# Recording



Wednesday, October 25, 2023 12-1:15pm PST

# HPV Vaccinations: A Community Health Worker's Role ECHO Series

Session 7
Implementation Science:
Community Health Workers as HPV
Vaccination Champions









# **ECHO Disclosures**



Each ECHO session will be recorded and will be posted to a publicly-facing website



You will be muted with your video turned off when you join the call. Use the buttons in the *black* menu bar to unmute your line and to turn on your video. If you do not wish to have your image recorded, please turn OFF the video option.



Today's materials will be made available on the ACS ECHO website



Please type your full name, the full name of your organization, and e-mail in the chat box



This ECHO session takes place on the Zoom platform. To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal health information (PHI) about any patient. This includes but not limited to patient name, date of birth, address, occupation, name of friends/family, and any other identifiable features (including scars, tattoos, hair/eye color)



This ECHO is made possible through funding from Merck, for the purpose of Mission: HPV Cancer Free Quality Improvement Initiative.



Need assistance with Zoom? Please directly chat Allison, Alyssa, Ashley, Jenny, or Troy for assistance

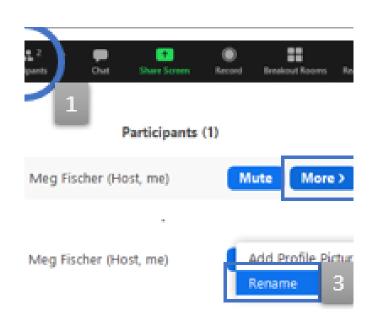








# Zoom Essentials

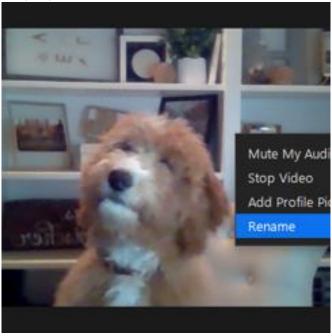


# Option 1: Edit your name <

Open the Participants box, hover over your name and select More. Select Rename from the options list and update your name to include your first and last name for attendance purposes.

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# Microphone & Camera

If you move your mouse around on your screen you should see two options appear in the bottom left corner: Mute and Video. By clicking on the microphone, you can mute and unmute your audio. By clicking on start video or stop video you can turn your camera on and off.

# Disclosure Policy

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The following presenter has/have disclosed the following relationship with an ineligible entity:

- Ashley Lach, MHA, CPHQ
  - Grant/Research Support: Merck
- Allison Rosen, MS
  - Consultant: Bayer Oncology

All other presenters, planners, or anyone in a position to control the content of this continuing medical education activity have indicated that neither they nor their spouse/legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity.



In your small groups, please share the following:

- Name
- Organization
- One action you're going to take following participation in this series.

**Introductions** 



**Breakout check-in**: what is one action you're going to take because of participating in this ECHO series?



Group Photo Time: Halloween Theme!

# Today's Agenda

- Housekeeping & Introductions
  7 minutes
- 2 Agenda & Session Overview 2 minutes
- 3 **Didactic Presentation** 20 minutes
- 4 DidacticQ&A
  5 minutes

- Case Presentation: Denise Davidson
  15 minutes
- 6 Survey Game 20 minutes
- 7 Closing remarks, Wrap-Up & Post-Session Survey Poll 3 minutes









# **Learning Objectives**

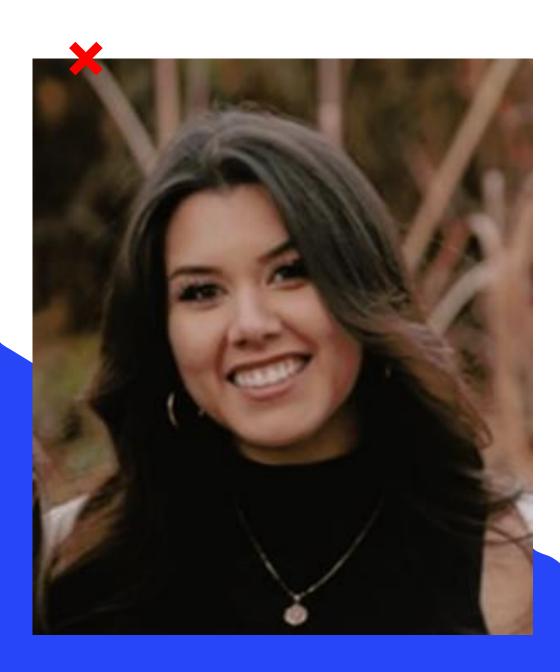








- Participants will be able to demonstrate ways CHW's can be HPV champions in their communities.
- Participants will review reliable HPV resources to use with parents and patients.



# Welcome To Liz Partida, CHW

For the last 3 years, Liz has been the Cancer Care and Prevention Coordinator at Community Health Alliance. She has been working with underserved communities within the Reno/Sparks area to achieve decreased cancer rates by providing timely and low-cost screening, patient navigation and cancer prevention vaccines. Liz has seven years of experience working in non-profit medical centers and working along providers to achieve better health outcomes.

Connect with Liz

# **REVIEW THE ROLE OF CHW'S**

- Provide culturally appropriate health education on topics related to chronic disease prevention, physical activity, and nutrition
- Advocate for underserved individuals or communities to receive services and resources to address health needs
- Collect data and relay information to stakeholders to inform programs and policies
- Provide informal counseling, health screenings, and referrals
- Build community capacity to address health issues
- Address social determinants of health







# **REVIEW THE ROLE OF CHW'S**

- Create connections between vulnerable populations and healthcare providers
- Help patients navigate healthcare and social service systems
- Manage care and care transitions for vulnerable populations
- Reduce social isolation among patients
- Determine eligibility and enroll individuals in health insurance plans
- Ensure cultural competence among healthcare providers serving vulnerable populations
- Educate healthcare providers and stakeholders about community health needs







"Implementation science is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services."



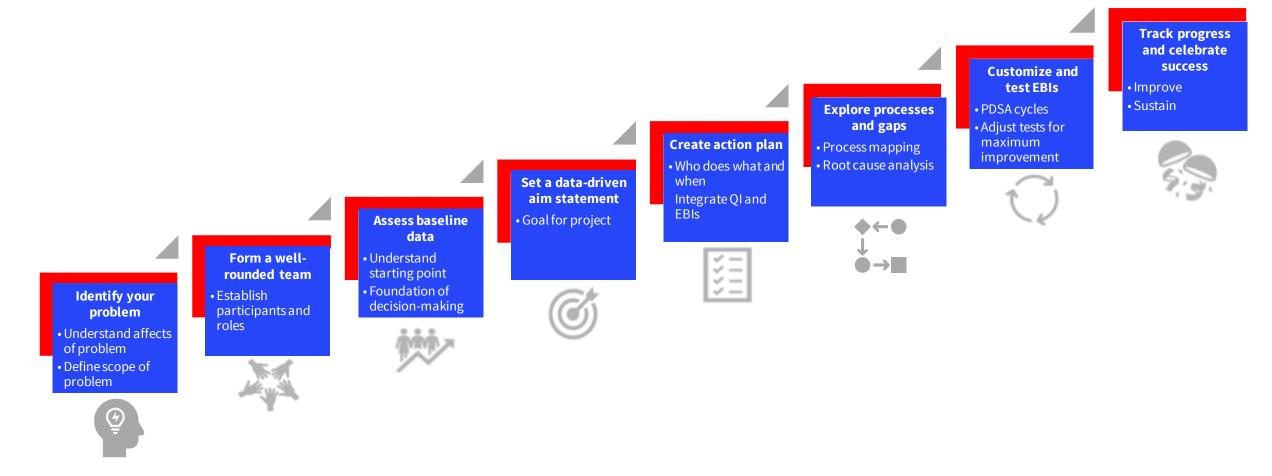
# BECOME AN HPV CHAMPION

# Quality Improvement

Quality improvement, as defined by the Centers for Medicare and Medicaid Services, is the framework used to systematically improve care.

Quality improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations.

# Project Components ACS Prevention and Screening Interventions





# **Start With Data**

- Review last 12-24 months of data
- Assess by geography, age, provider, if applicable
- Discuss systems and providerlevel data
- Consider vaccine registry interoperability



# Aim Statement: Where do we want to go?

Specific	Measurable	Achievable	Realistic	Timely	Inclusive	Equitable
S	M	A	R	T		E
What do you want to do?	How will you know when you've reached it?	Is it in your power to accomplish it?	Can you realistically achieve it?	When exactly do you want to accomplish it?	Is it inclusive of those most impacted?	Does it promote health equity?



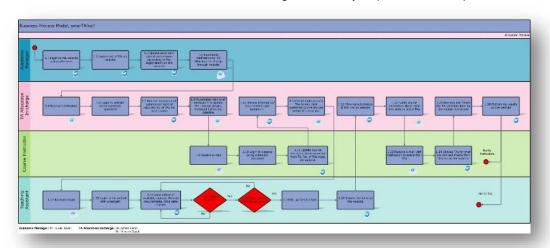
# What is process mapping?

A diagram that visually displays a series of events, activities, or steps that occur within a given process

You don't learn to process map, you process map to learn!

### **Diabetes Process Mapping**

- 1. Pt. calls to make appt (less than one month in advance)
- 2. Appt made with PCP if possible or other provider (not team based)
- 3. At appt, Clerk registers pt
- 4. Clerks ask if client is diabetic
- 5. Clerk adds labels and face sheet and puts in red outguide
- 6. Clerk places in box
- 7. Clerk notifies MA that pt arrived
- 8. MA retrieves outguide
- MA calls pt back
- 10. MA does vital signs
- 11. MA takes client to room
- 12. MA finishes checking client in exam room
- Asks for SMG (self management goal)
- MA retrieves encounter automatic diabetic report card
- Report card to pt (either by MA or provider)
- MA reviews encounter to check for DM preventive tests
- Foot exam and A1C but not eye exams
- Circle A1C if out of range or not in 1 year (sometimes done)





# **Cause & Effect**







HELPS TEAMS IDENTIFY
AREAS FOR
IMPROVEMENT.



CAN HAPPEN
INDEPENDENTLY OR BUILT
UPON BY ANOTHER TOOL



DATA/REPORTS  ⇒ Using web IZ  ⇒ Patient not established with CHA on reports  ⇒ EBO—incorrect numbers  ⇒ Backlogged with vaccine clinics	STAFF TRAINING  ⇒ MA training—code verification  ⇒ Pulling vaccines to eCW chart  ⇒ Understaffed  ⇒ Lack of eCW training  ⇒ Lack of WEBIZ training  ⇒ New staff	MOTHER NATURE  ⇒ WCSD not requiring HPV in vaccine forms  ⇒ Antivaxers		
<ul> <li>⇒ Lack of time</li> <li>⇒ Lack of education of staff and patients</li> <li>⇒ No follow up notification</li> <li>⇒ Starting at age 9</li> </ul>		<ul> <li>⇒ WEB IZ and ecw not merging</li> <li>⇒ Lack of access to vaccine information</li> <li>⇒ Lack of understanding</li> <li>⇒ CDSS does not notify vaccinations due</li> </ul>		
WORKFLOW		EMR		

# Evidence-based Interventions

Evidence-based interventions are approaches to prevention or treatment that are peer-reviewed, documented empirical evidence of effectiveness by research and evaluation.

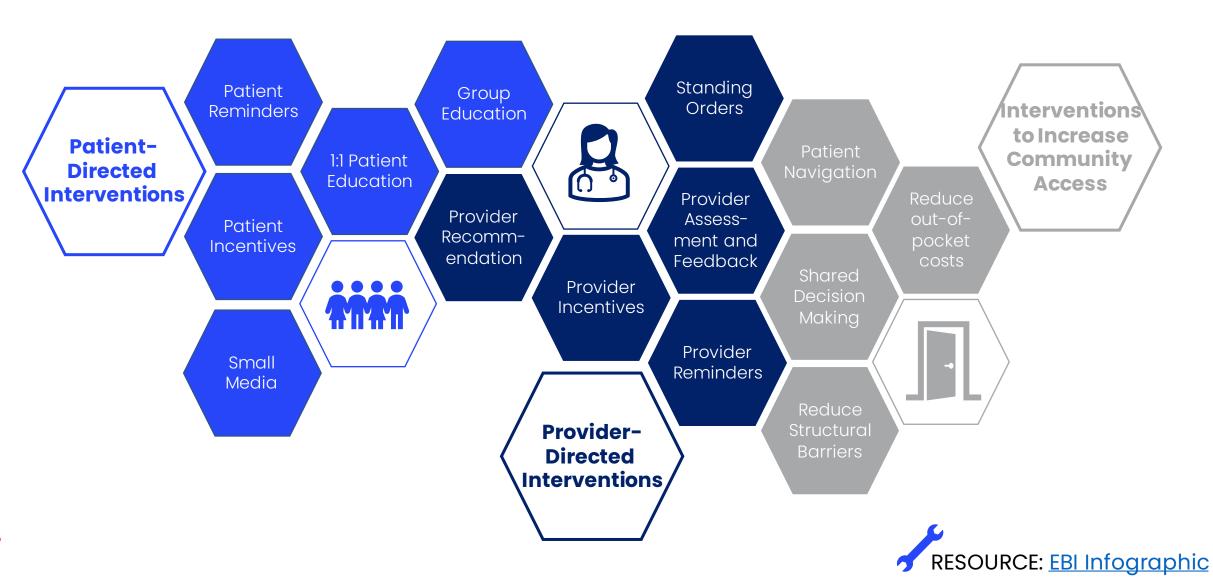
# QI & EBIs go hand in hand

Quality
improvement (QI)
is the process that
leads to
continuous
improvement of
healthcare
services.

Interventions
(EBIs) are
strategies that
can be effective at
increasing cancer
prevention efforts.



# Interventions are best when done in combination





# Community **Preventive** Task Force:

**Effective Vaccination** Interventions



### WHAT WORKS Vaccination

Evidence-Based Interventions for Your Community

### CPSTF FINDINGS ON VACCINATION

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to improve vaccination rates. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.





INTERVENTION	CPSTF FINDING					
ENHANCING ACCESS TO VACCINATION SERVICES						
Home visits to increase vaccination rates						
Reducing client out-of-pocket costs						
Vaccination programs in schools and organized child care centers						
Vaccination programs in WIC settings						
INCREASING COMMUNITY DEMAND FOR VACCINATION	IS					
Client-held paper immunization records	<b>\rightarrow</b>					
Client or family incentive rewards						
Client reminder and recall systems						
Clinic-based education when used alone	<b>\langle</b>					
Community-based interventions implemented in combination						
Community-wide education when used alone	<b>\langle</b>					
Monetary sanction policies	<b>\langle</b>					
Vaccination requirements for child care, school, and college attendance						
PROVIDER- OR SYSTEM-BASED INTERVENTIONS						
Health care system-based interventions implemented in combination						
Immunization information systems						
Provider assessment and feedback						
Provider education when used alone	<b>\langle</b>					
Provider reminders						
Standing orders						

The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for CPSTF.

# Plan, Do, Study, Act Cycles

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Refine the change based on what was learned from the test

Act

Plan the test including a plan for collecting data

Plan

Study

Set aside time to analyze the data and study the results

Do

Try out the test on a small scale





# Community Health Alliance

# Plan

 Increase HPV completion rates in all health centers by collaborating with pharmacy and providing no cost vaccines.

# Study

- Improve data tracking within EMR.
- Improve outreach timing
- Patient education needed

### Do

- Provide patient outreach post cards, social media reminders, radio ads on vaccine and vaccine clinics
- Collaborate with dental department on patient education
- Peminder magnets with sur

# Act

- Able to Improved HPV awareness
- Eliminated barrier of vaccine cost

# **CHA HPV Vaccination Data Results (2022)**

	Total eligible patients	Baseline initation rate	Initation patients	Baseline completion rate	Completion patients
9-10 year olds	2150	12.0%	267	1.0%	15
11-12 year olds	2164	66.0%	1426	28.0%	613
13 year olds	1345	80.0%	1082	56.0%	758
	5659				
	Total eligible patients	Mid-point initation rate	Initation patients	Mid-point completion rate	Completion patients
9-10 year olds	2154	12.1%	261	1.6%	34
11-12 year olds	2170	57.3%	1243	24.3%	527
13 year olds	1352	83.7%	1131	55.6%	752
	5676				
	Total eligiblbe patients	Final initation rate	Initation patients	Final completion rate	Completion patients
9-10 year olds	2116	11.8%	250	1.1%	24
11-12 year olds	2221	58.3%	1295	32.9%	731
13 year olds	1415	80.0%	1132	52.0%	736
	5752				

# KEY RESOURCES

# Cancer.org/hpv

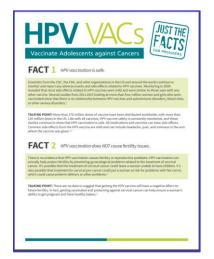






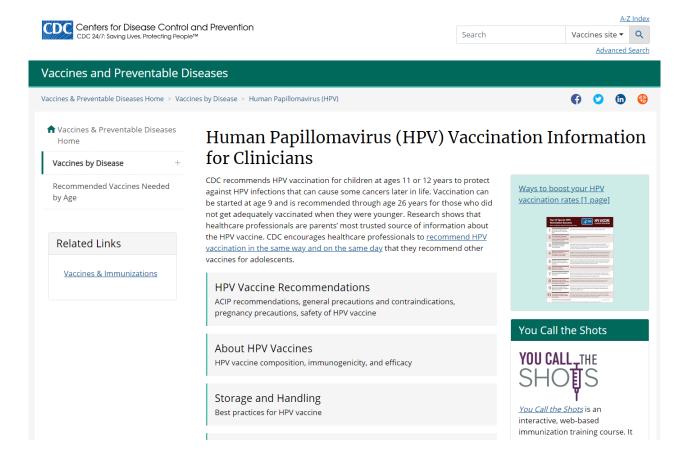


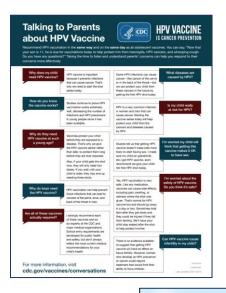




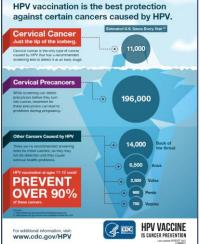
CHW ECHO Series Key Resources

# Centers for Disease Control and Prevention (CDC)











# HPV Roundtable Resource: Start at 9 Campaign



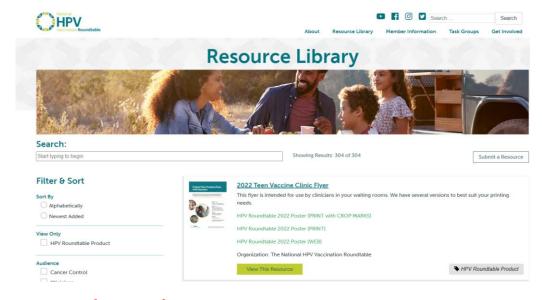
Age 9 Sell Sheet



CHW ECHO Series Key Resources

# National HPV Vaccination Roundtable

### **Resource Library**



### **Action Guides**

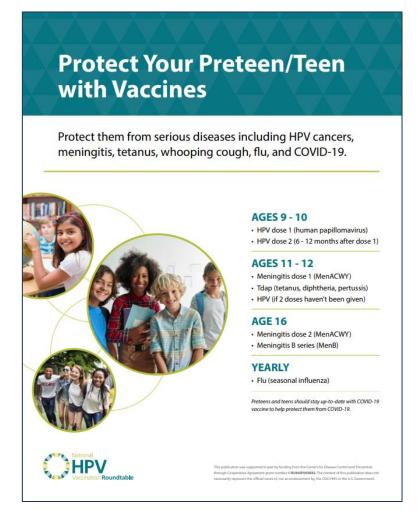








### **Clinic Posters**



# WHY WE NEED TO TAKE ACTION

# Potential Consequences:

COVID-19 recovery may take 3-10 years for HPV vaccination IF WE DON'T TAKE ACTION

# 8.4 million doses missed

DURING THE PANDEMIC

2020-Jan. 2023

### Bad news story:

For the first time in 10 years, HPV vaccination initiation did not increase among adolescents aged 13–17 years per NIS-Teen 2022 survey.

Between 2019-2021, only

38%

of NV adolescents were fully vaccinated by their 13<sup>th</sup> birthday.

"In contrast to vaccination coverage, the **burden of HPV-related mortality** in the U.S. far surpasses the mortality from tetanus, diphtheria, pertussis, and meningococcal disease combined."

Source: https://www.tandfonline.com/doi/pdf/10.1080/21645515.2022.2146434



### Post-Session Poll

Are you planning to use this materials in your work as a CHW?

Are you interested in becoming an HPV Quality Improvement champion?

# Didactic Q&A



**Denise Davidson**Community Health Worker
Community Health Alliance

# Session 7: Case Presentation #1









#### **Session 7 Case Study**

#### **Provided by: Denise Davidson**

Location: Community Health Alliance

Focus: Patient









#### **Patient Hx**

- Community Health Worker at FQHC
- Provide services to patients to help overcome barriers related to social determinants of health to create better health outcomes.
- Works in the medical mobile van to provide medical services including vaccinations to patients who request them.

#### **Key Elements**

- How can CHW's incorporate HPV vaccinations into conversations with parents?
- What tools do we need to access the right information?

#### Barriers/Challenges

- Lack of knowledge to do so
- Patients are experiencing extreme social determinants of health and need to overcome those barriers before focusing on their health.

#### **Session 7 Case Study**

Provided by: Denise Davidson

Community Health Alliance

Focus: Patient/Caregiver Case









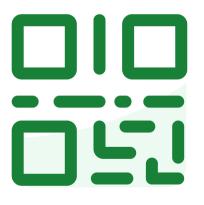
#### **Discussion & Questions:**

- How do you get started with talking about HPV vaccinations?
- How do you incorporate HPV vaccinations into your social determinants of health assessments with patients?
- Do other community health workers have access to the state immunization registry to verify patient/adolescent vaccinations?

#### **Barriers/Challenges** (reference)

Community Health Worker at FQHC who provides services to patients to help overcome barriers related to social determinants of health to create better health outcomes. Sometimes assists in the medical mobile van to provide medical services including vaccinations to patients who request them.





# Join at slido.com #CHW



# What is the role of Community Health Workers in HPV and cancer prevention?



# What are the 6 types of cancer linked to HPV?



# Which of the following is NOT a part of the Motivational Interviewing process?





Which of the following statements is TRUE?



The announcement/presumptive approach is the best way to first introduce the HPV vaccine to patients and parents.



Who is not at risk of contracting HPV?





# How can Community Health Workers help others overcome immunization barriers?



Which of the following is NOT a part of the cultural competency continuum?



Which vaccines are strongly recommended for every child's health between the ages 9 and 13?





# Which of the following is NOT a social determinant of health?



# Which of the following statements is FALSE?



Which of the following is NOT a type of parent you should interact with?





The HPV vaccine is .....



Which HPV-related cancer is the most common (highest # of cases) in the US?



# How many certified community health workers are there in Nevada?





In Nevada, CHW's can be reimbursed for services related to disease prevention or chronic disease management under the supervision of physician, physician's assistant, or advanced practice registered nurse.



If a child starts the HPV vaccination series at 9, how many doses do they need?



70% of parents who initially decline the vaccine eventually say yes.



# FINAL REMARKS



Materials and Resources will be made available within one week. All resources will be available on the ACS ECHO Website.



CME/CEU Information:

https://unrmed.formstack.com/forms/echo\_e valuation?date=10/25/23&title=HPV

(Code: 10536)



Questions: Contact Ashley Lach, HPV Program
Manager, Ashley.Lach@cancer.org OR Jenny
Escalera-Guerrero, Program Coordinator-Project
ECHO Nevada, jescaleraguerrero@med.unr.edu

