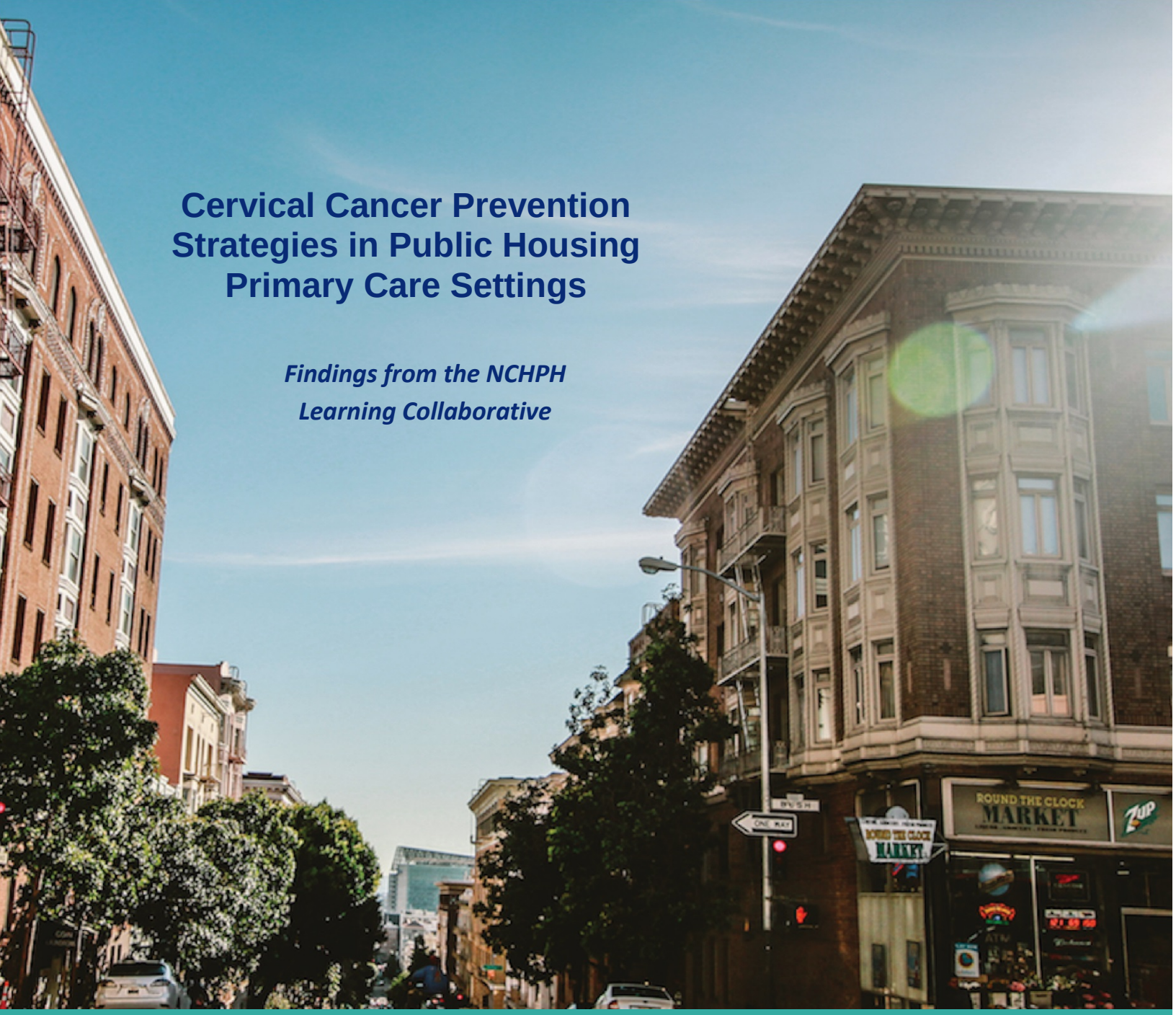

Cervical Cancer Prevention Strategies in Public Housing Primary Care Settings

Findings from the NCHPH Learning Collaborative

May 2018

National Center for Health in Public Housing

NCHPH
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Cervical cancer is the second most common cancer among women and one of the most preventable and treatable cancers worldwide. In 2014, approximately 12,578 women were diagnosed with cervical cancer in the U.S. and 4,115 women died from the disease[1].

Most cervical cancers are associated with human papillomavirus (HPV), a sexually transmitted infection. Approximately 43.5% of adults in the U.S. have some type of HPVinfection[2]. HPV can cause cervical, vulvar, and vaginal cancers in women and penile cancer in men.

There are currently three HPV vaccines that have been approved by the FDA for preventing cervical cancer and precancers. The Centers for Disease Control and Prevention (CDC) recommends[3] routine HPV vaccine for girls and boys ages 11 or 12, although some organizations recommend starting the vaccine as early as age 9 or 10. It is ideal for girls and boys to receive the vaccine before they have sexual contact and are exposed to HPV because once someone is infected with the virus, the vaccine might not be as effective or might not work at all.

CDC's Advisory Committee on Immunization Practices (ACIP) recommends[3]:

- **Routine vaccination at 11 or 12 years**
- **Vaccination for females age 13-26 or males age 13-21 not adequately vaccinated previously**
- **Vaccination through 26 years for gay, bisexual, and other men who have sex with men, transgender people, and immunocompromised persons not adequately vaccinated previously.**

Learning Collaborative

The National Center for Health in Public Housing (NCHPH) engaged in discussions with clinical directors from Public Housing Primary Care grantees and other Health Centers located in or immediately accessible to public housing to determine successful strategies

to promote cervical cancer prevention among their patient population. Discussion topics included:

- Barriers to HPV vaccination,
- Myths and misinformation about the HPV vaccine,
- Immunization coverage, and
- Vaccine financing

Learning Collaborative participants included:

- Rita Glaab, TCA Health Center, Inc., Chicago, IL
- Subama Mukherjee, South Boston Community Health Center, Boston, MA
- Joy Mockbee, El Rio Health Center, Tucson, AZ
- April House, San Ysidro Health Center, San Ysidro, CA
- Sonia Tucker, La Maestra Health Center, San Diego, CA

Below is a summary of the myths and challenges of cervical cancer prevention and strategies that health centers use to address them.

MYTH #1: Vaccination will encourage early sexuality.

STRATEGY: Research has shown that receiving the vaccine at a young age is not linked to an earlier start of sexual activity. Also, response to the vaccine is better at younger ages than it is at older ages. The medical director from TCA Health Center has found that using the phrase "cancer vaccine" has helped parents understand the value of the immunization in terms of disease prevention. Providing a personal story, such as, "I have given my son the vaccine," may make parents feel more comfortable if they know the provider thinks it is safe enough for their own children.

> **"PARENTS MAY FEEL MORE COMFORTABLE IF THEY KNOW THE PROVIDER THINKS VACCINATION IS SAFE ENOUGH FOR THEIR OWN CHILDREN."**
> TCA Health Center

MYTH #2: Vaccination is not necessary since it is not required by school.

STRATEGY: Many parents underestimate the importance of HPV vaccination. The Medical Director at TCA Health agrees that vaccination rates would improve if the HPV vaccine was a part of required school immunizations. Currently, the flu and pneumonia vaccine are also optional. Taking a public health point of view would be in the best health interest of the children. One strategy would be to have an "opt-in" option to ensure parental permission to get the HPV vaccination.

INCLUDE HPV VACCINATION AS PART OF REQUIRED SCHOOL IMMUNIZATIONS

HPV Vaccination Dosing Schedule	
Age <15 years	*Two-dose schedule (0, 6-12 months after first dose)*
Age 15-26 years	*Three-dose schedule (0,1-2, and 6 months)*
Immunocompromised Age 9-26	*Three-dose schedule*

Myth #3: Patients will not adhere to the vaccination dosing schedule

Strategy: There is a vaccine coordinator in each of La Maestra's clinical sites that provide appropriate follow up care and instructions. San Ysidro clinic communicates with other providers and hospitals via the EHR. The patient portal has the functionality to send messages and to check the portal for information. The clinic also provides telephonic outreach, text message, and population health reminders.

DEDICATE STAFF AND TECHNOLOGY TO PATIENT FOLLOW UP

La Maestra and San Ysidro

Primary Prevention: *Examples of increasing access to birth control methods and reproductive health education*

- There is a standing order at the pharmacies in Tucson, AZ to provide condoms without prescriptions.
- The El Rio Health Center holds an adolescent-run group for reproductive health education. The youth gather for pizza parties and health care providers give brief presentations followed by office visits, which can include HPV vaccination and pap smears. Clinical staff also offer text visits around reproductive health and a text information line that has a choice of topics and a recorded message available 24/7.
- San Ysidro has a teen clinic within walking distance of three local high schools that is especially designed for sexual health as well as regular medical visits.

There are many challenges that clinical staff need to address when recommending cervical cancer prevention strategies, such as vaccination and sex education. However, health centers are facing those challenges with written material, knowledgeable and dedicated staff, and the use of technology. With the implementation of policies that promote school-wide vaccination and reimbursement for those vaccinations through primary prevention resources, rates of cervical cancer could decline within this patient population.

References

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Disclaimer: The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for $608,000 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.