

OHSU Knight Community Partnership Program

Request for Proposals 2019-1

Community Action Model

Focus Areas

Focus Area 1: Maximize Access to HPV Vaccination

Goal 1: Ensuring that HPV vaccination is affordable and convenient to support optimal vaccine uptake.

Ensuring that HPV vaccination is affordable and convenient for all U.S. adolescents will support optimal vaccine uptake. Access barriers likely play a role in low and uneven HPV vaccine uptake in the United States. These barriers—and approaches for addressing them—may differ across geographic regions, populations, and clinical settings. National, regional, and local efforts are needed to understand and address existing and potential barriers to access. Two recommended strategies include:

- Maintaining coverage for HPV vaccination costs
- Utilizing alternative settings to expand access to HPV vaccination

Focus Area 2: Increase awareness of and acceptance for HPV vaccination

Goal 2: Delivery of clear, accurate information about HPV vaccination, its cancer prevention benefits to address misinformation and support optimal vaccine uptake.

More must be done to increase acceptance of the HPV vaccine. A 2015 survey found that about half of parents of unvaccinated teens did not intend to have their children vaccinated against HPV¹. No single reason predominated, but common reasons cited by parents included:

- Vaccination not needed
- Vaccination not recommended by healthcare provider
- Lack of knowledge about the vaccine or diseases caused by HPV
- Concerns about safety and side effects
- Son or daughter not sexually active

The Panel Chair encourages trusted organizations to continue to develop and deploy evidence-based communication campaigns to increase acceptance of HPV vaccination.

¹ <https://prescancerpanel.cancer.gov/report/hpvupdate/Goal2.html#ref3>

Steps and Timeline

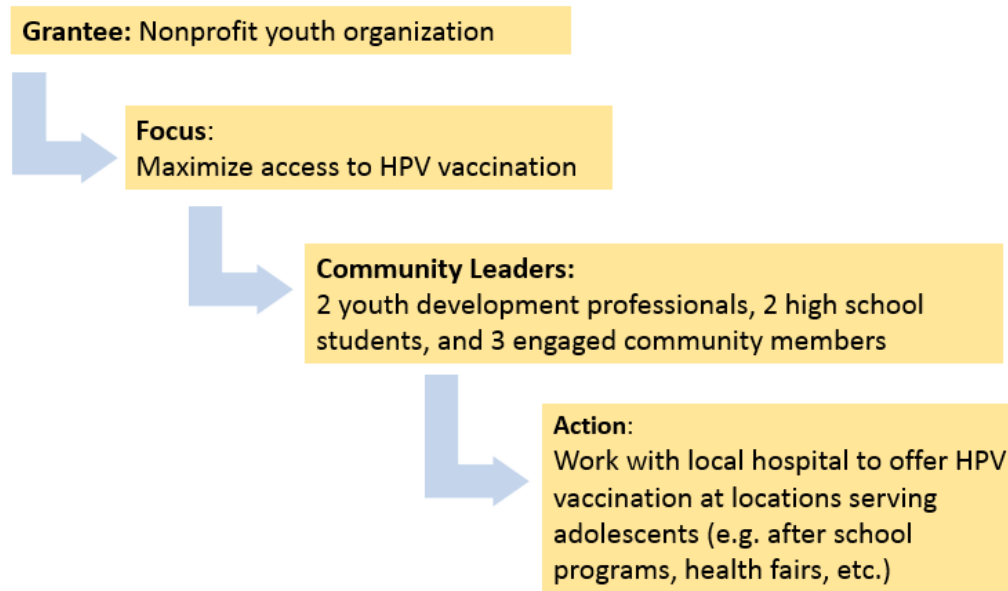


Five step process that builds cancer research capacity of communities

- 1. Recruit and Train**
- 2. “Diagnose”**
- 3. Analyze**
- 4. Act/Implement**
- 5. Maintain**

CAM Examples

Focus area 1: Maximize access to HPV vaccination



Step 1 – Train (months 1-6)

Grantee: Nonprofit youth organization

Action items:

- ✓ Project Coordinator identified
- ✓ 7 Community Leaders recruited
 - 2 youth development professionals
 - 2 high school students
 - 3 engaged community members
- ✓ Project Coordinator and Community Leaders receive training from CPP
- ✓ Project Coordinator coordinates additional training for Community Leaders
- ✓ Scope of focus area further narrowed: lack of access to HPV vaccination availability outside of regular business hours/clinic setting

Step 2 – Diagnose (months 7-12)

Focus of assessment: local barriers to HPV vaccination, emphasis on barriers to access and ideal times/locations for families' schedules to receive the vaccination

Action items:

- ✓ Project Coordinator provides training to Community Leaders on how to conduct Community Diagnosis (data collection)
- ✓ Data collection methods selected:
 - **Primary data:** focus groups with parents of youth ages 11-14; key informant interviews with local healthcare providers

- **Secondary data:** literature review of common barriers to accessing HPV vaccination and review of local vaccination rates by age, socioeconomic status, race, ethnicity, gender, etc.
- ✓ Turn in mid-project report, including year 2 work plan and budget

Step 3 – Analyze (months 13-14)

Action items:

- ✓ Project Coordinator trains Community Leaders to analyze findings of the Community Diagnosis
- ✓ Project Coordinator creates report outlining:
 - **Conclusions:** lower HPV vaccination rates among adolescents with lower SES; lack of clinic appointments available outside of standard workday hours; preference for HPV vaccination availability in evenings/weekends and at non-clinic locations
 - **Strategy recommendations:** increase access to HPV vaccination by bringing mobile healthcare van to locations/events serving adolescents
- ✓ Project Coordinator and Community Leaders present their findings at their nonprofit board meeting and a local Community Advisory Council meeting

Step 4 – Implement (months 15-22)

Action items:

- ✓ Community Leaders select and implement at least one action based on Community Diagnosis findings:
 - Partner with local hospital to bring local mobile healthcare van to locations/events serving adolescents (e.g. after school programs, sports physical/health fairs, etc.)
 - Lead a local media campaign promoting the dates/times/locations that the mobile van will be offering the HPV vaccine

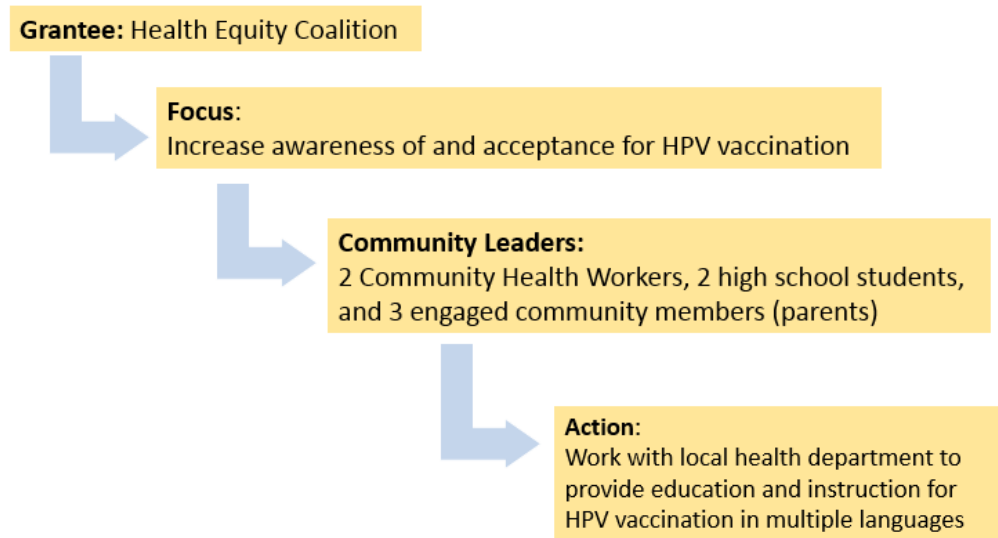
Step 5 – Enforce (months 23-24)

Action items:

- ✓ Project Coordinator works with Community Leaders to develop a sustainability plan with the local hospital to continue delivering HPV vaccination using mobile healthcare van
- ✓ Project Coordinator completes and turns in final project report

Example

Focus area 2: Increase awareness of and acceptance for HPV vaccination



Step 1 – Train (months 1-6)

Grantee: Health Equity Coalition

Action items:

- ✓ Project Coordinator identified
- ✓ 6 Community Leaders recruited
 - 2 Community Health Workers
 - 2 high school students
 - 2 engaged community members (parents)
- ✓ Project Coordinator and Community Leaders receive training from CPP
- ✓ Project Coordinator coordinates additional training for Community Leaders
- ✓ Scope of focus area further narrowed: cultural barriers to HPV vaccination

Step 2 – Diagnose (months 7-12)

Focus of assessment: local barriers to HPV vaccination, emphasis on cultural barriers

Action items:

- ✓ Project Coordinator provides training to Community Leaders on how to conduct Community Diagnosis (data collection)
- ✓ Data collection methods selected:
 - **Primary data:** survey and focus groups with parents of youth ages 11-14 (English and Spanish)

- **Secondary data:** literature review of common barriers to HPV vaccination and review of local vaccination rates by age, race, ethnicity, gender, etc.
- ✓ Turn in mid-project report, including year 2 work plan and budget

Step 3 – Analyze (months 13-14)

Action items:

- ✓ Project Coordinator trains Community Leaders to analyze findings of the Community Diagnosis
- ✓ Project Coordinator creates report outlining:
 - **Conclusions:** lower HPV vaccination rates among Hispanic/Latino adolescents than other races/ethnicities and reported lack of information/education available in Spanish
 - **Strategy recommendations:** partner with local agencies to offer HPV vaccination education in Spanish
- ✓ Project Coordinator and Community Leaders present their findings at a local Health Equity Coalition meeting

Step 4 – Implement (months 15-22)

Action items:

- ✓ Community Leaders select and implement at least one action based on Community Diagnosis findings:
 - Work with local health department to provide education and instruction for HPV vaccination in multiple languages
 - Lead a social media campaign to promote HPV vaccination in multiple languages

Step 5 – Enforce (months 23-24)

Action items:

- ✓ Community Leaders continue social media campaign
- ✓ Project Coordinator works with Community Leaders to develop a sustainability plan to ensure education and information continue to be available locally in multiple languages
- ✓ Project Coordinator completes and turns in final project report