

SCPPH HPV/Cancer Prevention Social Marketing Campaign

A multi-component intervention plus education (Social Marketing Campaign) that focuses on HPV vaccination for 9-18 year old girls to help prevent cervical cancer. This intervention will adopt a multi-component campaign that includes a health communication component. This is in keeping with CDC’s evidence guide on effective strategies for increasing vaccination uptake.

Long-Term Goal: Increase HPV vaccine up-take among adolescent girls ages 9-18 living in counties served by the South Central Partnership for Public Health. ****Primary focus is HPV vaccination of 11-12 year old girls.****

Short-Term Goals: *Listed in order of priority with corresponding strategies:*

Priority Strategy Areas

- Clarify and distribute information on vaccine accessibility/availability in the South Central Region
 - Strategy (1) – access mapping
 - Strategy (2) - health communication and outreach
- Increase consumer demand for the HPV vaccine
 - Strategy (2) – health communication and outreach
 - Strategy (3) – client reminders for Health Check clients
- Remind providers to offer the vaccine to eligible adolescents
 - Strategy (4) – Educate practices on issues related to vaccine access and reimbursement
- Enhance vaccine access for the target population - implementation in NEXT FISCAL YEAR
 - Strategy (5) – Plan Tdap/HPV vaccine drives for implementation in schools; Plan and/or implement community vaccine drives

STRATEGY AREAS:

(1) **Access Mapping** – All 13 Counties of the SCPPH

***New activity to understand current system**

- a. Clarify HPV access and cost through conducting telephone interviews with regional providers offering state-supplied HPV vaccine.
- b. *Staffing:* Noel Brewer, Terence Ng, Heather Gates, Team Epi-Aid, Jordan Preiss, Monica Schmidt.
- c. *Timeline:* October – January 2009.
- d. *Cost:* \$500 for long distance charges
- e. *Status:* 107 of 127 interviews completed. Preliminary report available – final report complete within the next couple of weeks. Continuing to work on clarifying access message and how to communicate access locations. We will work with the NC Immunization Branch (NCIB) and local agencies to assure accuracy of access message.

(2) **Health communications and outreach** – We plan to pilot a health communication campaign in the counties that participated in formative research (Richmond, Robeson, Harnett, and Cumberland). After the initial information gathering phase from focus groups and key-informant interviews, we will engage a marketing firm to assist in message modification, pre-testing, development, and dissemination. We plan to include information in the campaign that specifies where parents can take their daughters to get the vaccine.

a. **Formative Research Component:**

- i. Focus groups and key informant interviews were conducted to understand more about what content and method/channel is best for educational materials that promote HPV vaccine uptake in the South Central region of NC.

Target: Low SES mothers/caregivers of girls 11-12 years old.

***New activity to understand providers, partners, culture, and clients**

- ii. *Staffing:* Joan Cates, Sandy Diehl, Autumn Shafer, Heather Gates, 2 groups of student volunteers
- iii. *Timeline:* October – January 2009
- iv. *Cost:*

Transcription of 4 focus groups and 16 key informant interviews	\$2350
Focus Group recruitment - local agency support	\$1000
Food and incentives for focus group participants	\$2000
TOTAL	\$5350

- v. *Status* – 4 focus groups completed, 14 of 16 key informant interviews have been completed; 2 student group message development efforts completed. Draft report of results and preliminary recommendations available.

b. **Message testing:** Message testing will be conducted using a questionnaire and 100 intercept interviews in four counties. The questionnaire used in pretesting will be designed to focus on a number of elements including concepts in the messages, presentation and audience reaction. Including this step will help make sure that: (1) materials effectively communicate campaign messages to the intended audience, (2) confusion or flaws in materials can be removed prior to mass production and distribution.

- i. Prior to producing materials for mass distribution, we will work with Autumn Shafer (PhD student continuing work from JOMC student group), to carry out a message testing process in the 4 counties where formative work was conducted. Messages to be tested will include modifications of those created by the two JOMC student groups. ***New Activity: Materials – NEW**

- ii. *Staffing:* Autumn Shafer, Joan Cates, Marketing Firm, Heather Gates, Jordan Preiss
- iii. *Timeline:* Message modification & testing: February/March
- iv. *Cost:*

Message Testing: \$20 gift cards for 100 survey participants	\$2,000
Initial engagement of Marketing firm – plan development	\$5,000
Message Modification & Pretesting: Marketing Firm	\$10,000
	\$17,000

- v. *Status:* Planning started, activity has been IRB approved

- c. **Message Production & Dissemination:** Methods of distributing the project message will utilize free sources (versus paid media) as much as possible. In addition, partners and contacts made through the formative research and planning process will be utilized in project implementation when appropriate.
- i. Project staff and partners are working to compile information from formative findings, CHIME data, PRIZM data, literature, and intervention experience to determine the methods that the health communication campaign will utilize in dissemination of information. The hired social marketing firm will review this information and consider it in making their recommendations, which will also include data on cost and reach. Preliminary discussions indicate that project messages related to the HPV Vaccine, cervical cancer, and vaccine access will be distributed via:
 - 1. New and existing internet sites
 - 2. Family Health Resource Line
 - 3. Print materials distributed and posted at schools, doctors offices, other community locations
 - 4. Other channels and places TBD
 - ii. *Staffing:* Marketing Firm, Autumn Shafer, Joan Cates, Terence Ng, TBD
 - iii. *Timeline: Material production* – late Feb/March/early April ; *Material dissemination* – April, May, June: Social Marketing effort will focus on the end of the school year – when vaccine drives may be taking place to prepare 5th graders for moving into 6th grade. Intervention is timed to take place following wave 2 of CHIME data collection, allowing us to use findings from that survey to further refine our project. In addition, these activities are timed to follow-up on materials made available to schools and practices by the NCIB.
 - iv. *Cost:*

Message Production – Marketing Firm	\$15,000
Message Dissemination – Marketing Firm	\$10,000
Project staff - dissemination costs/materials	\$ 5,000
TOTAL	\$30,000

(3) Client Reminders [in 3 counties: Robeson, Richmond, and Harnett]

***System – EXISTING; Specific message content – to be determined**

- a. We will work with Health Check program leadership, local health directors, Health Check Coordinators and supervisors to develop a pilot project for adding HPV vaccination information to their recommendations regarding Health Check Examinations at ages 9 and 12 (and possibly 15 & 18). Pilot implementation will take place in 3 counties. Patient contact from health check coordinators is a current process, but this focus on HPV will be a new activity. We will work with project partners to determine the appropriate content and method for these staff to contact their Health Check clients regarding their eligibility to receive the HPV vaccine and how they can access it.
- b. *Staffing:* Heather Gates, graduate student intern
- c. *Timeline:* February-April planning - May, June implementation.
- d. *Cost:* travel, meeting expenses, and staff time included in other line items.

(4) Educate practices on vaccine access and reminder systems available

***Systems – EXISTING, Outreach – EHHANCE CURRENT PROCESS**

- a. Educate area practices on:
 - (1) How to use the NC Immunization Registry to support reminder systems – *NCIB*
 - (2) How girls qualify for HPV vaccine through the VFC program – *NCIB*
 - (3) Where to send girls to get the HPV vaccine if their practice doesn't offer it, and
 - (4) The presence of the SCPPH HPV/Cancer Prevention project and related website and Family Health Resource line available to clients and practices for more information. We will develop materials as part of work with marketing firm and with guidance from the NC Immunization Program (who has done some similar provider outreach regarding Tdap vaccination and HPV).This education may be delivered via outreach efforts by project staff, or delivered as part of continuing education available to these practices.
- b. *Staffing:* Heather Gates, graduate student intern, other partners TBA.
Partnerships to be explored: Wake County Medical Society: currently grant funded to work on client reminders using both NCIR and an automated system for practices that are not part of NCIR. Merck: Funding to support provider education/outreach may be available through Merck if we are interested in pursuing that option.
- c. *Timeline:* Feb - March planning; April – June implementation.
- d. *Cost:* Travel, meeting expenses, and staff time included elsewhere in the budget to support this component.

(5) Plan school-based and/or community HPV vaccine drives [in 2 pilot counties only]

***System – EXISTING for school-based Tdap vaccine drives and Health Plus Bus; Materials & details– to be determined**

- a. We will work with Richmond county to plan appropriate logistics and review materials necessary to add HPV to their Tdap vaccine drive for next school year. Also, we'll explore the possibility of adding HPV vaccine administration to the Robeson County Health Plus Bus. Other community-based vaccine possibilities will be explored as well.
**However, due to the timing of this project – these components will not be implemented during the current project funding period.*
- b. *Staffing:* Heather Gates, graduate student
- c. *Timeline:* Feb – June planning for 09 school year.
- d. *Cost:* No additional cost to project aside from staff time already allocated and educational materials provided from part (2) of the project.

TIMELINE: The implementation of this social marketing campaign will be timed to supplement existing educational efforts taking place through the Division of Public Health's Immunization Branch on the required Tdap vaccine and related materials that reference HPV vaccination. Implementation of the HPV/Cancer Prevention campaign will take places in April, May, June and should be followed by an assessment of the impact of this campaign, and a review of successes and challenges prior to dissemination to a larger geographic area.

EVALUATION: Upon finalization of project plan, an evaluation work group will be put together of current project partners to discuss the evaluation plan for this project.