

# SAN DIEGO COUNTY HPV VACCINATION CALL TO ACTION

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UC San Diego Health  
MOORES CANCER CENTER



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OUTREACH & ENGAGEMENT



BASED ON "HPV VACCINATION ENVIRONMENTAL SCAN, UC SAN DIEGO  
MOORES CANCER CENTER AND SAN DIEGO IMMUNIZATION PROGRAM,  
REPORT FOR THE NATIONAL CANCER INSTITUTE; 2021."

# CALL TO ACTION

## HPV VACCINATION IN SAN DIEGO COUNTY

San Diego County has a diverse and growing population of approximately 3.3 million people; 33.4% are Hispanic/Latino, 64.0% are non-Hispanic White (NHW), 12.7% are Asian/Pacific Islander, and 5.6% are African American. Imperial County has a largely rural population of 181,000, and is predominantly Hispanic (~83%). UC San Diego Moores Cancer Center was among the first NCI-designated cancer centers to join with the National Cancer Institute to call attention to low rates of human papilloma virus (HPV) vaccination.

In 2016-17, the Epidemiology and Immunization Services Branch of the County of San Diego Health and Human Services Agency (HHSA) conducted a random phone survey to assess the HPV vaccination rates among 609 adolescents, ages 13 to 17 years. Rates for the first dose and series completion of the HPV vaccine were 73% and 54%, respectively. In comparison, the coverage rate for the meningococcal conjugate vaccine MCV4 was 93% and Tdap 94%.

Among respondents that never received the HPV vaccine, the following top three responses were selected as the main reason why they haven't received the vaccine: "Concerned about side effects/bad reaction" (15.5%), "I don't think my child needs it" (14.3%), and "Didn't know my child needs it" (11.3%).

HPV vaccination rates in San Diego County are 73% for first dose and 54% for series completion.\*

## HOW TO USE THIS CALL TO ACTION

This document is a summary of HPV vaccination knowledge, awareness, and practices by health providers, pharmacists, and school/university providers in San Diego County to help stakeholders identify opportunities to increase HPV vaccinations.

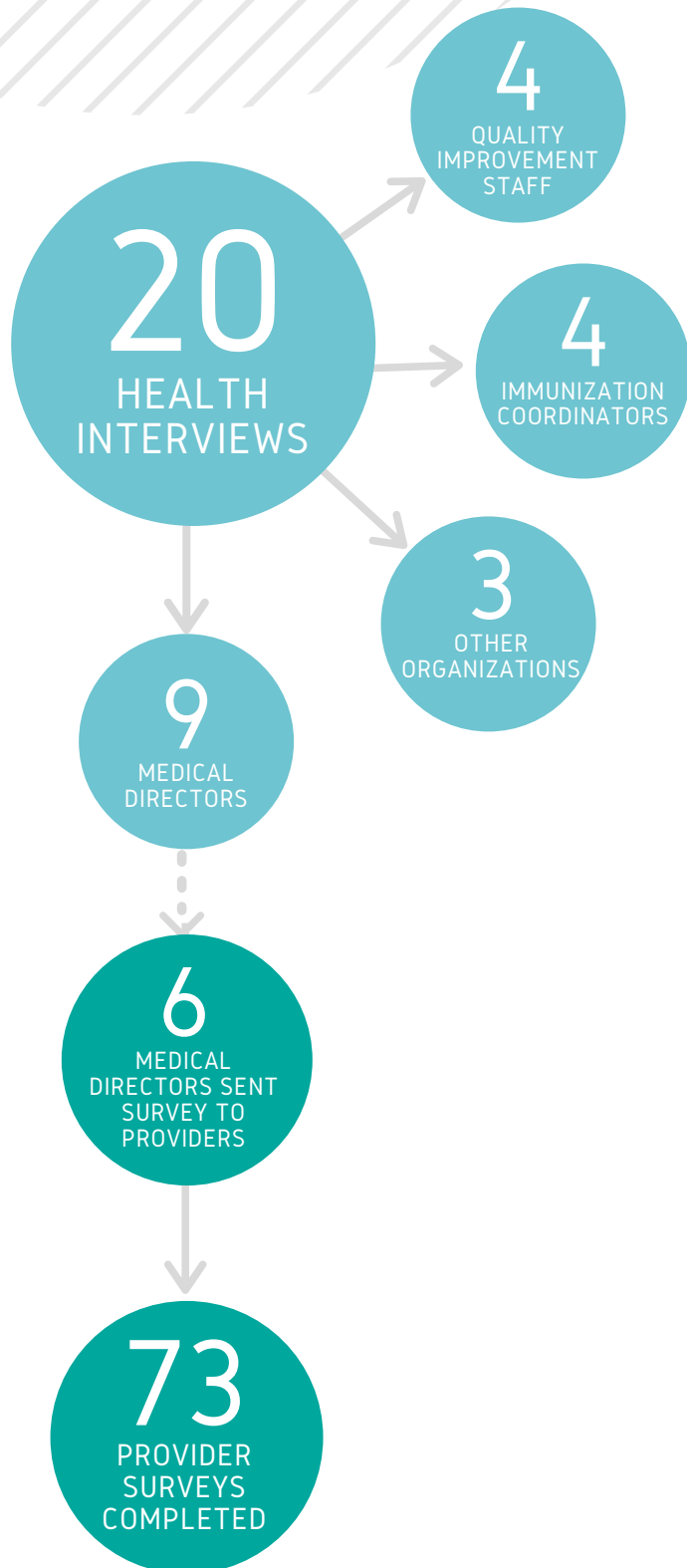
As you read, take note of how your organization promotes HPV vaccinations, and **where there may be opportunities for action** within your system.



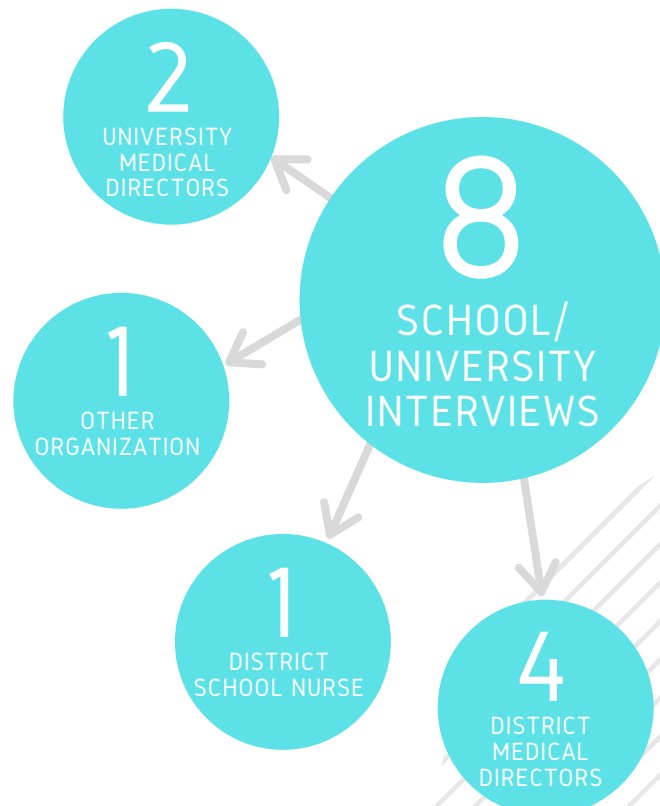
\*County of San Diego Health and Human Services Agency, Data & Statistics, "County Vaccination Coverage"

# METHODS

## BY THE NUMBERS



- 38 INTERVIEWS FROM HEALTH, PHARMACY, AND SCHOOL/UNIVERSITY SYSTEMS WERE CONDUCTED BETWEEN AUGUST 2019 - DECEMBER 2019.
- 73 PROVIDERS COMPLETED AN ONLINE SURVEY ABOUT HPV VACCINATION PRACTICES AND TRAINING.



# HEALTH SYSTEMS

## IMPRESSION OF THE HPV VACCINE

Health system directors, immunization coordinators, and quality improvement staff had some general knowledge about HPV vaccination rates, trends, and culture. The majority of respondents were broadly aware of the local, state, and national HPV rates. They also noticed a shift toward increased vaccination acceptance, but acknowledged there is still a need to address parent hesitancy. Respondents stated that HPV vaccination culture is subject to parent and patient attitudes, knowledge, as well as personal and religious beliefs.

## HOW PROVIDERS ARE RECOMMENDING THE HPV VACCINE

In most cases, clinicians consistently made routine, Advisory Committee of Immunization Practices (ACIP), HPV vaccination recommendations for all age-eligible patients and felt that most of their respective **providers were not hesitant to recommend the vaccine.**

Some health systems used electronic records (EHR), in some cases along with the San Diego Immunization Registry (SDIR), to track vaccine-eligible patients and provide prompts to alert which vaccines are needed. Some interviewees mentioned that they indicate in the patient's record if the HPV vaccine was recommended, given, or if the parent or patient declined.

HPV-related educational materials such as posters were also available in the practice, many of which were sourced from the San Diego Immunization Coalition, Merck, and the American Academy of Pediatrics (AAP).

Parent awareness of HPV vaccination has increased because of education from providers and health promotion campaigns. This education may have reduced parent concerns, like sexual debut and vaccine safety. Interest with HPV vaccination has also increased due to more attention on HPV-associated oropharyngeal cancers.

## DISCUSSING VACCINES WITH PATIENTS

HPV vaccine discussions varied among providers with older versus younger patients. With younger patients, the discussion usually involved the parents and the patient together. The discussion is usually **based on routine recommendation practices** and draws less attention to sexually transmitted infection (STI) prevention. In California, adolescents can self-consent after age 12, which can facilitate the uptake of the HPV vaccination. However, much variation exists on how providers apply this law. For example, interviewees cited that they would want parental consent if the patient was under the age of 18, or others would only discuss the law with patients above age 14.

## STAFF CAPACITY TO DISCUSS HPV VACCINATION

More than half of the respondents **framed HPV vaccine conversations around cancer prevention.** All immunization coordinators indicated that physicians and nurses respond to patient questions regarding HPV vaccination, though “unfortunately the provider is not always available.” One respondent shared that all clinic staff can and do address HPV vaccine concerns. However, staff have capacity limitations due to their comfort levels, skills to address “hostile encounters,” and not being “fully informed” to respond with correct information. One respondent stated that their organization incorporates training about “communication without confrontation.”

## CHALLENGES IN GIVING RECOMMENDATIONS

- Limited time to educate all parents and patients (especially vaccine-hesitant)
- Inability to provide vaccination during some sick visits (e.g. patients with fever)
- Patient adherence for doses 2 and 3
- General patient adherence for well visits
- Patient myths and misinformation about HPV vaccination side effects
- HPV vaccine is not a school requirement for 7th grade, unlike Tdap and meningococcal

**“I feel like our healthcare clinics have set up a system where it is standardized to recommend the HPV vaccine starting at age 11...”**

Quality  
Improvement Staff



"...there have been speakers at the department meetings, I think that has been very effective because the speakers we've had have been gynecological cancer providers and they provide a good insight into the disease process that we don't normally see as pediatricians vaccinating."

Medical Director

## PROVIDER TRAINING AND EDUCATION RESOURCES

The two most frequent trainings identified among all health system respondents were AAP's [HPV Vaccine is Cancer Prevention](#), followed by CDC's [You Are the Key to HPV Prevention](#) toolkits. Among those who had not heard of any of the HPV training resources, they were familiar with the national organizations that developed such materials and that an HPV-related resources may have been published. Even if HPV vaccination resources were familiar, most respondents **had not used these to educate clinical staff**. A particular barrier was a competing set of other required trainings within the organization. When asked about what resources were actually shared among providers, the most identified educational HPV vaccination resources for providers included CDC vaccine information statements (VIS), other information from the CDC, webinars and videos, and informational talks for clinicians and staff.

## DATA SYSTEMS AND REPORTING

- Health systems vary considerably in their use of EHR and the SDIR to maintain vaccine records
- Many health staff (nurses, MAs, coordinators) reconcile records to ensure both EHR and SDIR match - **often doing dual data entry**
- Some EHRs like eClinicalWorks and Epic are able to alert when patients are due for vaccine doses, while others do not have that capability
- San Diego Federally Qualified Health Centers (FQHCs) address interoperability via their connection to SDIR to identify eligible patients due for vaccinations
- FQHCs often use HEDIS (Healthcare Effectiveness Data and Information Set) to track quality improvement metrics; and often there are pay-for-performance requirements tied to those metrics
- Not all San Diego Health Systems are tracking HPV vaccination rates, with some reports being shared with staff and providers (monthly/quarterly) and others not shared at all



## QUALITY IMPROVEMENT BEST PRACTICES



Standing Orders



HEDIS Score Cards



Offer vaccine as early as nine



Nurse Appointments



Provider Recalls and Reminders



Provider Feedback and Assessment



Strong Recommendation by clinical staff



## Key Takeaways

- Key stakeholders in health systems have general, but not detailed, knowledge of local and HPV vaccine culture
- Majority of providers are making a strong, on time recommendation, with some offering as early as age 9
- Patients' and parents' vaccine hesitancy is the biggest barrier during patient visit
- A combination of EHRs and SDIR can prompt providers about patient eligibility for HPV vaccination and track missed opportunities
- Providers showed variation in using California's minor consent law to increase HPV vaccination
- If providers are unavailable, other staff in the clinic/practice will require training to adequately answer patient questions and deliver HPV information
- Interviewees generally agreed that HPV-related training materials were valuable to their organization and staff, with the biggest concern being the amount of time



## Opportunities for Action

### Best Practices & Policy

- Identify health systems with effective provider feedback approaches and disseminate information
- Review ACIP/CDC guidelines with clinicians and ensure they are following the recommendations;
- Facilitate HPV Vaccination-specific EHR prompts (particularly for well visits) and other interventions for 2nd/3rd dose return visits (mailers, text, calls)
- Enabling clinical team-based patient education
- Develop capacity to track and report HPV vaccination rate and stratify by dose
- Establish a recall system to notify patients of vaccines that are due
- Ensure HPV vaccination rates are shared among providers and their health teams

### Workflow & Procedures

- Ensure provider-to-provider education and best practices of conversation strategies that were effective during real patient encounter
- Assess systemic barriers to confidential visits and minor consent
- Assess (e.g., via surveys) the physician/nurses daily workload to estimate their general availability to appropriately address patient questions regarding HPV vaccination
- Review clinic workflows to find opportunities like standing orders, nurse visits, and reminding patients and providers
- Assist clinics in developing a way to triage HPV-related questions and identify staff who can respond to each level
- Identify and distribute protocols for documentation policy if vaccine was recommended, provided, or declined
- Encourage bi-directionality between EHR and SDIR to reduce time for data entry and errors

### Training & Resources

- Offer HPV vaccination training to all staff, especially around vaccine hesitancy and how to talk to parents
- Ensure provider-to-provider education and best practices of conversation strategies that were effective during real patient encounters

# Let's hear it...

Certainly I think the biggest benefit to me is knowing that I'm helping in a very effective and cost-effective way prevent cancers down the line, so I feel very strongly about that when I go home at night. So that's probably the biggest benefit to a provider is that you're helping prevent serious illness.

[Medical Director]

During our 11-year-old well-child checks we, I think generally, as a group all strongly recommend this as a normal part of the vaccine series in addition to the Tdap and the Menactra vaccine and to not ask if the families are interested in it but to rephrase that as "This is recommendation of what your child is due for."

[Quality Improvement Staff]

*You know, a lot of our other vaccines, people want them, and like, "Oh, my God, yes, of course I want my flu shot," or, "Of course I want my Tdap... I don't want to get tetanus." But, this one's [HPV] a sales job for us, and a lot of cajoling of the parents."*

*[Medical Director]*

...emphasizing to parents and patients... "This is the first cancer prevention vaccine that we have," and [...] when parents realize that, it's actually really exciting, [...] our generation didn't have this vaccine, and we have women in our generation that die every year of cervical cancer, and they have the opportunity to help prevent that in their children. I think that's a really powerful message for our patients.

[Medical Director]

[On data entry] Obviously when it's a lot of different children, a lot of different vaccines, the increased possibility for mistakes to be made, and within the systems themselves, in the EMR and SDIR, having to choose the lot numbers, all those little minute details, having to update patient demographics, maybe if the patient doesn't even have an SDIR account, it really does become time consuming.

[Immunization Coordinator]

# PHARMACY

## IMPRESSION OF THE HPV VACCINE

In general, pharmacists who were interviewed were not familiar with HPV vaccination rates and trends. Many shared their understanding of parents being vaccine hesitant, and that the association of HPV being a sexually transmitted infection is a “touchy subject.”

## HOW PHARMACISTS ARE RECOMMENDING THE HPV VACCINE

In general, pharmacists place the **same importance on all vaccines, including HPV vaccination**. Pharmacists are trained to administer intramuscular injections, do so regularly, and are comfortable administering HPV vaccinations.

Pharmacists shared a few ways the HPV vaccination is promoted within their practice sites. Interviewees described a common approach was to mention HPV vaccination while an age-eligible patient was picking up medication or receiving a flu shot. Meanwhile, one pharmacist mentioned that although HPV vaccine is available, there is no specific program for any vaccines at the pharmacy, other than the HPV vaccine being available for those interested. HPV vaccination protocols in pharmacies varied and included pharmacists administering the HPV vaccine to patients with a prescription and with a physician protocol in place.

Some pharmacists also administered the HPV vaccine to patients in the new “extended age range” [27 to 45] in accordance with CDC/ACIP guidelines. When pharmacists were asked about their last HPV vaccine encounter, the typical patient receiving HPV vaccinations were insured females in their early 20s. Pharmacists were more likely to address HPV vaccinations when patients asked about the vaccine proactively.

**“I know very little about rates of vaccination. I understand as far as the culture that it is a touchy subject often with parents, because the age of administration is children who are younger. And because HPV itself is considered a sexually transmitted disease... parents [...] may feel that they may be promoting sexual activity by engaging in the conversation and administering the vaccine.”**

Pharmacist - APhA

## DATA SYSTEMS AND REPORTING

- All pharmacists interviewed indicated their pharmacy uses a pharmacy management system and vaccines are processed like any other prescription
- Alerts and prompts vary depending on the pharmacy management system
- Ability to generate a dose-specific report depends on the capacity of its pharmacy management system - some receive reports from headquarters, others do not have access to reports stratified by dose
- Pharmacy chains have some metrics to measure immunization performance, but the focus is typically not on HPV vaccine. Flu vaccination is the high priority for these pharmacies.
- Pharmacists had differing experiences with using SDIR to record HPV vaccinations, depending on their direct access to the tool. Most pharmacists have no knowledge of SDIR because their company transmits immunization data on the automatically to SDIR or to the California Immunization Registry (CAIR)
- Individual pharmacy access to SDIR has challenges because of firewalls with company computers, requiring one pharmacist to use their personal computer.

**“...We group all of our non-flu together and non-flu for us could be HPV, Hep-A, Hep-C, meningitis, shingles...”**

Pharmacy Manager

## HPV VACCINATION TRAINING FOR PHARMACISTS

Specific HPV vaccine training was incorporated into curricula at American Pharmacists Association (APhA) trainings, online trainings recommended by employers, trainings at company regional meetings, individualized trainings at the pharmacy, and continuing education pharmacists seek on their own.

When asked about **specific HPV-related training**, pharmacists were receptive to six training areas including:

- Basic HPV knowledge
- HPV vaccination guidelines
- California pharmacy HPV vaccination laws
- Promoting HPV vaccination
- Addressing patient concerns and questions
- Prompt-patient reminder protocol for follow up dose.

## HPV VACCINATION BARRIERS AND SOLUTIONS

Pharmacists shared some of the internal and external barriers, and possible solutions to increasing HPV vaccinations within the pharmacy.

### Systemic/Organizational Barriers

- Pharmacists cannot screen for missing vaccines in their pharmacy management system
- The company does not prioritize or promote HPV vaccination as high when compared to other vaccines (e.g. influenza)
- The company may focus more on profitable vaccines that have a higher rate of reimbursement
- The out of pocket expense for HPV vaccination is expensive
- Reimbursement rates for HPV vaccination from insurance plans may be lower than other vaccines

### Systemic/Organizational Solutions

- Alerts in Pharmacy Management System
- Promote HPV vaccination campaign as general health campaign, across all pharmacies
- Target certain locations or demographics
- Focus more on cancer prevention messaging
- Observe health awareness month topics
- Focus on HPV specifically rather than lumping it with other non-flu vaccines
- Explore how to increase the priority of high impact vaccination within organization (i.e., preventing 6 cancers)

### Pharmacy Staff Barriers

- Fear of offending parents
- Lack of skills in initiating conversation or engaging with patients/customers about HPV vaccination
- Limited ability to educate patients
- Limited time in the daily workflow to promote HPV vaccination
- Low knowledge of HPV vaccination dosing schedule
- Preference to wait for a patient/parent to ask for HPV vaccination

### Pharmacy Staff Solutions

- Educate/train pharmacists and pharmacy technicians about awareness and strategies to talk to patients
- Identify external partnerships
- Identify proactive promotions for HPV vaccinations in pharmacies

### Patient/Customer Barriers

- Predisposed vaccine hesitancy
- Lack of interest or initiative to ask for HPV vaccination
- Parents' misconceptions that HPV vaccination promotes early sexual debut

### Patient/Customer Solutions

- Social media campaign with the goal of saturation
- Patient and parent education and promotion of HPV vaccination in pharmacies

### Social Barriers

- Low social acceptance of vaccines
- Parents have misconceptions that HPV vaccination leads to sex
- Stigma of HPV and cancer
- Stigma of HPV and sex

### Social Solutions

- Develop more HPV vaccination promotions
- Hand out HPV vaccination brochures
- Convince public of protective factors
- Social media campaign
- Parent/Patient education





## Key Takeaways

- Key stakeholders in pharmacy systems have general, but not detailed, knowledge of local and national HPV vaccine rates
- Most pharmacists are aware that parents are hesitant to vaccinate
- Patients receiving the HPV vaccine in pharmacies are proactively asking for it
- Pharmacists use Pharmacy Management Systems to manage patient records, but many do not alert or track vaccine doses. Many transfer data to the immunization registry automatically (SDIR/CAIR)
- Pharmacies have metrics for influenza vaccination, but HPV vaccinations are often combined into "non-flu" and do not have metrics
- Pharmacists are often busy, lack information on HPV vaccinations, and do not feel equipped to answer parent/patient concerns
- Pharmacists feel that support from headquarters (e.g. trainings, media, metrics) would help increase HPV vaccinations



## Opportunities for Action

### Best Practices & Policy

- Facilitate the role of community pharmacists and their staff as educators and “champions” for HPV vaccination
- Assess and support partnerships among K-12 schools, universities, and pharmacy students (identify stakeholders)
- Encourage corporate/pharmacy leadership to prioritize HPV vaccinations
- Explore partnerships at the state and federal levels that increase HPV vaccination by advocating for direct pharmacy billing for administration of the HPV vaccine

### Workflow & Procedures

- Explore the role of pharmacy technicians in addressing patient/customer questions and offering HPV vaccination
- Take inventory of which pharmacies have remote transmission to CAIR vs SDIR and offer access to an immunization registry
- Suggest to pharmacy chains an “efficient” immunization tracking tool that can provide HPV and other vaccinations by dose
- Explore opportunities for pharmacists to educate/reinforce importance of HPV vaccination among patients

### Training & Resources

- Explore opportunities for pharmacists to educate on the importance of “catchup” HPV vaccination in adults over 18 years of age
- Attend company regional meetings to present and discuss HPV vaccination
- Review opportunities for HPV-specific vaccination training through the San Diego County Pharmacists Association; explore offering continuing education (CE) for pharmacists
- Train pharmacy staff on SDIR features



*Let's hear it...*

I recently did one for a female that came in, and I saw that she was in her early 20s, so I explained to her that we offer the HPV vaccine and it is recommended for females up to 45, and I explained to her the purpose of the vaccine and why it was important to have it, and offered if she would be interested in seeing if her insurance would pay for it, and she agreed.  
[Pharmacist]

... Our system will automatically remind our pharmacists, prompt them to either call the patient or remind them on their next refill that, "Hey, you're due for this [HPV] immunization, let's get it done today." [Pharmacy Manager]

...to have our [pharmacy] students go into classrooms in the schools if... we have a program that the school districts are in agreement with... [and] vetted programming that we could certainly have our students become a part of an outreach program... I think we just need to make sure that it's well-accepted by the educational community and the parent community. [Skaggs School of Pharmacy Faculty]

But expanding the age group [27-45 years old] has definitely been a plus and I think it will increase vaccination rates. [Pharmacist]

Our pharmacists have-- our regional meeting that we have every year, we had a 30 minute talk on HPV and the importance and we've had follow up memos and conference calls regarding the importance and, "Hey, what's working for you, what's not working?" that type of feedback just to make sure that the pharmacists are educated and understand the importance. [Pharmacy Manager]



# SCHOOLS & UNIVERSITIES

## IMPRESSION OF THE HPV VACCINE

When the eight school and university personnel were asked about their HPV vaccination impression, respondents agreed that anecdotally and statistically HPV vaccination numbers are increasing over the years, but the San Diego County community “still has a long way to go.”

The reasons for existing challenges include: parents’ belief that their children will initiate sex; original HPV vaccine marketing focused on girls, which resulted in lower interest for vaccination of boys; and that receiving the HPV vaccination is painful.

## HPV VACCINATION IN SCHOOLS & UNIVERSITIES

Generally, respondents indicated that facilitators to HPV vaccination included increased awareness of HPV, the link to cancer prevention, strong provider recommendation, and at the university level, the focus on marginalized communities like men who have sex with men (MSM), transgender, and bisexual individuals.

Not surprisingly, certain school-related respondents commented that HPV vaccination rates would increase if vaccination was mandatory for school admission. Another School District Medical Director’s comment best summarized the consensus that the K-12 schools’ communities are “...in general pro-immunization, but there are definitely pockets that are anti-immunization.” School staff, who provide sex education, have been able to incorporate HPV-related education, including HPV vaccinations.

**“I do know a lot of people support it, but I do know the vaccination rates [are] very low compared to other vaccines because it’s not mandatory for entering school”**

School District  
Medical Director

## SAN DIEGO COUNTY SCHOOL DISTRICTS (K-12)

Most school districts and schools in San Diego County do not have direct health services on campus: “In all of San Diego County there’s probably under eight, and we have 42 districts with hundreds of schools [School Medical Director].” The primary challenge is the lack of public funding, especially when budget cuts occur. Schools would have to rely on grants and other sources of funding. In addition, primary care providers usually lack the time to go to campus to provide such services. For the campuses that do have school-based clinics, “they operate primarily as satellites of community clinics.” Schools may also have agreements with nearby FQHCs or hospitals.

While there is little direct HPV vaccination activity in schools, most respondents felt that opportunities exist to educate students, not just about HPV-related disease and vaccination, but also on existing policies on consent and access. However, there is clear variation in whether school district curricula inform students about HPV vaccination consent (i.e., student/patient self-consent). Most respondents felt there is a continued challenge in involving parents with increasing HPV vaccination, especially if they are vaccine hesitant. In an abstinence-only school district, they acknowledged that focusing on HPV vaccination, as cancer prevention is the most palatable approach for their parents.

## HPV AND SCHOOL HEALTH CURRICULA

While HPV vaccination is typically included in school health education curricula, there are districts that either do not include education on sexually transmitted infection and/or do not emphasize HPV vaccination.

Respondents explained that school instructors might feel uncomfortable with the sensitive topics of HPV. When this occurred, schools would have to find substitutes, ranging from counselors to English teachers. In addition, a school’s cultural environment would create some challenges. For instance, the abstinence-only school interviewee reported that there would be no opportunities to discuss the HPV vaccine. Additionally, school staff may not have the capacity to add HPV vaccination education on top of other responsibilities and curricula because “there’s just little time within that school day to get everything done.”

## OPPORTUNITIES TO EDUCATE STUDENTS

- Campaigns to increase knowledge, including minor consent to receive HPV vaccination
- National observances that would highlight HPV awareness and link HPV vaccination to cancer prevention (e.g. Preteen Vaccine Week and Cervical Awareness Month)
- School health and counseling offices
- Health classes
- Health Professional Magnets that would include HPV vaccination information
- Student health clubs, afterschool groups, and sports teams (peer-to-peer)



## OPPORTUNITIES TO EDUCATE PARENTS



### Direct Parent Interaction

- Back-to-school nights and/or new student orientations
- Parent meetings before school during “morning coffee” or after school
- Parent nights
- Partnerships with community organizations that provide presentations to parents (e.g. Champions for Health, Rotary)
- School Principal meet-and-greets
- Parent-Teacher Association (PTA) meetings and conferences



### Partnering with School/Parent Allies

- PTA health representative
- Wellness councils (if the district receives USDA funding)



### Information Sources

- HPV literature in the nurse’s office and/or school health office
- HPV literature targeted to parents in the front office
- School bulletins
- School websites

## HPV VACCINATION & UNIVERSITY CAMPUSES

At the university level, HPV vaccination is recommended but not required for admission. International students were cited to have higher willingness to receive the HPV vaccine because it is covered by their insurance. Colleges and universities can support HPV vaccination by educating students and encourage peer-to-peer education. Universities can also establish a collaborative approach to discuss HPV vaccination that involves health educators and clinical staff including nurses and providers.

When asked about opportunities to educate students about HPV vaccination, suggestions included: via athletics, the Greek system, during new student orientation, through the residence hall system (e.g. resident assistant), and student peer educators/certified health educators, who can conduct outreach events and classroom presentations.

University Medical Directors shared that vaccine availability, general staff support, and university-wide support for a strong vaccine recommendation to students could be helpful in efforts to increase vaccine uptake. Conversely, HPV vaccination related barriers included out-of-pocket costs for students and anticipated injection-site pain.



## Key Takeaways

- Key stakeholders in the school system did not feel they had expert knowledge on HPV vaccination
- Facilitators to vaccination at schools include increased awareness in the community, strong provider recommendation, and link to cancer prevention
- SDIR is used by schools to track students who are not vaccinated
- Due to funding, most schools do not have direct health services on campus, unless there are FQHC school-based clinics
- While there is little HPV vaccination activity in schools, opportunities exist to educate students
- HPV vaccination is typically included in school health education curricula, but some districts either do not include education on sexually transmitted infection and/or do not emphasize HPV vaccination
- Due to competing responsibilities, school staff may not have the capacity to add HPV vaccination education
- Nurses can educate parents on the importance of getting all ACIP-recommended vaccines, rather than emphasizing state-mandated immunizations.
- Colleges and universities can support HPV vaccination by educating students and encourage peer-to-peer education
- Campus providers approach hesitant patients by focusing discussions and encouraging patients to make informed decisions about their health care



## Opportunities for Action

### Education Opportunities and Resources

- Educate school administrators on the importance of all recommended vaccines, with a focus on HPV vaccination
- Opportunity to explore approaches for alignment of school health curricula with minimum health education standards and how content is shaped by school district leadership
- Explore opportunities for education on HPV-related disease and vaccination as well as state policy on vaccine consent and access
- Target HPV vaccination advertisements to focus on increasing awareness among boys
- Provide schools with evidence-based, parent-oriented HPV/ HPV vaccination interventions and messaging (e.g. research which PTAs have a health council)
- Peer-to-Peer education model – students educating other students on HPV vaccination
- Implement train-the-trainer courses on discussing sex/HPV vaccination/cancer for school staff and administrators
- Provide webinars, trainings, in-service for university providers

### Community Partnerships

- Integrate school nurses into the local immunization community
- Explore ways to have providers come to school for HPV vaccinations
- San Diego Immunization Program to encourage more SDIR promotion to school districts, ensuring confidentiality
- Create more linkages between SDIR and the schools' information systems



Yes, a brief description of the vaccine in the STD prevention lessons in each sixth grade, eighth grade and high school, and then information on their right to consent to their own vaccine when they're 12 or older.  
[School Medical Director]

We are an abstinence school district, so I think that's going to be a hard sell. I think if we were to go that route, it would be HPV [vaccine] prevents different kinds of cancer, but we wouldn't say where it was, but, like I said, we've had two with throat cancer that was attributed to HPV. [School Medical Director]

No, our health curriculum for our fifth graders and seventh graders is mostly about reproduction, boys versus girls, hygiene, where babies come from, but it doesn't talk about the actual act or how to protect yourself. I think they do talk about condoms in the fifth grade, but it's fleeting.  
[School Medical Director]

HPV is not specifically called out, but it is in there, and every curriculum that I have seen has it written in there, but it's not a huge focus, unfortunately, and, you know, one thing that I haven't seen is tips for young people to broach this subject with their parents.  
[Manager Sexual Health]

I think they can have a tremendous impact in terms of educating students. I think there's a lot of peer education that happens on a college campus, and I think for this particular population, they tend to listen more to their peers. At least the undergrads. I think if they hear other people realize that's a good thing  
[University Medical Director]

# RESOURCES

## TOOLS AND RESOURCES

American Academy of Family Physicians

- [Immunizations and Vaccines](#)

American Academy of Pediatrics

- [HPV Vaccine is Cancer Prevention](#)

American Cancer Society

- [Cancer.org/hpv](#) and [cancer.org/vph](#) (Spanish)
- [Steps for Increasing HPV Vaccination in Practice](#)
- [National HPV Vaccination Roundtable Resource Library](#)
- [Clinical and Health Systems Action Guides](#)

American College of Obstetrics and Gynecology

- [HPV Vaccine Champion Toolkit](#)

Center for Disease Control and Prevention (CDC)

- [Provider Resources for Vaccine Conversations with Parents](#)
- [HPV Vaccine Schedule and Dosing](#)
- [HPV Vaccine Safety Fact Sheet](#)
- [HPV Vaccine for Preteens and Teens](#)
- [HPV Vaccine and Vacunas contra el VPH](#)

Champions for Health

- [Free Immunization Program](#)

GW Cancer Center

- [HPV Vaccine Social Media Toolkit](#)

County of San Diego, Health and Human Services Agency

- [Data & Statistics, "County Vaccination Coverage"](#)

San Diego Rotary Club

- [Community Service Committees: Don't Wait...Vaccinate](#)

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For a copy of "HPV Vaccination Environmental Scan: UC San Diego Moores Cancer Center and San Diego Immunization Program, Report for the National Cancer Institute; 2021", contact [kmoyano@health.ucsd.edu](mailto:kmoyano@health.ucsd.edu).

"San Diego is a very culturally-diverse place, so I think we need to look at that particular area and see how can we bridge that gap."

[Quality Improvement Staff]



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Corinne McDaniels-Davidson, PhD – San Diego State University Institute for Public Health

Martha Crowe – San Diego State University Institute for Public Health

Sally Rafie, PharmD, BCPS, APH, NCMP, FCCP – UC San Diego Health

Adrienne Lenhoff – San Diego Unified School District

Myriam Ivette Acosta, MS – UC San Diego Moores Cancer Center (2017-2018)