Comprehensive Cancer Control
Collaborating to Conquer Cancer

COMPREHENSIVE CANCER CONTROL PLAN

HPV VACCINATION

The Comprehensive Cancer Control National Partnership (CCCNP) is a 20+ year collaboration of diverse national organizations working together to build and strengthen Comprehensive Cancer Control (CCC) efforts across the nation. This Tip Sheet is part of a series offered through the CCCNP to assist Comprehensive Cancer Control (CCC) programs charged with developing, implementing, and evaluating cancer control plans tailored to their state/tribe/territory/jurisdiction. CCC Plans focus coalition efforts on evidence-based interventions (EBIs) that impact cancer prevention and control across the cancer continuum.

How to Use This Tip Sheet

Tip Sheets are designed to help CCC program staff, coalition staff, and volunteers update CCC plans. Each tip sheet focuses on a specific topic (e.g., colorectal cancer screening, tobacco control, risk factors for cancer survivors). Follow the steps throughout the Tip Sheet to help guide your process in updating your cancer plan for that specific topic area. Some ideas:

- Incorporate the Tip Sheet into your plan update process – share it with your coalition workgroups and use it to help guide your decisions.
- Identify a lead person to ensure that the Tip Sheet is used by the workgroup or team assigned to update the plan section that addresses each Tip Sheet topic.
- Use the Tip Sheet to check that the topic is appropriately addressed in your plan and that the elements outlined on the next page are covered (objective, data, strategies).
- Use the **worksheet** at the end of this document with your partners to ask and answer critical questions related to the topic as you update your plan.

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Definitions

- **SMART Objective** – is an objective in the cancer plan that is Specific, Measurable, Achievable, Relevant, and Time-bound.
- **Evidence-Based Strategy** – is a specific activity that is designed to achieve the objective and is based on evidence that the strategy is expected to work in your situation, i.e., it has been evaluated and shown to work.
- **Crude vs. Age-adjusted Rates** – Crude rates are influenced by the age distribution of the state's population. Even if two states have the same age-adjusted rates, the state with the relatively older population will generally have higher crude rates because incidence or death rates for most cancers increase with age. Age-adjusting the rates ensures that differences in incidence or deaths from one year to another, or between one geographic area and another, are not due to differences in the age distribution of the populations being compared. Find out more **here**.
- **Populations of Focus** – are those groups experiencing the greatest cancer disparities in your region. Disparities might include higher cancer incidence or mortality; greater challenges accessing cancer screening, treatment, and/or survivorship care services; or populations experiencing bias in society and the health care system.
- **Health Equity** – occurs when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
- **Health Disparity** – is a type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systemically experienced greater social or economic obstacles to health. These obstacles stem from discrimination or exclusion that is historically linked to characteristics such as race or ethnicity, socioeconomic status, disability, sexual orientation, and many other factors.[1]
- **Social Determinants of Health (SDoH)** – are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[2]

[1] U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 [Internet]. Section IV: Advisory Committee findings and recommendations [cited 2010 January 6]. Available from: **http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf**.

[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 12/04/2020, from **https://health.gov/healthypeople/objectives-and-data/social-determinants-health**.

Tips for Updating Your CCC Plan

- **Use your current cancer plan as a starting point:** Think of this process as updating the current plan instead of starting a new plan from scratch.
- **Be systematic:** Assign workgroups to review and update certain sections of the plan. Create a process that is common across all workgroups tasked with updating the plan, which should include a standard set of criteria for the inclusion of plan goals, objectives, and strategies.
- **Focus workgroups on assessing and updating the "guts" of the plan:** the goals, objectives, and strategies.
- **Identify someone to take the lead** on writing the introduction, connecting text, and putting the document together for publication.
- **Use data to determine the focus of the plan:** Which cancers are most prevalent in the population? What subpopulations experience the most disparities?
- **View through a health equity lens:** Be intentional and proactive in keeping health equity issues at the forefront in every step of the cancer plan process – when engaging partners, collecting data, and setting goals. Include representatives from your population of focus in the writing of your cancer plan.

Use these resources to explore more cancer control planning tips and examples:

- **Nine Habits of Successful CCC Coalitions**
- **CCC Implementation Building Blocks** (see page 7 of the Appendices for more tips on updating your plan)

Additional resources you can use:

- Search other CCC plans to get ideas – **CDC's CCC Plan Map and Search Tool**
- **CDC Cancer Plan Self-Assessment Tool**
- **GW State Cancer Plans Priority Alignment Resource Guide and Tool**
- **A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**

Checklist for Updating Your CCC Plan

- ☐ Ensure that your workgroup is familiar with your current cancer plan.
- ☐ Create a systematic process for the workgroup to follow; a process that is **intentional** about addressing issues of health equity throughout.
- ☐ Use data to focus on the populations with the highest cancer burdens.
- ☐ Focus workgroups on assessing and updating goals, objectives, and strategies.
- ☐ Identify someone to write the introduction and assemble the final document.

COMPREHENSIVE CANCER CONTROL PLAN UPDATE TIP SHEET

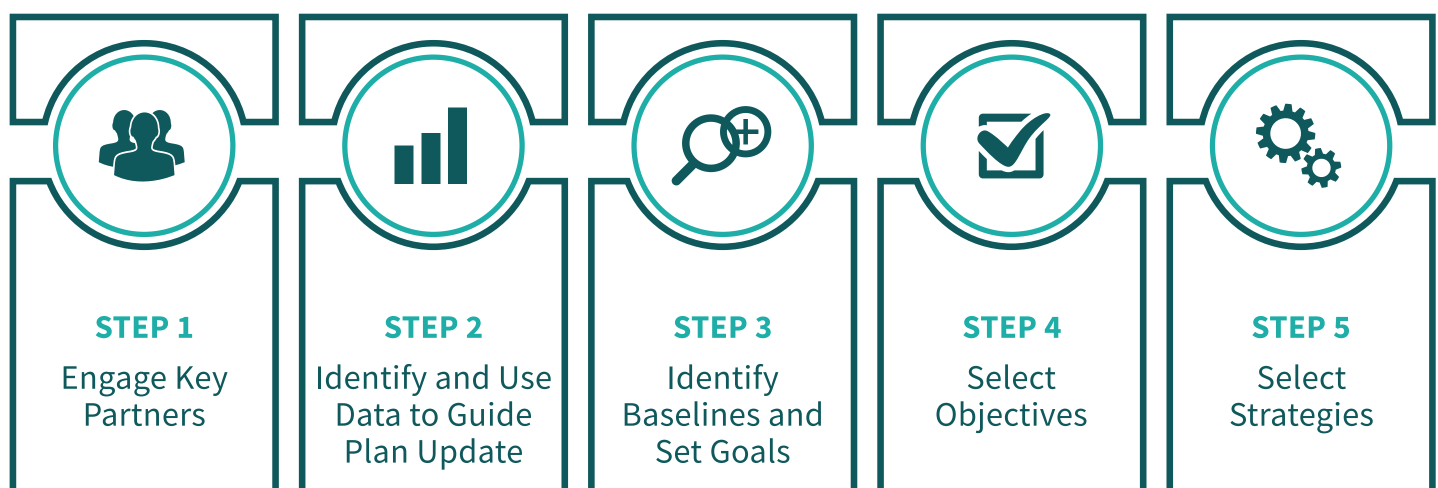
HPV Vaccination

There is no need to "re-invent the wheel" if an up-to-date immunization or specific human papillomavirus (HPV)-related plan exists for your jurisdiction. It is important to note that the Centers for Disease Control and Prevention (CDC) supports vaccination and HPV vaccination efforts in each state across the nation. To have a collaborative and coordinated effort for HPV, check with your state program and inquire about their immunization or HPV plan, objectives, and strategies. Work with your immunization partners to identify how the CCC plan can complement, add value, and leverage the cancer community to increase HPV vaccination.

Why Increasing HPV Vaccination Is an Important Part of Your CCC Plan

- HPV can cause cancer of the **cervix**, **oropharynx** (back of the throat, including the base of the tongue and tonsils), **vulva, vagina**, penis, and anus. **Each year, more than 35,000 men and women are diagnosed with a cancer caused by HPV in the US**.
- **Vaccines** protect against the types of HPV that cause most of these cancers. The vaccine used in the United States also protects against the HPV types that cause most genital warts. **It is estimated that HPV vaccination can prevent more than 90% of cancers caused by HPV, or about 33,000 cases annually in the US**.
- A solvable problem: HPV-related cancers can easily be prevented through vaccination. Tools to increase vaccination rates including data, educational materials, and implementation manuals are readily available (see resources on pages 6 & 8).
- Collaboration is working: several states have shown improvement in their HPV vaccination rates once individual organizations representing clinicians, health systems, state/local government, and cancer control organizations began strategically partnering and speaking with a unified voice to their partners.

HPV vaccination can prevent more than 90% of cancers caused by HPV when given at the recommended ages. CCC coalitions are uniquely positioned to work with immunization partners to encourage and enable HPV vaccination rate increases.



STEP 1

Engage Key Partners

Engage experts in HPV vaccination, organizations and agencies who have access to the data you need, and partners who will be critical to implementing your HPV-related strategies. Be sure to include representatives from your populations of focus. For a list of many of the partners working on HPV vaccination efforts in your state, please see the HPV Vaccination Contact Map **here**. Potential partners include:

- Academic researchers studying HPV Vaccination uptake, and those studying HPV vaccination related disparities
- **American Cancer Society (ACS)** and **ACS CAN**
- **Area Health Education Centers**
- Colleges/universities and their health centers
- Community members from your populations of focus
- Organizations who represent communities experiencing disparities in HPV vaccination
- Trusted community leaders with experience addressing health inequities in your community (e.g., people of color, people with disabilities, LGBTQ populations)
- Dentists/**dental associations**
- Health systems, insurers, Medicaid, etc.
- Immunization coalitions or HPV vaccination roundtables/coalitions
- Immunization programs
- **NCI-Designated Cancer Centers**
- Parents and guardians
- Pediatricians/**AAP state chapters**
- Pharmacists
- Primary care providers including Federally Qualified Health Centers
- Provider associations including **primary care associations**
- Schools, school nurses/**state affiliates**, school boards, parent-teacher organizations/ associations
- **Vaccines for Children (VFC) State/Territory Programs**

STEP 2

Identify and Use Data to Guide Plan Update

Vaccination and/or HPV coalitions and programs will likely have gathered and analyzed HPV-related data. Look for data that:

- Identify populations that have lower HPV vaccination rates and where HPV-related cancers are more prevalent. It is helpful to examine this by age, sex, race/ethnicity, socio-economic status, geographic area, sexual orientation and gender identity. Currently, the most significant disparities seen around HPV vaccination are related to geography and in rural areas. You may also notice differences between rates of vaccination for boys and girls and initiation versus completion rates.
- Illustrate HPV vaccination rates, progress, and trends over time to identify specific areas for focus.
- Identify the availability and type of providers, existing policies, enforcement of policies, and HPV programs in different geographic areas and population groups.
- Lay a foundation to measure progress over the life of the plan (e.g., baselines and goals).

It is best to use data from your own state, tribe, territory, or jurisdiction. Your state immunization department may offer local- and/or county-level data which will greatly inform planning efforts. Approach your department of health partners initially and then check out national data. National data can help you set goals, by letting you compare your data with other locations and the nation.

There are multiple supporting data sources that provide national, state, and local data on HPV vaccination rates as well as a wealth of other evidenced-based strategy resources. Examples of these resources include:

- ACS **HPV Landscape Dashboard** – shows both HPV cancer incidence and vaccination rates and can be searched by state
- ACS **HPV roundtable website** and the **State Coalitions Guide section**
- ACS **HPV Vaccination Initiative Contact Map** – shows where national partners are engaging in HPV vaccination work and provides contact information for partners
- **ASTHO** – customizable state data infographics
- **CDC Data Visualization Tool for US Cancer Statistics**
- CDC **HPV and Cancer site**
- CDC **TeenVaxView** – TeenVaxView is designed to help you access survey data collected by CDC and translate data into action
- NCI **HPV Supplemental funding report**
- NCI **HPV Vaccination website**
- Journal article: **Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy. Alcaraz et al. 2020. CA A Cancer J Clin, 70: 31-46**.

In addition to information on HPV vaccination rates, it is also important to see what HPV-related policies exist in your state, tribe, or territory. Policy information can be found at: **National Conference of State Legislatures (NCSL) HPV Vaccine Policies website** or the **Immunization Action Coalition's HPV laws page**. In addition, your local ACS CAN contacts can provide information about HPV-related policy actions.

STEP 3

Identify Baselines and Set Goals

The questions in the worksheet at the end of this document can guide you through the data gathering, decision making, and priority setting processes. Think about the following as you work through the questions:

- What is the best way to show the alignment of the HPV-related baselines and goals in our CCC plan with those in existing vaccination and/or HPV plans?
- What data should we include? Take into consideration: partner input, local/national objectives for decreasing HPV-related cancers, HPV vaccination rates, specific populations, and health equity issues.
- To help you set goals, it may also be helpful to compare HPV vaccination rates to rates of Tdap and meningococcal vaccines in your state.
- Identify any priority areas based on data in specific populations.
- Consult **Healthy People** 2030 goals, your health department's chronic disease plan, and **Behavioral Risk Factor Surveillance System (BRFSS)** data to see what baselines and goals are already being used by your partners; remember to cite your data sources.

STEP 4

Select Objectives

It is helpful to show how your cancer plan goals contribute to national goals. Work with your HPV partners to select **primary objectives** that broadly address HPV vaccination efforts and identify one or two other **complementary health equity objectives** that support specific needs within your communities, including a special focus on subpopulations that experience HPV and/or HPV cancer-related disparities. These complementary objectives may focus on cancer-specific populations, networks, or services that do not appear in any existing vaccination/HPV plans.

You may want to consider including collaborative language in your CCC plan that illustrates your alignment with an existing vaccination plan. Example:

- This cancer plan's goal and its objectives align with the state's vaccination plan and is in full support of the state vaccination/HPV program and their HPV vaccination partners.

Healthy People 2030 Objective

Increase the proportion of adolescents who receive recommended doses of the human papillomavirus (HPV) vaccine

	2018 BASELINE	2030 GOAL
Percent of adolescents aged 13 through 15 years receiving recommended doses of the HPV vaccine	48%	80%

Note: The American Cancer Society recommends adolescents receive the recommended doses of the HPV vaccine by the age of 13.

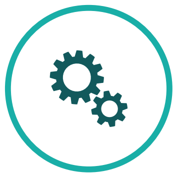
Examples of primary objectives:

- By 2025, increase the percentage of teens ages 13–17 who are fully vaccinated to 50% (from baseline of 34%). (The NIS-TEEN dataset, a National Immunization Survey of 13–17-year-old teens)
- By 2025, increase the percentage of health systems with a 60% or higher HPV vaccine initiation rate from 48% to 75%. (State Immunization Information System)

Examples of complementary health equity objectives and objectives that address social determinants affecting health:

- By 2025, increase HPV vaccination completion rates for boys and girls ages 13-17 in rural counties from 64% to 75%. (NIS-Teen dataset)
- By 2025, increase the number of collaborative projects implemented with partners from different sectors (e.g., education, housing, health care, community development, or transportation) to expand proven interventions that address social determinants of health.
- By 2025, establish commitments from three organizations to offer HPV vaccination in a trusted setting identified by our population of focus.
- By 2025, establish commitments from 10 primary care clinics and/or Federally Qualified Health Centers in our state to modify clinic hours to offer evening vaccination options.

Note that it is recommended to include objectives related to on-time vaccination, or vaccination before age 13. If you and your partners can stratify data according to this age range, it is more impactful to focus on ages 9-12 rather than ages 13-17.



STEP 5

Select Strategies

When choosing strategies, consult with HPV vaccination coalitions and plans that already exist in your state, tribe, or territory. These established partnerships have typically already identified specific strategies that can help achieve shared priority objectives related to increasing HPV vaccination rates. Work with them to identify which strategies the cancer control plan should include that will be a "value-add" or force-multiplier to existing HPV vaccination efforts. Be intentional about tailoring your chosen strategies to reach both the general population AND your population of focus.

Think about cancer-related networks, programs, and services you can leverage, enhance, or expand; available resources; the need to track outcomes of implementing the strategy, and the impact the strategy will have on achieving the goals and objectives for all partnerships and plans. Examples include women's cancer screening programs, school-based vaccination programs, provider networks and associations, and parent-teacher organizations.

A resource that shows potential roles for how partners can be involved in your HPV vaccination efforts can be found **here**. Also, check out the **Stakeholder Section** of this HPV Roundtable resource.

Some CCC plans have collaborative strategies in the prevention section of their plan. Examples include:

- Support the training of healthcare providers on the evidence-based "announcement approach."
- In concert with the HPV vaccination coalition, develop a program that utilizes immunization registry data to provide reporting to providers or health systems, including their HPV vaccination initiation and completion rates compared to that of their peers and the plan's goal.
- Support the use of reminder systems in provider offices to increase HPV vaccination completion rates.
- Educate partners on financial resources available for uninsured and underinsured populations for the HPV vaccine, including the VFC program.

Additional HPV Vaccination Resources

- ACS: **HPV Initiatives**; **National HPV Roundtable Resources**; and **Resource Guide for State HPV Coalitions**
- CDC: **HPV Resources**; **Partner Toolkit**
- **NCI's HPV Supplemental Funding Report**

Worksheet: Questions to Ask and Answer

Use this worksheet to help you and your cancer control and immunization partners to identify gaps, opportunities, and challenges that should be reflected in your cancer plan objectives and strategies. Record your answers and use the information to help inform your selection of objectives and strategies for your updated plan.

1. What existing immunization and/or HPV coalitions/partners and programs are in our state?

   - Are they part of our coalition – and these discussions – to update the CCC plan?

   - If not, how can we involve them in our CCC plan update process?

2. Are there existing immunization and/or HPV plans for our state?

   - If yes, how do we want to use and reference existing plans in our CCC plan? Note: How you answer this question will affect how much you need to analyze data and identify objectives and strategies. It is strongly suggested not to “re-invent the wheel” if an up-to-date immunization/HPV plan already exists for your state.

3. Based on the data, are there any value-added objectives that should be included in the CCC plan that are or are not in current HPV plans?

    - If so, what primary objectives do we want to set given our analysis of this data?

4. What specific populations or communities have lagging HPV rates? Do we know why?

    - How can we engage populations experiencing disparities (or populations of focus) to identify solutions?
    - Are there any value-added secondary objectives not in an HPV plan that we want to identify given our analysis of this data?

5. What conditions in our environment (in which we are born, live, learn, work, play, worship, and age) are affecting our communities' health?

- Are people most affected engaged in planning the solutions?

- What objectives and strategies should we include to address these “upstream” social determinants of health?

6. How can the CCC plan complement, add value, and leverage the cancer voice for existing HPV efforts?

7. What existing cancer-related services, networks, or programs could we leverage to help achieve our HPV objectives?

   - What strategies should we select given the answers to the this question?

8. What HPV vaccination policies or systems changes do we want to advocate for or promote?

- What strategies we should select given the answers to this question?

9. What other partners can we engage to help implement policy and system changes to support increasing HPV rates over time? Do we have existing connections with them? How can we engage these partners? Can we identify a champion within these partners? Why will they want to be involved? What is the "value add" for them?

    - Are the populations of focus engaged in planning and implementing these changes?

    - What strategies should we select given the answers to these questions?

10. What gets measured is what gets done: How can we best track our efforts in HPV? How do we know we are making progress along the way?

    - Are there strategies we should select related to the answers to these questions?

11. What results do we share with policymakers and how do we communicate them, along with a “one voice” explanation of the best strategies to increase HPV efforts?

    - Are there strategies we should select related to the answers to this question?

12. How will the strategies we selected elevate health outcomes for those who have historically experienced health outcome disparities (or populations of focus)?