

# Welcome

Office for State, Tribal, Local and Territorial Support  
*presents . . .*

***CDC Vital Signs***

**Cervical Cancer Prevention: State Perspectives on  
Screening and HPV**

**November 12, 2014**

**2:00–3:00 pm (EST)**



# Agenda

<b>2:00 pm</b>	<b>Welcome &amp; Introductions</b>	<b>Steven L. Reynolds, MPH</b> Deputy Director, Office for State, Tribal, Local and Territorial Support, CDC
<b>2:04 pm</b>	<b>Presentations</b>	<b>Vicki Benard, PhD</b> Epidemiologist and Team Lead, Epidemiology and Applied Research Branch, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC  <b>Cheley Grigsby</b> Program Director, Alaska Breast and Cervical Health Check, Division of Public Health, Alaska Department of Health and Social Services  <b>Heather Hirsch</b> Program Coordinator, Comprehensive Cancer Control Program, Minnesota Department of Health and Minnesota Cancer Alliance
<b>2:30 pm</b>	<b>Q&amp;A and Discussion</b>	<b>Steven L. Reynolds, MPH</b>
<b>2:55 pm</b>	<b>Wrap-up</b>	
<b>3:00 pm</b>	<b>End of Call</b>	



**CDC**  
**Vital**signs™ Teleconference  
to support STLT efforts and build  
momentum around the monthly  
release of CDC *Vital Signs*



# Cervical Cancer Incidence, Mortality, and Screening— United States, 2007–2012

**Vicki Benard, PhD**

Team Lead, Epidemiology and Applied Research Branch  
Division of Cancer Prevention and Control

*Vital Signs* Town Hall Teleconference  
November 12, 2014

## Glossary of Terms

- ❑ **Human papillomavirus (HPV) vaccination helps prevent infection with the HPV types that cause most cervical cancers**
- ❑ **The Pap test screens for abnormal cells that, if left untreated, could cause cervical cancer**
- ❑ **HPV test screens for the HPV virus that causes these cell changes**

# Cervical Cancer Is Preventable— No woman should die of cervical cancer

- More than **4,000** women die of cervical cancer each year.
- As many as **93%** of cervical cancers could be prevented by screening and HPV vaccination.
- In 2012, **8 million** US women ages 21 to 65 have not been screened for cervical cancer in the last 5 years.



Vital Signs: Cervical Cancer Incidence, Mortality, and Screening — United States, 2007–2012

Source: <http://www.cdc.gov/vitalsigns/cervical-cancer/index.html>

## Cervical Cancer Natural History

- ❑ Most HPV infections clear spontaneously
- ❑ Persistent HPV infections cause precancers
- ❑ It can take decades for invasive cervical cancer to develop



Source: Saslow et al., *American Journal of Clinical Pathology*, 2012.

# Current vaccination and screening recommendations

## *Use HPV Vaccination*



### **Vaccinate both girls and boys ages 11 to 12 against HPV**

- Girls and boys have the best protection when they receive all doses as recommended before they are exposed to HPV.
- Girls ages 13-26 and boys ages 13-21 should get the vaccine if they have not received it already.

## *Screen Women for Cervical Cancer*



### **Only use Pap tests every 3 years for women ages 21-29**

- Doctors or nurses collect cells for the Pap test during an exam.
- The Pap test can find precancerous cells that may develop into cancer, if left untreated.



### **Choose 1 of 2 options for women ages 30-65**

Doctor and patient decide together which screening approach is preferred:

- 1) Pap testing every 3 years, or;
- 2) Pap testing plus HPV testing every 5 years. The HPV test can find the HPV virus by testing cells collected at the same time as a Pap test.

## Methods

- ❑ **Behavioral Risk Factor Surveillance System (BRFSS), 2012**
  - Percentage of women who had not been screened for cervical cancer in the past 5 years
- ❑ **United States Cancer Statistics, 2007–2011**
  - Cervical cancer incidence rates by state, Census region, and US overall
- ❑ **National Vital Statistics System, 2007–2011**
  - Cervical cancer death rates by state, Census region, and US overall

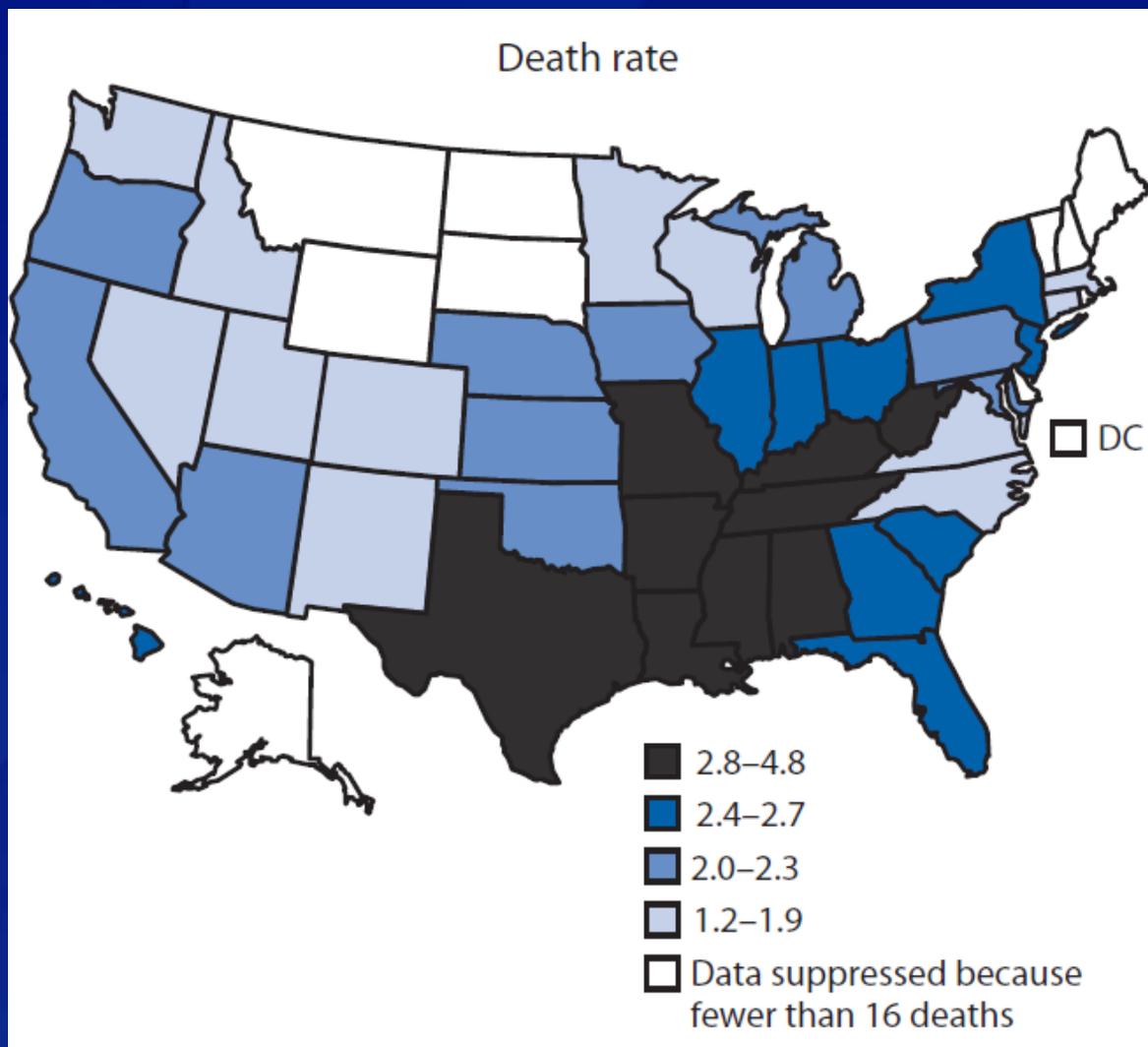
## **Percentage of women who had not been screened for cervical cancer in the past 5 years, BRFSS 2012**

- ❑ 11.4% (8 million) women aged 21–65 had not been screened for cervical cancer in the past 5 years**
- ❑ 23.1% of women not screened did not have health insurance**
- ❑ 25.5% of women not screened did not have a regular health care provider**
- ❑ The proportion of inadequately screened women is higher among older women and Asian/Pacific Islanders**

Source: MMWR, 2014;63.



# Cervical Cancer Death Rates—United States, 2011



# Screening, Incidence, and Death by State and Region

## ❑ Screening, 2012

- Range of not screened by state 6.9% to 18.7%
- South had the highest percent overall not screened (12.3%)

## ❑ Incidence Rates, 2007–2011

- 62,150 cervical cancer cases
- Overall 1.9% per year decrease in the United States
- South had the highest incidence rate (8.5 per 100,000)

## ❑ Death Rates, 2007–2011

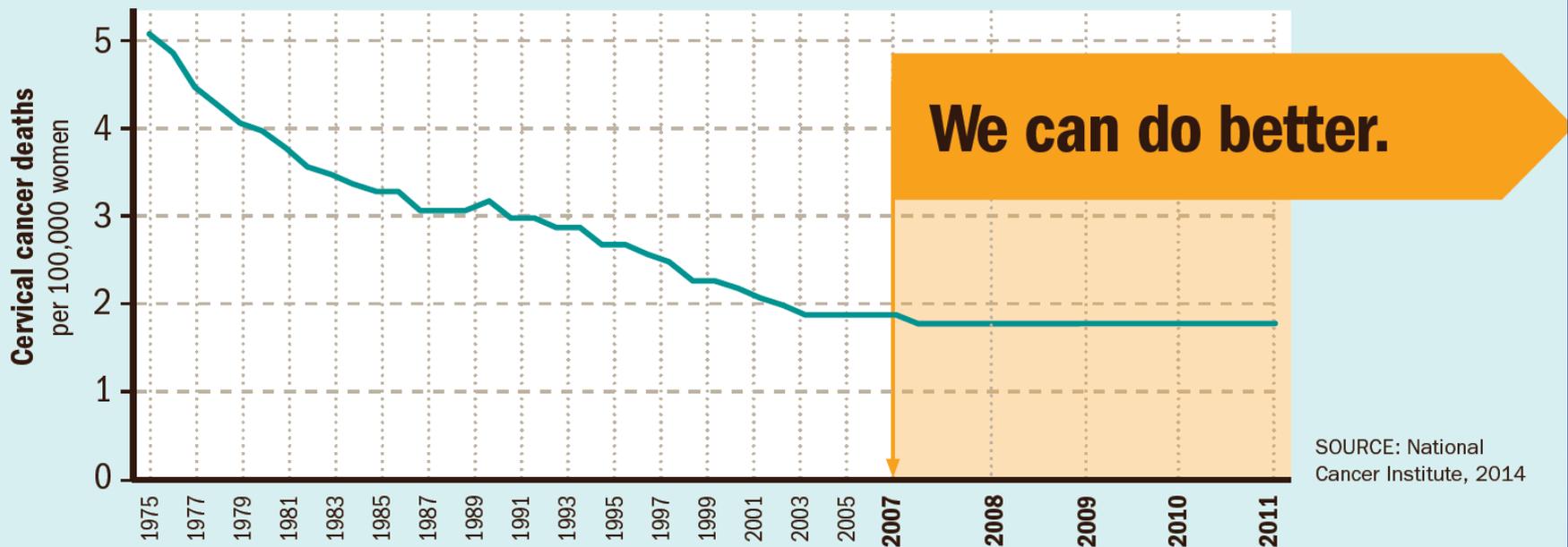
- 19,969 cervical cancer deaths
- Overall death rate did not change in the United States
- South had the highest death rate (2.7 per 100,000)

Source: <http://www.cdc.gov/vitalsigns/Cervical-Cancer/index.html>

# Cervical Cancer Deaths in the US, 1975–2011

- ❑ Widespread use of the Pap test, dramatic decreases in cancer deaths
- ❑ Deaths did not change from 2007–2011

**No woman should die of cervical cancer**  
Screening leads to fewer deaths



# What Can Be Done to Address Cervical Cancer?

State and local public health can

- ❑ Find women who need screening by working with state Medicaid programs, community health centers, and community-based groups.
- ❑ Help women get screened, get to their medical appointments, and get treated as needed.
- ❑ Promote reminder-recall systems for screening and HPV vaccination.
- ❑ Promote recommended screening options and HPV vaccines to the public.

# Thank You

[www.cdc.gov/cancer](http://www.cdc.gov/cancer)

For more information, contact:

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## Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: <http://www.cdc.gov>

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

# Partnering with Federally Qualified Health Centers to Increase Cervical Cancer Screening

**Cheley Grigsby**

Program Director

Breast and Cervical Health Check

Alaska Department of Health and Social Services

# Anchorage Neighborhood Health Center

## Why the project was started

- \* Anchorage Neighborhood Health Center (ANHC) built a new facility
- \* Hired a new Quality Integration Manager
- \* Identified low cervical cancer screening rate

# Baseline Data

Uniform Data System (UDS) showed 44% of eligible population receiving cervical cancer screening

# Barriers Identified

## Patient

- \* Time
- \* Cost
- \* Unaware of recommended screenings

## Clinician

- \* Patients don't schedule appoints for screening
- \* Not enough time to discuss cancer screening during other visits

# Resources to Support the Project

- \* ANHC applied for Health Resources and Services Administration (HRSA) funding
- \* Utilized existing outreach provided through Breast and Cervical Health Check (BCHC)
- \* Enrolled low-income women in BCHC to pay for services

# Project Design

- \* Three pods—each with a physician, nurse, and support staff
- \* Each pod was given specific information on screening rates for their patients
- \* Each pod was required to develop a reminder system to bring women in for screening
- \* Project period was one year

# Reminder Options

- \* Nurse calls patients
- \* Staff mails reminder letters
- \* Staff calls to remind patients and schedule appointments

# Systems Change

- \* All pods were instructed to check medical records of any patient who had an appointment scheduled
- \* If the woman was due for a Pap, the room was set up so the clinician could take the Pap while discussing other issues with the patient

# Outreach

The Young Women's Christian Association (YWCA) Encore organization was given a list of names and contact information for women who had not had a Pap in three or more years.

# Evaluation

- \* In one year, ANHC increased their cervical cancer screening rate to 56%. This was an increase of 12%.
- \* There was no significant difference between reminder systems.
- \* The response to outreach workers contacting patients to enroll them in BCHC and schedule a Pap generated complaints.

# One Year Later

- \* Cervical cancer screening rate remains at 50%.
- \* When asked what lessons were learned, the Quality Improvement Manager said the most successful part of the project was preparing the room and patients for the Pap test no matter why they came in.
- \* Without competition between staff, screening rates dropped.

# Contact Information

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[www.ANHC.org](http://www.ANHC.org)

minnesota is



minnesota is **the new california**

minnesota is **known for**

minnesota is **the best state**

minnesota is **going to show HPV the door**

**Heather Hirsch**

Program Coordinator

Comprehensive Cancer Control Program

Minnesota Department of Health

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Provider framing campaign

Minnesota Community Measure

Culturally appropriate educational materials

Athletic physical form

Adolescent reminder-recall

Provider videos

PPHF grant

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- Reminder-recall
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- Assessment & feedback



January 29, 2013

Dear Medical Director:

The Minnesota Cancer Alliance and the Minnesota Department of Health's Immunization Program have joined forces to promote human papillomavirus (HPV) vaccine, which is a safe and effective method of preventing cervical and other cancers. Vaccine ordering records from the Minnesota Vaccines for Children (MnVFC) program suggest that your clinic may be using HPV vaccine less frequently than other adolescent vaccines.

HPV vaccine provides a very high level of protection against virus strains 16 and 18, which are responsible for most of the cancer burden of HPV. Thus, HPV-related cancer is largely preventable, especially when the vaccine is given as recommended: to **both** girls and boys at 11 or 12 years of age, before they become sexually active. Yet, compared to other adolescent vaccines, uptake of HPV vaccine is low. Only about a third of adolescent girls in Minnesota have completed the recommended three-dose HPV vaccine series, and few boys have received all three doses.

Annual US Cancer Cases from HPV	Strains 16/18	Other
Females (cervix, vagina, vulva, anus, oropharynx)	14,720	2,890
Males (penis, anus, oropharynx)	7,080	1,000

The Alliance and the Immunization Program would like to ask that your clinic assess its policies and procedures related to HPV vaccination and consider some of these techniques for increasing HPV vaccine uptake:

- **Support and recommend HPV vaccine for your patients.** Provider recommendation is the strongest predictor of a patient's vaccination status. If you're concerned that HPV vaccination will be a sensitive subject, the best approach may be to emphasize that the vaccine works best at preventing cancer later in life if it is given at the recommended age. You could also stress that HPV is very common: at least half of adults will be infected with HPV at some point, and it is impossible to predict which infections will become cancerous. The enclosed patient education materials may be helpful.
- **Include HPV vaccine in your clinical routines**, such as by adding it to routine screening forms or placing an automatic reminder in your electronic health record (EHR) system.
- **Take advantage of every possible visit** to give HPV vaccine. Mild illness is not a contraindication.
- **Remind patients** when they are due for each dose of HPV vaccine. A listing of reminder programs is enclosed.
- **Track your rates.** Your EHR system may be able to calculate the proportion of adolescents in your practice who are up to date on HPV and other vaccines. Also, beginning in summer 2013, you will be able to run the new Minnesota Immunization Information Connection (MIIC) Adolescent Assessment Report to gauge these rates.

Your patients rely on your clinical judgment, just as we are relying on you to carry out this important cancer prevention measure. We thank you in advance for your efforts to prevent HPV-related cancers through vaccination.

Best regards,

Jennifer P. Lundblad, Ph.D., MBA  
Steering Committee Chair  
Minnesota Cancer Alliance

Kristen R. Ehresmann, RN, MPH  
Director, Division of Infectious Disease Epidemiology,  
Prevention, and Control  
Minnesota Department of Health

- Joint letter from Minnesota Cancer Alliance (MCA) and Minnesota Department of Health
- Sent to 253 clinics identified via Vaccines for Children Program (VFC) ordering records

Joint letters

Provider framing  
campaign

Minnesota Community  
Measure

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educational materials

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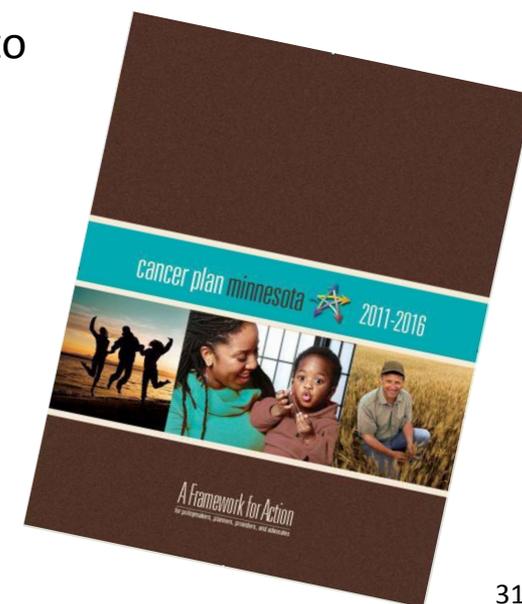
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## Minnesota Cancer Alliance Strategy

- Human papillomavirus (HPV) vaccine added to Cancer Plan 2011–2016
- HPV vaccine was added to the Policy Agenda (2011)
- HPV was identified as an MCA Steering Committee priority 2011/12
  
- The workgroup chartered by the steering committee is developing a work plan aimed at changing the message around HPV; moving away from HPV as an STD and framing the conversation around cancer prevention.
  
- Strategy includes recruiting physicians to
  - Write editorials in provider publications
  - Host provider education webinars
  - Conduct clinic visits



Joint letters

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## Prevent Cancer Foundation grant

- MCA received \$10,000 grant
- Project began in January 2014

**Partners:** American Indian Cancer Foundation, Fond du Lac Comprehensive Cancer Control Program, Minnesota Wisconsin Inter-tribal Cancer Council

## Purpose

- Develop and test culturally specific mailing and educational materials for HPV vaccinations to be used in Minnesota's American Indian (AI) populations
- Distribute the educational materials and reminder mailings, through clinics and AI serving organizations
- Working with Indian Health Services (IHS) to get data on HPV vaccination rates from tribal clinics

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- Old Minnesota State High School League physical assessment form

**IMMUNIZATIONS** [Consider Td or Tdap (age 12) ; MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis (IPV); influenza]  
 Up-to-date (see attached school documentation)  Not up-to-date / Specify \_\_\_\_\_  
**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

**Assessment:**  Cleared for sports without restriction  Restricted participation (see Clearance Form)  
**Plan:** *Immunizations:*  Up-to-Date  Immunize if needed (Required by age 12: DTaP series plus Td with Pertusis (Tdap), 4 Hib, 2 MMR, 3 HBV, 4 IPV, 2 varicella)  
 Consider Flu Shot (Asthma, winter athletes)

- New language (adds MCV4 and HPV)

**IMMUNIZATIONS** [Consider Tdap; meningococcal (MCV4); HPV (3 doses); MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis (IPV); influenza]  
 Up-to-date (see attached school documentation)  Not up-to-date / Specify \_\_\_\_\_  
**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

- Newer language (no distinction between recommended and required)

**IMMUNIZATIONS** [Tdap; meningococcal (MCV4, 1-2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual)]  
 Up-to-date (see attached school documentation)  Not up-to-date / Specify \_\_\_\_\_  
**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

**Assessment:**  Cleared for sports without restriction  Restricted participation (see Clearance Form)  
**Plan:** *Immunizations:*  Up-to-Date  Immunize as needed (Tdap, meningococcal, HPV, MMR, hep B, varicella, polio, influenza)

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## Reminder-recall project participants

- Suburban pediatric practice
- Greater Minnesota family practice
- Combined adolescent cohort of ~19,000

## Status

- Two rounds complete, a third near completion
- Challenges
  - Data quality
  - Clinic staff turnover
- Lessons so far
  - Patients respond enthusiastically
  - Clinics are willing to use the Immunization Information System (IIS) reminder-recall tools after demonstrations

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## Goals

- Increase providers' comfort in recommending HPV
- Suggest easy, realistic responses to common questions/hesitations
- Show, not tell
- Model CASE (Corroborate, About Me, Science, and Explain/Advise) method
- Use in the Prevention and Public Health Fund (PPHF) provider education project

## Status

- Shooting footage this week
- Considering editing strategies
- Panel of pediatrician and family physician reviewers

- Joint letters
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- PPHF grant**
  - Stakeholder engagement
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Joint letters

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- **Reminder-recall**
- **Public awareness**
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## Statewide reminders

- Parents of 11- and 12-year-olds (~123,000)
- Addresses from IIS with Westlaw updates

## Regional reminders

- To adolescents due for any dose of HPV
  - 2 more rounds to 11- and 12-year-olds
  - 3 rounds to 13- to 17-year-olds
  - Message is about full adolescent platform
- In 2 out of 7 IIS administration regions
- Addresses updated via Westlaw

Dear Parent,

At ages 11 or 12, preteens need three vaccines: a Tdap booster against tetanus, diphtheria, and pertussis (whooping cough); a dose of meningococcal vaccine; and three doses of human papillomavirus (HPV) vaccine. If you are concerned about the cost of shots, free or low cost immunizations are available. Talk to your doctor or clinic.

- Looking for immunization records? For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.
- Be ready for school next year. While all three vaccines are recommended for preteens, Tdap and meningococcal vaccinations will be required for all students entering seventh grade in the fall of 2014, unless an exemption applies.
- For more immunization, please call 800-657-3970 or 651-201-5503 or go to [www.health.state.mn.us/vax4teens](http://www.health.state.mn.us/vax4teens).

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Adapted from the Colorado Department of Public Health and Environment



- Joint letters
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## Learning Objectives

- List the vaccines to receive and how to receive them
- Confidently discuss adolescent immunization with parents
- Select appropriate adolescent immunization of your clinic

## Communicating About Vaccines

- Provider recommendation for acceptance
  - pediatric
  - HPV vaccine
- Be clear and consistent
- Recommendation

## Strategies for Better Rates

### Patient Outreach

- Reminder/recall notices
  - Send to patients/parents
  - Make sure MII is up to date
- Existing communication channels
  - Add immunization info to practice's web site, telephone hold recording, newsletter, Facebook page, etc.

### Immunization screening

- At every visit
- Pop-up EHR reminders can help

### Clinic Operations

- Standard work flows
  - Routinize screening and administration
  - Vaccination protocols can help
- Rate assessments
  - Track over time
- Reimbursement analysis
  - VFC available, but co-pays/deductibles do not make patients eligible
- All staff on board
  - Everyone with patient contact
  - Designate a vaccine champion



### Provider Education

- On-demand webcast, 5 lectures, 10 clinic visits
- Continuing Medical Education (CME) credit available

### Assessment & Feedback

- Quality improvement planning at clinic visits
- Webinar follow-up after adolescent AFIX (Assessment, Feedback, Incentives, and eXchange) visits

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# Contact

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Program Coordinator

MDH Comprehensive Cancer Control Program

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# Public Health Practice Stories from the Field

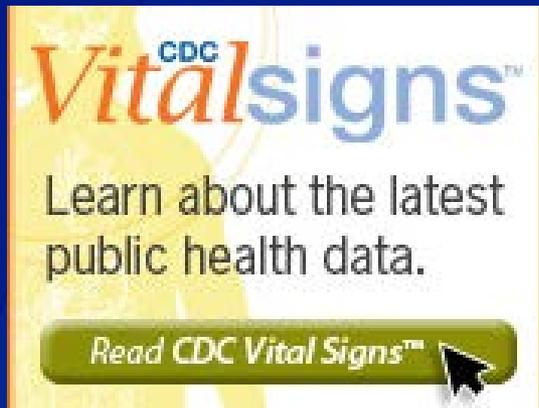
- Stories about the implementation of Public Health Practice Stories from the Field



[www.cdc.gov/stltpublichealth/phpracticestories](http://www.cdc.gov/stltpublichealth/phpracticestories)

**Provide feedback on this teleconference:**

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Please mark your calendars for the next  
***Vital Signs Town Hall Teleconference***

**December 2, 2014**

**2:00–3:00 pm (EST)**

**For more information, please contact Centers for Disease Control and Prevention.**

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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.

