

IMMUNIZATION PROGRAM INFORMATION

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Program Location: Minnesota

Does AIM have permission to share this information on the publicly accessible AIM website? *All materials submitted, including contact information, will be posted on the AIM website.* x Yes __ No

BULL’S EYE INFORMATION

Title

“Just Another Shot: Reframing the HPV Vaccine” Video

Keywords (up to 5 main terms/phrases that describe the initiative)

video, HPV, provider education, adolescent, communication

Is this initiative Evidence / Guideline Based? *(if yes, please include reference below)* x Yes __ No

Reference: Gilkey MB, Malo TL, Shah PD, Hall ME, Brewer NT. Quality of physician communication about human papillomavirus vaccine: findings from a national survey. *Cancer Epidemiol Biomarkers Prev.* 2015;24(11). (Establishes that providers frequently do not follow best practices when recommending HPV vaccine.)

Background (scope of the immunization need or problem)

Far fewer American adolescents receive the HPV vaccine than the MenACWY and Tdap vaccines. Mounting evidence shows that the way health care providers offer HPV vaccine likely contributes to its lack of acceptance. They may offer it less confidently than they offer other vaccines, offer it only to patients they believe to be at elevated risk for HPV, delay offering it until after the recommended age range of 11-12 years, offer it only to girls, back off when a parent asks a question, or be unprepared to answer basic questions about the vaccine.

Description

Describe the initiative’s goals and objectives.

We wanted to create a video to make the point, in an engaging, non-accusatory way, that health care providers should offer HPV vaccine the same way they offer other vaccines, and also to show how to have a comfortable and constructive conversation about HPV vaccine.

What were the main implementation activities?

We first developed the concept for the beginning part of the video, which consists of scenes where health care providers offer vaccines in ways that are obviously inappropriate, but often do characterize offers of HPV vaccine. In the first, the provider dismissively mentions pneumococcal vaccine as an option for a two-month-old patient; in the second, the provider is judgmental about a toddler’s chances of acquiring measles, mumps, or varicella through “social behaviors;” in the third, the provider assesses a child as unlikely to develop rabies.

We recruited a practicing family physician who is well-known locally as a Minnesota Public Radio medical correspondent to serve as narrator, introducing the video and appearing after each of the initial segments to explain the parallel between the unthinkable preceding scene and the way HPV vaccine is often presented – less urgent than other vaccines and only needed for patients whom the provider believes will acquire HPV. We were eager to feature a family physician as spokesman because Minnesota’s lowest HPV vaccination rates are in rural areas, where there are more family physicians than pediatricians.

After the parody segments, the video contains model encounters in which providers recommend HPV vaccine competently and address common questions from parents and patients. We took care to show the vaccine being recommended at acute as well as preventive visits and to boys as well as to girls.

A professional video production firm hired the actors and coordinated filming. Two local clinics allowed us to use their exam rooms as sets. Our team wrote the script with feedback from our CDC project officer and several physicians. Other physicians viewed a rough cut of the footage and provided further comments. We placed the finished video on YouTube and on our web page for immunizers of adolescents, www.wevaxteens.com, and asked state partners to promote it to their audiences. We offered electronic files of the full-length video as well as the individual model encounters to anyone who wanted to use them in provider education.

Where and when did the initiative take place?

Please see “Timeframe of Implementation” section below.

How much staff time was involved?

Time spent by video team at meetings and reviewing contractor proposals = 6 people x 20 hours = 120 hours

Drafting, obtaining feedback on, and editing script = 60 hours

Managing contract process = 60 hours

Attending filming = 2 people x 20 hours = 40 hours

Providing feedback on editing = 30 hours

Promoting video to partners and responding to video file requests = 40 hours

Total = 350 hours

What were the costs associated with the activity? What was the funding source?

\$18,900, part from our 317 immunization program grant and part from HPV PPHF funds.

Identify the target population that the initiative affected.

Health care providers who vaccinate adolescents.

If partners were involved, include who was involved, and how.

MDH legal counsel (for contracting advice) and communications office, MDH Comprehensive Cancer Control Program (represented on video team), 2 local clinics (donated space for filming), Dr. Jon Hallberg (narrator), many external health care providers (review of script and rough cut).

Timeframe of Implementation (Start and Stop Dates)

We began work on the script and on the process of contracting with a video producer in October 2013, shot the footage in March 2014, and posted the video online in late 2014. Most of our communication and promotion plan for the video has been implemented during 2015 and is ongoing.

Evaluation Data: Was the implementation and/or effectiveness of this initiative assessed? (if “yes” or “limited,” provide any data that is available) x Yes ___ No ___ Limited

Data: The fact that other organizations ([MnAAP](#), [CDC](#)) have created similar videos (which did not exist before we made ours) supports the value of presenting model conversations via video. As of December 10, 2015, YouTube indicates that our full video has had 2,422 views; the *It’s Effective* standalone segment, 553; *It’s Necessary*, 282; *It’s Safe*, 233; and *It’s Valuable*, 225. We know of the following uses of our video or parts thereof:

- One of the parody scenes and one of the model encounters were shown in a CDC Clinician Engagement Initiative webinar which continues to be available [online](#).
- The American Academy of Pediatrics [links to](#) the video in its HPV toolkit.

- The Academic Pediatric Association [links to](#) the video in a list of resources for clinics in six states participating in an HPV quality improvement project.
- The New York HPV vaccine [toolkit](#) lists the video as a provider resource.
- The North Dakota Department of Health [links to](#) it from their HPV web page.
- The Kansas Foundation for Medical Care embedded the model encounter segments on their [web site](#).
- The George Washington Cancer Institute [links to](#) the video in its resource center and [tweeted about](#) it.
- A Mayo Clinic pediatrician shows the video to staff and residents.
- The Minnesota Child & Teen Check-Up Program (state implementation of the federal EPSDT Program) used it in a best practices workshop for providers.
- A member of the immunization committee at Children’s Mercy Hospital intended to use the model encounters to educate patients and parents.
- We supplied video files, or instructions for downloading them, to the Tennessee Immunization Program; the Texas Department of State Health Services; the Alaska Department of Public Health; researchers from the Moffitt Cancer Center, the University of Rochester and the University of North Carolina; an Illinois consortium of community health centers; the Texas Medical Association and the Texas Pediatric Society; an Indian Health Service clinic in New Mexico; a pediatrician in Nebraska; a researcher running a quality improvement project at group of Maine clinics; and two local public health departments in Minnesota and one each in in New York and South Dakota. In response to a brief survey, these requestors rated the video 9.2 on a 10-point scale for overall usefulness. Not every respondent completed the entire survey, but four of them said they had used the video as part of live presentations to health care providers; two said they had used it as part of recorded presentations; and seven had recommended it to providers to watch on their own time. Most had used the full-length video and some had also used the model encounter clips on their own. None said they had experienced technical problems obtaining the video file.

Conclusions / Lessons Learned / Key Factors for Success

Our script was improved by engaging external health care providers to read it and suggest how practicing providers and actual parents and patients would phrase the dialogue in each scene. Even more feedback might have been helpful. The involvement of Dr. Hallberg made the video better in many ways: his clinical perspective, professional delivery, and technical savvy all contributed to a high-grade end product. Some video users have commented that the model encounters are a bit long and that it is unrealistic to have them all end in vaccine acceptance. If re-doing the project, we might create more, shorter model encounters and include some in which the provider must respond to vaccine declination. Another improvement would be to hold a rehearsal session with the actors. They were unfamiliar with the subject matter and needed on-the-spot coaching to know which words to emphasize and also which lines contained terminology they were not free to paraphrase. We were not always fully satisfied with the actors’ delivery, but endless reshooting was not feasible.

Check if any of the following are being submitted to complement your submission:

(All materials will be posted on the AIM website)

- | | |
|--|--|
| <input type="checkbox"/> Testimonials | <input type="checkbox"/> Project photo(s) |
| <input checked="" type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Video/audio clip |
| <input type="checkbox"/> Press release | <input checked="" type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other — Explain: _____ |

Supporting Material – Minnesota Department of Health – “Just Another Shot: Reframing the HPV Vaccine” Video

You can watch the video at <http://www.health.state.mn.us/divs/idepc/immunize/hcp/adol/hpvvideos.html>. If typing a URL, it is quicker to type in www.wevaxteens.com and choose the link to the video sub-page, which is at the top of the page's content.

Comments from emails to our program regarding the video:

"The videos are awesome, when I have shown them the reception has been amazing. The videos that model acceptable practical approaches to HPV vaccine resistance can be a good template for providers in how to have conversations with vaccine resistant hesitant patients and parents in general, not just limited to the HPV vaccine."

"excellent video on providers modeling recommendation for HPV vaccination"

"We're very excited to use them – I think they're perfect for capturing the ways providers present the HPV vaccine and then turn them on their head by applying them to other vaccines."

"These videos are so well done!"

"Loved your video!"

"My nurse manager forwarded me a recent 12 min video that the MDH put together on this subject that I think is awesome."

"It's really great...it got a great response!"

"They are humorous (but appropriate), amazingly professional, and very, very helpful."

"I very much enjoyed the videos that were produced on this important topic."

"I think they are really good and exactly what providers need."