



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP160058

Project Title:
Postpartum administration of HPV vaccine: Strategies to increase initiation and series completion among low income women across Southeast Texas

Award Mechanism:
Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services

Principal Investigator:
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Entity:
The University of Texas Medical Branch at Galveston

Lay Summary:

NEED: Widespread vaccination against HPV could markedly reduce the incidence of cervical cancer in southeast Texas. However, vaccination rates in this area remain low, demonstrating a need for effective interventions. Recent data suggest that only 18 percent of eligible women who delivered an infant at UTMB's John Sealy Hospital (JSH) had received even 1 dose of the HPV vaccine. Thus, this population of women is less likely to have been vaccinated against HPV than women of similar age across Texas (of whom 27 percent have initiated the vaccine). The low rate of HPV vaccination among JSH's patients is especially troublesome for its large Hispanic population, as Hispanic women have almost twice the risk of cervical cancer as white women. Barriers to HPV vaccination among JSH patients include limited or no knowledge of the vaccine, limited access, and limited finances. Thus, an intervention promoting awareness, ease of access, and cost reduction is needed to increase the number of patients who initiate and complete the 3-dose HPV vaccine series.

OVERALL PROJECT STRATEGY: In 2012, we began a postpartum vaccination program for Galveston County women who delivered an infant at JSH. This innovative approach led to an initiation rate of over 80 percent among our target population of which the majority were economically disadvantaged. The initial project was limited to a single county. The expansion will allow us to offer HPV vaccinations to all postpartum women at JSH, thereby addressing the cancer-prevention needs of women from 37 additional counties. To achieve high vaccination rates, we will continue to use the highly successful multi-pronged approach of our initial project. To increase awareness, we will educate providers on the importance of administering the HPV vaccine. Patient navigators will distribute educational materials to patients and address questions on the postpartum ward. The first vaccine dose will be given in the hospital to those who consent. A new feature of the project will be the implementation of standing orders for postpartum HPV vaccination, which will facilitate vaccination and increase sustainability. We will also develop and distribute a quarterly newsletter with project updates as this was recently requested by our providers. Finally, we will add guidelines for prenatal clinic providers to counsel pregnant women on the need for postpartum HPV vaccination. We will identify and leverage available resources to reduce costs. Many patients will have Medicaid coverage for 8 weeks after delivery, which will pay for the first 1 or 2 doses. CPRIT funds will be

used to pay for doses not covered by Medicaid or other sources. To improve completion rates, we will coordinate subsequent injections with patients' postpartum visits or their infants' well-baby checkups. We will also use phone and text reminders to notify patients about their upcoming appointments and those who miss appointments will receive personalized calls from a patient navigator. In the final year, we will interview providers to determine how we could further improve the program.

SPECIFIC GOALS: Our goals are: 1) Increase the number of women on the postpartum ward who initiate, continue, or complete the HPV vaccine series. 2) Increase continuation and completion of the HPV vaccine in outpatient clinics. 3) Use patient navigators to facilitate HPV vaccination among women who deliver an infant at JSH. 4) Increase awareness among providers on the importance of counseling women about the HPV vaccine. 5) Assess providers' views of the project. We anticipate that we will counsel 2,726 postpartum women from 38 counties over 3 years. We estimate that 1,818 women will initiate the HPV vaccine and 303 partially vaccinated women will receive their second or third dose at the hospital, increasing the initiation rate in this population to 80 percent. By offering subsequent doses at preexisting healthcare visits and thoroughly tracking patients through the entire vaccine series, we anticipate that 1,755 (68 percent) will complete the series. We will reach 5,480 people (public/professional) and serve 29,210.

SIGNIFICANCE AND IMPACT: This project will have a long-term impact. Standing orders at JSH will ensure that providers continue to offer the HPV vaccine postpartum even after CPRIT funding ends. New guidelines at regional clinics will also help sustain this practice. Overall, this project has great potential to increase HPV vaccination rates and thus reduce the prevalence of HPV infections and cervical cancer in Texas. This expansion project is responsive to RFA P-16-CCE-2 because it will prevent cancer among an underserved population. Many people living in our target counties are low-income or come from minority backgrounds which puts them at a greater risk for HPV-related cancer incidence and mortality. Thus, our project will provide cancer prevention to a population and geographic area with great need for protection.