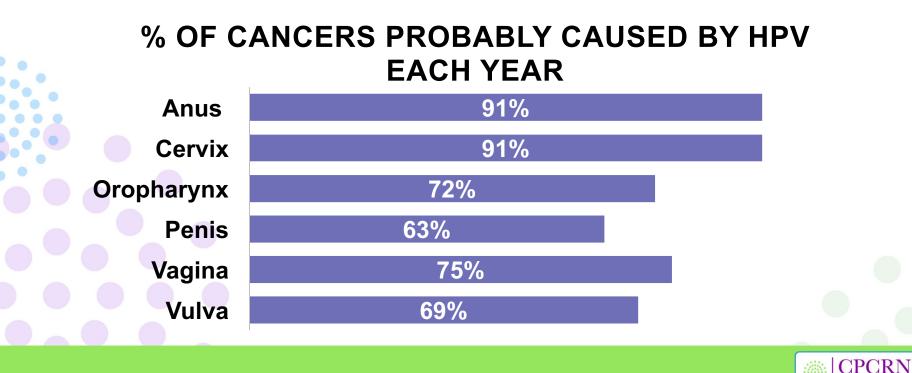


Research Team



HPV & Cancer

Persistent infections of high-risk strains of HPV (namely types 16 and 18) are recognized as a major cause of cervical, anal, vaginal, vulvar, penile, and oropharyngeal cancers.



Source: CDC HPV and Cancer Statistics Fact Sheet, United States Cancer Statistics

HPV Vaccination Guidelines

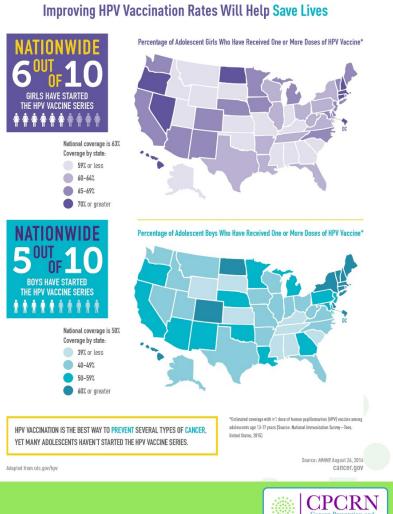
- HPV4 vaccination was introduced in 2006
- HPV9 vaccination was introduced in late 2014
- ACIP recommends routine HPV vaccination for ages 11-12

- Females: ages 9-26
- Males: ages 9-21 (permissive recommendations for ages 22-26).
- If initiated before age 15: 2 doses
- If initiated after age 15:
 3 doses



National HPV Vaccination Rates

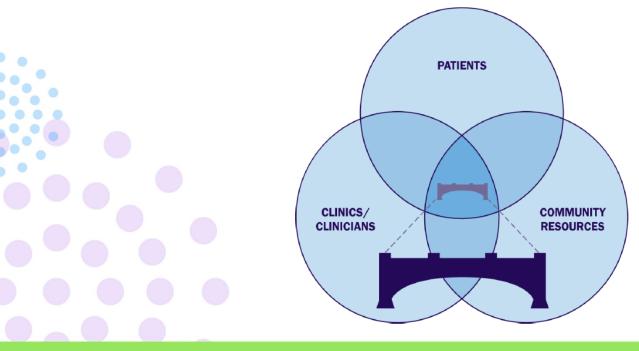
- Healthy People 2020 goal: 80% of adolescents have completed the HPV
 vaccination series
 - National rates of initiation and completion remain below this goal



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Community-Clinical Linkages

Community-clinical linkages (CCLs) are defined by the CDC as "...collaborations between health care practitioners in the clinical settings and programs in the community – both working to improve the health of the people and the communities in which they live."



Sources: CDC Developing Community-Clinical Linkages for WISEWOMAN Programs ARHQ Clinical-Community Relationships Evaluation Roadmap



Community-Clinical Linkages

- CCLs can serve as an evidence-based recommended strategy for increasing vaccine uptake.
- Community Preventive Services Task Force
 - "Partnerships between community organizations and vaccination providers are likely to be an essential component of effective, sustained community-based efforts."

President's Cancer Panel 2012-2013

- "The range of settings in which HPV vaccines may be administered to adolescents should increase."
- However, further evaluation is needed to understand what types of organizations participate in CCLs and how CCLs function.



Study Purpose

- Cancer Prevention and Control Research Network (CPCRN) HPV Vaccination workgroup
 - Oregon Health and Science University, University of Iowa, University of Kentucky, University of South Carolina, and University of Washington
 - Workgroup aim: To contribute to the science and evidence-base supporting innovative CCLs to increase HPV vaccination rates among adolescents and young adults.

 Investigators explored the role of CCLs in this respective communities in improving HPV vaccination rates.



Study Methods

- Case study approach
 - Collect information describing two CCLs for each CPCRN site that promote and/or deliver HPV vaccination.
 - CCLs were selected from landscape assessment that identified HPVvaccination related CCLs in CPCRN states.
 - Representatives of CCL dyads were interviewed to gather the descriptive information, including:
 - Type of CCL integration (i.e., mutual, community-focused, clinicallyfocused)
 - CCL impetus
 - HPV vaccination services offered
 - Barriers and facilitators to effective linkages
 - Evaluation activities



Study Methods

- Each site independently completed abstract form
- Abstract forms were reviewed by 2 investigators to confirm accuracy of information

Table 1. Construct Table and Interview Guide Questions for Community and Clinical Linkage Leaders

Construct/Domain	Related Questions
Descriptive Information	1. How would you describe the mission of your organization?
	2. Who are the primary staff in your organization?
	3. What locations does your organization serve?
	4. What is the target population of your organizational setting?
Type of Integration	5. Please tell me the extent to which your site offers the following services related to HPV
Mutual	vaccination:
Community-	 Information and counseling for parents and children/adolescents
focused	 Making arrangements for children/adolescents to receive vaccinations
Clinically-focused	Administering vaccinations
	 Providing referral and/or feedback to a partner organization
	• Other (specify)
Impetus	6. To what extent is your involvement in HPV vaccination in response to leadership/policies a
	the national, state or local level?
Types of Services Offered	7. What types of HPV vaccination are offered?
	8. Describe any <i>past</i> efforts to address HPV vaccination.*
	9. Describe any <i>planned</i> efforts to address HPV vaccination.*
	10. What resources are devoted to current efforts to address HPV vaccination? (E.g., resource
	are funding, staff time, other).
	 What resources were devoted to past efforts?*
	 What resources will be devoted to <i>planned</i> efforts?*
	11. What type of training, such as professional development or education, have you offered or
	HPV vaccination?
Spanning Support	12. Who is the person in your organization responsible for working with {partnering site}?
	• What is his/her role in the organization?
	13. What would help you in your work with {partnering site} to address HPV vaccination?
Facilitators	14. What do you think is working well to make your partnership successful?
Barriers	15. What challenges have you experienced in your partnership?
Evaluation	16. What evaluation activities have been conducted of your HPV program?
	• If applicable, briefly describe the focus on your evaluation



CCL Study Findings

Case study of nine CCLs involved with HPV vaccination

- Five had FQHCs as the clinical partner

CCLs with FQHCs had:

- Clinically-focused integration
- Community partner was a non-profit organization
- Four FQHCs formed CCLs due to national/state initiatives

Main reason for CCL: need for improvement in HPV vaccination rates.

Critical components: designated staff person to support CCL and funding.



Implications

FQHCs emerged as important clinical sites in cultivating HPV vaccination-focused CCLs.

- Established patient based
- Well-respected within their communities
 - Maintain numerous connections with local organizations may aid in establishing and sustaining CCLs.

Case study findings will guide future HPV vaccination promotion, education, and interventional efforts across CPCRN sites.



Implications

Contribute to research focused on CCLs as an evidence-based implementation strategy to improve HPV vaccination.

- Understand the role of CCLs in dissemination and implementation of evidence-based approaches to increase HPV vaccination, e.g.,
 - Identify role of and best practices for CCLs
 - Generalizability, scalability, sustainability, cost, outcomes
 - Understand the mechanisms through which CCLs operate to disseminate evidence-based practices



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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Thank you!



L HPV VACCINE IS CANCER PREVENTION.

Questions?

