

Collaborative Approach to HPV Vaccination Rate Improvement

Genesee County Health Department & Mott Childrens Health Center

October 2025

Todd Wiseley, JD JoAnne Herman, BSN, RN Leah Johnson, MPH, CHES





Disclaimer & Purpose

- We are all swimming upstream with current admin rhetoric
- The strongest association with vaccine uptake is a strong provider recommendation (Vaccine Demand + strong provider recommendation = Vaccine uptake)
- Share our experience with others who want to work with new partners to improve vaccine rates.



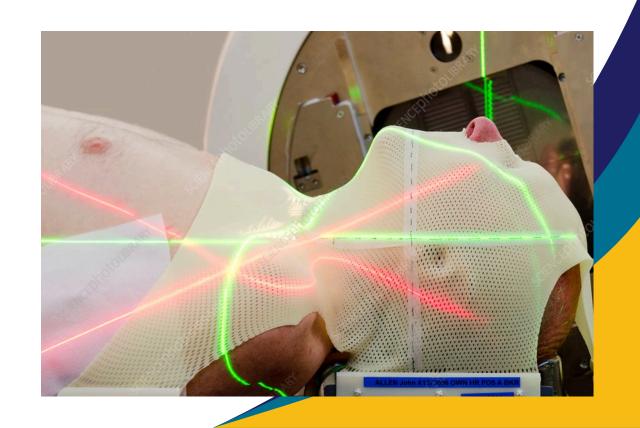
Open Menti - Let's get to know each other and set the stage!





HPV Vaccine & Cancer

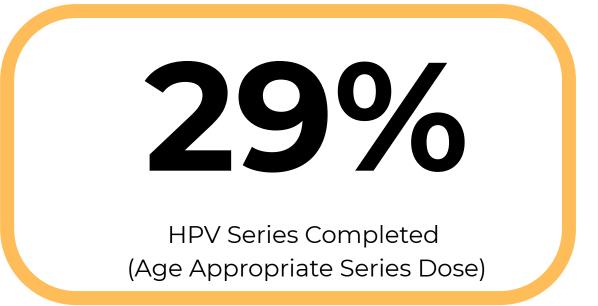
- Oral and Oropharyngeal Cancers: Highest incidence in the US now surpassing cervical cancer.
 - From 2020 to 2025 O/OP cancers have risen ~7% in non-smokers under the age of 45.
- **Age Matters:** Completing the series before age 17 means an **88%** risk reduction in Cervical Cancer incidence.
 - Nearly 100% of all cervical cancer cases are caused by HPV.
- **70 80%** of all oral and oropharyngeal cancers are linked to HPV-16 or HPV-18.
- Series completion rates are **around 30% higher** if the series is initiated at age 9 instead of 11.

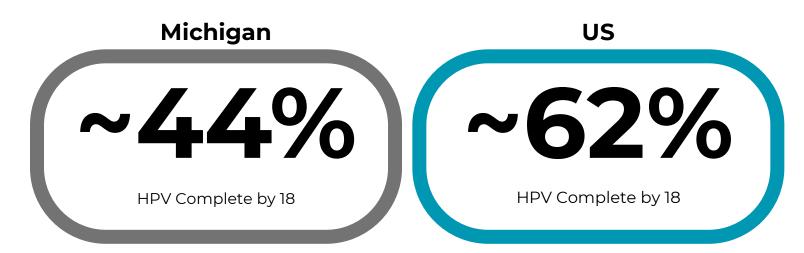




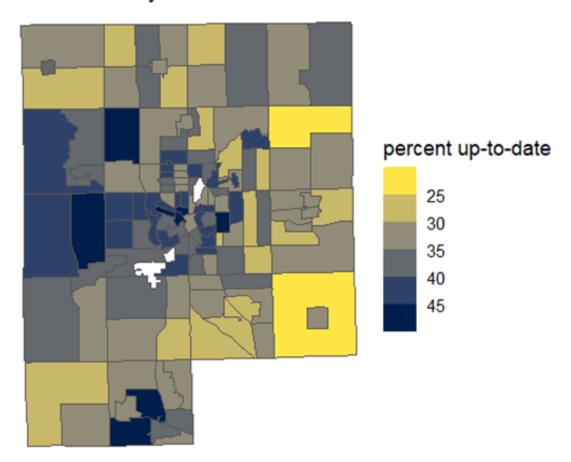
HPV Vaccination Rates

Genesee County Children Ages 11 - 18





1323213 coverage among adolescents aged 13 through 17 Genesee County census tracts



1323213: 1 Tdap, 3 Polio, 2 MMR, 3 HepB, 2 Varicella, 1 MenACWY, 2 or 3 HPV data as of 08-26-2024 White areas indicate population < 10.



Genesee County Health Department

- **Mission**: To improve public health and equity in Genesee County through exceptional services, advocacy, and meaningful collaboration.
- Vaccinate Genesee County Initiative Internal Initiative at GCHD
- An integrated work plan that builds on strategic plans for cancer prevention at the local and state levels.
- Partnership with ACS and HPV Roundtable coalition.

"We knew we couldn't make significant change alone, but wanted to be able to impact multiple sectors quickly." - GCHD Team





Why This Project & Partnership Made Sense For Us

- Learned about a similar project in Indiana work aligned with the internal Vaccinate Genesee County Initiative's existing workplan efforts
- Connection between carcinogenic HPV strains and Oral/oropharyngeal cancers
- Children-focused medical home with integrated dental floor - MCHC
- Solid leadership structure within the organization



Michigan State Cancer Plan & Michigan Dental Association Strategic Plan

- Community-based interventions for HPV vaccination combine partnerships among community groups, local government, and providers to **boost both demand and access** by using reminders, outreach, client education, incentives, and strategies like expanded clinic hours or reduced costs.
- Healthcare system interventions similarly pair demand-building efforts
 (reminders, client education) with access improvements (expanded settings,
 provider training, standing orders) and regular provider assessment with
 feedback or incentives.
- Provider assessment and feedback retrospectively evaluates vaccination performance and delivers actionable feedback—sometimes including incentives or benchmarking—to drive improvement.

Michigan State Cancer Strategic Plan



Michigan State Oral Health Plan





American Cancer Society & the HPV Roundtable

- HPV Roundtable is an ACS-based coalition with groups in each state
- ACS created and launched a Dental Toolkit
- Top 12 States Plan: 12 states in the U.S. have 60% of the US child population



ACS Dental Toolkit





Mott Children's Health Center

- Established in 1939, Mott is a leading pediatric healthcare organization focused on Genesee County children who are uninsured or underinsured.
- Services include primary medical care, adolescent health, specialty clinics, behavioral health, audiology, rehabilitation, dental care, and school-based clinics.
- Nearly **45,000 visits** annually across all service lines (2024).
- Mission: Improve health outcomes for children across the region.
- Vision: All children in Genesee County are healthy.
- **Core values**: Compassion, Quality Care, Advocacy, Stewardship, Respect, Teamwork, and Accountability.

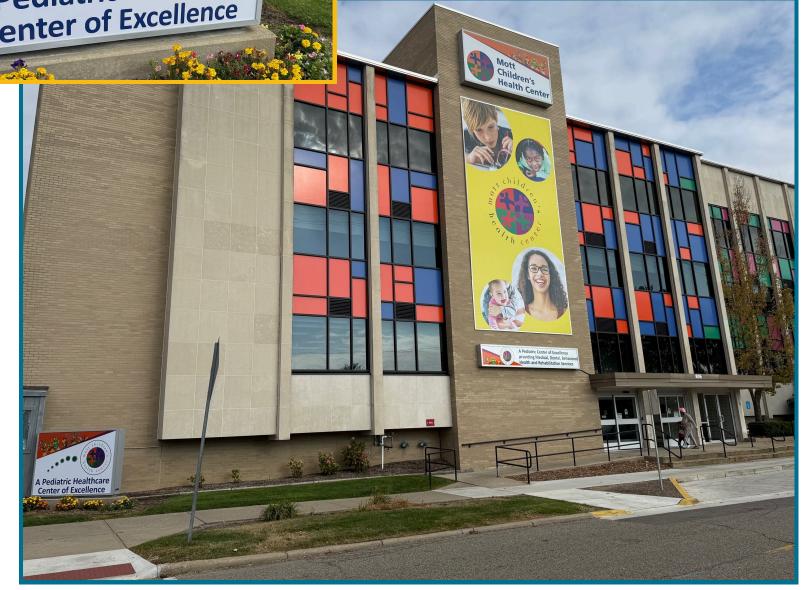


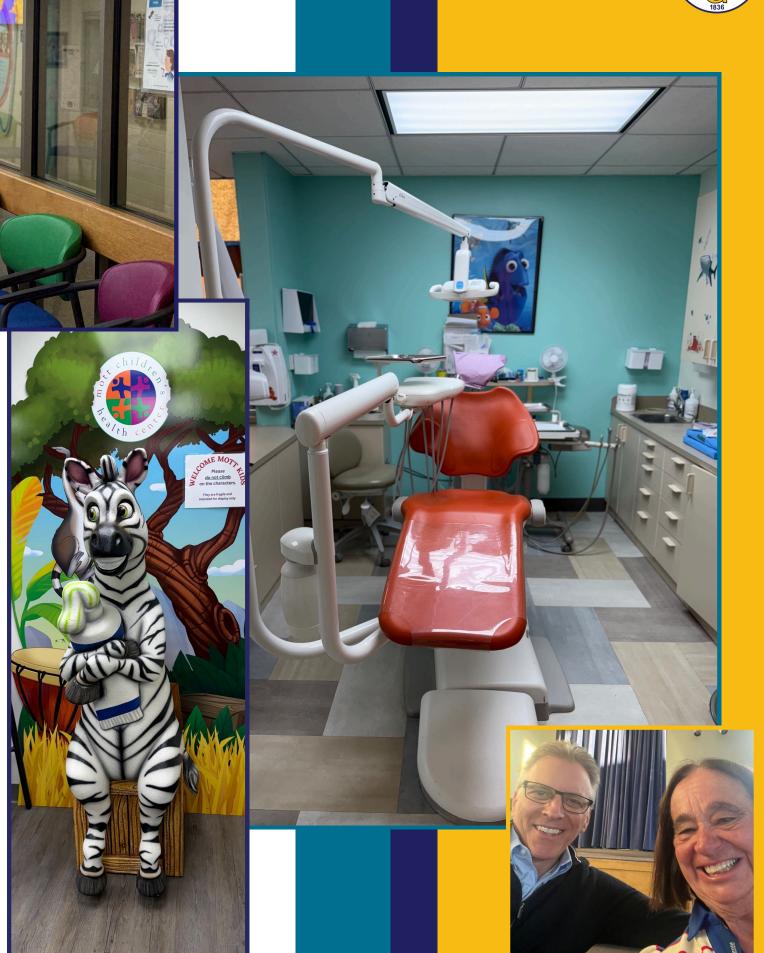


MCHC

1000









Top-Down Education Approach

- Board of Directors & leadership endorsement
- Administrative and Clinical Leadership Buy-in
- Dentists' education first vaccine education was likely not included in their traditional schooling.
 - Now, many dental programs include HPV education.

• Medical team members were included in educational efforts and workflow

development.





Vaccine Confidence

Flipping the script - How to talk about vaccines with someone who is hesitant

- Vaccine Confidence: understanding the science, the vaccine development process, Integrity, and vaccine safety.
- Vaccine Demand: Understanding disease risk perception, vaccine risks and benefits, and removing barriers.
- A **Strong Provider Recommendation** is about being a vaccine advocate at every patient encounter.

Vaccine Confidence Vaccine Demand Strong Provider Recommendation Vaccination!



Education & Announce Approach

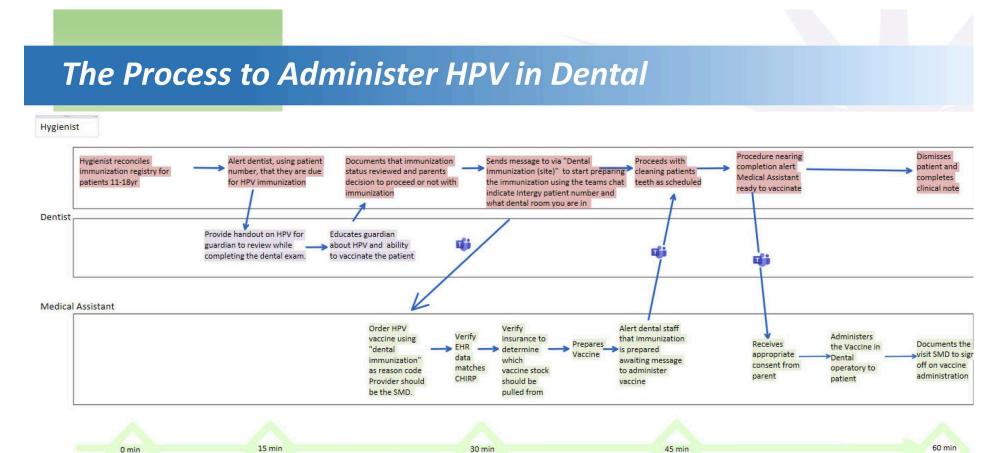
- UNC Chapel Hill developed a training program referred to as the Announce Approach
 - Effective in improving uptake and time saving
- Teaching both to dental staff and medical staff across the county and in our top-down approach in Mott
- The top 4 most asked questions tool was developed based on dental hygienists and dentists' questions.





Workflow Development: Mott Dental & Medical Integration

- Mott Children's Dental team leads met with Isaac Zeckel, Dentist, Leading efforts in FQHC in Indiana
- Dental leadership team met with GCHD on several occasions to discuss the project objective and HPV education in general
- GCHD met with the entire dental team over several months including hygiene, dental assistants, dentists and front desk staff.







Workflow Development Cont.

- Dental leadership team drafted a workflow in partnership with GCHD
- The dental team tried to anticipate how this could actually work given our patient flow, check-in, etc.
- This workflow had several iterations as we socialized it within our team including the Pediatrics Primary Care leadership team
- We knew it would be a living document that would change as we learned lessons post-launch
- The 'Final' workflow was distributed prior to launch



Proposed workflow for CAD Referrals to CAHP for HPV

- CSR assesses HPV gaps in care for vaccine prior to visit (i.e., reviews MICR immunization registry for patients ages 11-18 years and assesses whether a dose may be needed).
- 2. Documentation of immunization status in dental chart
- If gap noted, alert Dental team the patient is due for HPV vaccine by handing the dental team member a pink, laminated card (that the team knows represents HPV vaccine eligible).
- 4. HPV education included with dental paperwork (HPV brochure)
- 5. HPV education included on our UpShow waiting room TV on rotation (all floors)
- Dentist/Hygienist/DA provides education during visit regarding the need for HPV vaccine if indicated by Pink card.
- During hygiene visit, Hygienist/Dental Assistant tells parent/caregiver that patient is eligible for HPV vaccination, and asks if they are interested. Sample statement:
 - a. "We see Johnny is eligible to receive the HPV vaccination which helps reduce the risk of oral and other cancers, we are now recommending the vaccine to all eligible dental patients'-same day to save you a trip to the doctor. We can take you down to our Primary Care clinic and get that done before you leave today if that is alright with you If you aren't a patient of record here, you can still get it today, or you can visit your primary care physician, the health department, or most pharmacies."

b. If Agrees:

- At the end of dental appointment, escort patient and caregivers down to Primary Care Clinic to Front Desk with slip.
- ii. At Primary Care Clinic:
 - 1. CSR Notifies MA
 - 2. PCP orders via standing orders for vaccine
 - Appropriate paperwork completed by caregiver (distributed by CSR)
 - 4. Vaccine administered by MA or Physician/NP
 - 5. MICR updated per normal procedures

c. If Declines:

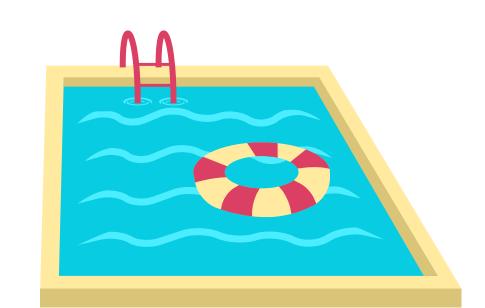
- If patient of record in CAH offer to have CSR work with Primary Care CSR to schedule for next visit or a special vaccine appointment. Provide any additional take-away HPV education materials (e.g., pamphlets).
- ii. If not a patient of record in CAH provide take-away HPV education materials.
- 8. Include documentation of HPV education in Dentrix



Launching the Project

Jumping into the deep end - launch day









Current Project Scope & Success

- Pulling a roster of eligible patients at the beginning of each day Age 11 18
- All eligible kids get a purple clipboard when they arrive with their paperwork to notify the Dental Hygienist that they are an eligible patient.
- If they say yes, it is a warm handoff to the medical floor for same-day vaccination.

The average # of children ages 11-18 in hygiene is 17 per day

Average # of eligible children 8 per day - all eligible families received education

More than 800 families!

15 known children were walked down same day from CAD to Mott peds Total number **vaccinated 13 same day** CAD referral to Mott Peds



Measuring Success

- CDC Standard (1st dose 13 not yet 14)
 - April 2025 61%
 - October 2025 68%
- More than 800 kids and their families have received education on the HPV vaccine!
- **Limitations** Education outcomes for those who receive primary care at a different primary care home.
 - Vaccine Data is a little tricky



How the Process Has Been Adapted

- Age MCHC continues to prompt vaccination beginning at age 11.
- We added a 'pop-up' to our Dentrix system so that if an eligible child's caregiver has expressed NO INTEREST in the vaccine, we won't ask them every visit.
- Queried the team for any negative reactions/feedback, and they had none.
 - No anger or difficult reactions from parents.
- Pertinent and usable billing codes for Education and Vaccine Counseling.
- Short wait time is required after vaccination we now tell parents sooner that there will be a short wait after vaccination.



Lessons Learned with Mott's Team

- Even in the healthcare setting, there is still a lack of knowledge around HPV's cancer link.
- Setting **Clear Tracking Metrics Early** Ensure everyone is on the same page on what is being tracked and how.
- You need the right **vaccine champion** in the office, both to push the efforts forward and to be a role model for the conversation in the office.
- It feels scary at first but our experience has only been positive.
- Parents often do not know what vaccines their children have already received or what they are due for.
 - MCIR The state-wide tracking system is not well-known.

80% Comfortable 100% Enthusiasm



Trusted Messengers: Stories From Genesee Against HPV

- Team members who were initially skeptical especially dental assistants and nurses—became our strongest advocates once they saw the impact on cancer prevention.
- Encourage sharing real local journeys, from hesitancy to advocacy, using narratives similar to the Genesee Against HPV campaign and personal testimonies.

From skeptic to advocate: A
Genesee County mom's journey
to promotion of cancer
prevention through HPV
vaccination



Our Messenger & Champion

Full story published by MLive







Selecting Your Partners as a LHD

- Stakeholder Engagement: Strategies and templates for engaging providers, schools, community groups, and payors.
- **Provider Education:** Editable training materials and communications scripts to support strong vaccine recommendations.
- System-Level Interventions: Approaches for reminder/recall systems and optimizing clinic workflows.
- Community Outreach: Ideas for school-based programs, partnerships with dental offices, and tailored public awareness campaigns.





Adapting the Message to Each Group

Effective education means connecting HPV vaccination to cancer prevention, relevant to each group:

 Example: For dental audiences, highlight the link to oral cancers and overall mouth health.

What other partners would be effective messengers and partners for HPV vaccine efforts and vaccine efforts broadly?

Who is missing from your table?





Multi-sector Education & Engagement

Education efforts were tailored for:

- Healthcare providers: Training in communication, motivational interviewing, and best practices in vaccine recommendation.
- **Dental teams:** Scripts and laminated cards triggered conversation at each visit. Intake question additions.
- Families: Waiting room materials, pamphlets, and direct counseling by trusted messengers.
- School staff and community leaders: Campaign outreach events and resources adapted for faith-based and culturally diverse communities.
- **Pharmacies:** Education and communication techniques to educate both their teams and customer base.



GCHD's Lessons Learned

- Talking to PCPs and residents is a different conversation vaccines more broadly.
- Do not forget the health plans!
- It will take longer than planned to get launched.
- We played a support role we are not a part of the internal efforts or quality improvement teams at Mott or any other clinic.
 - Playing a non-biased, external role can be frustrating (we like to move fast!)
- Take the little wins where you can!
- Our goal has been to share this information with others to improve efforts in other communities and other offices within our own community.



First Steps You Can Take

- Call to Action Letter Age 9 for both boys and girls
- Reach out to your local oral health community if you don't already have partnerships
- Review the HPV Dental Toolkit & The HPV Vaccine Rate Improvement Toolkit
- Educate your team internally on HPV's connection to Oral Cancers
- Ask Local trusted messengers to tell their story!





Trusted Messengers In All Communities



Dr. Bobby, AMA President and Local ENT Specialist



Tools We Developed

Know the Facts

HPV is a common virus that can cause 6 different types of cancer including head, neck, throat, back of the mouth, and cervical cancers.

- The HPV vaccine works best for boys and girls between ages 9 and 12.
- The HPV vaccine is safe, effective, and long-lasting.

Getting the HPV vaccine at the right time can stop over **90%** of HPV cancers.



Genesee County Immunizations Program

Burton Branch

G-3373 S. Saginaw Street, Burton, MI 48529

Call us at (810) 237-4569

Walk-in Services:

Monday, Wednesday, Thursday, Friday 8:00 am – 12:00 pm

Appointments:

Monday - Friday 1:00 pm -4:00 pm

Thursday Evening Clinic 4:00 – 6:00 pm

Interpreting Services are available by appointment.





Protect Against HPV:

The Dentist and Oral Health

Questions?

Call us at (810) 237-4569



Cancer & HPV

Human Papillomavirus (HPV) is a common virus that spreads through skin-to-skin contact and can cause cancers.

HPV-related throat cancer has now passed cervical cancer as the most common HPV-related cancer in the U.S. Around 80% of these cancers occur in men, and most are diagnosed at a late stage.



8 out of 10 people will be diagnosed with HPV at some point in their lives.



Out of every 10 people diagnosed with oral cavity or oropharyngeal cancer, 8 out of 10 cases are caused by HPV.

Get Vaccinated

Talk with your child's doctor or reach out to your local health department to find out about the HPV vaccine and other vaccines your child might need.

You can scan the QR Code to **request an appointment** now!



Common Concerns

Age: Younger kids have a stronger immune response to vaccines, and they have not been exposed to HPV yet, offering better protection later in life. Kids can get their first dose of the vaccine at 9 years old.

Boys and Girls: HPV infections don't care if you're a boy or a girl. The virus can cause cancer and many other diseases in anyone.

Safety: Researchers have conducted 100's of studies on the safety of the HPV vaccine. They've consistently found it's safe, just like the other vaccines given at the same age.

Vaccine Success: Since 2006, HPV infections have dropped by 81% in young women and 65% in men after vaccination. Cervical cancer rates have started to drop in the U.S. as of 2019, thanks to the vaccine.

Sex: Research has shown that receiving the vaccine at a young age isn't linked to a child having sex early. The HPV vaccine is about preventing cancer, but it also helps protect against genital warts.

The vaccine is given in **2 or 3 doses**, depending on the age they get the first dose. The vaccine works best if the series is completed before age 17.



HEALTH OFFICER Michelle Estell, RS, MSA



MEDICAL DIRECTOR Michela Corsi, MD, MPH, MA

To Healthcare Providers,

As a trusted voice in our community, your guidance is crucial in protecting children's health. Your recommendations carry significant weight with parents and families. You have the power to help prevent cancer by encouraging HPV vaccination beginning at age 9 for both boys and girls.

Why Your Voice Matters

- Families Trust You: Research shows that parents are most likely to vaccinate their children when a healthcare provider strongly recommends it. Your words can move families from hesitation to action.
- You Set the Standard: When you present HPV vaccination as routine and essential—just like Tdap and MMR—families are more likely to follow through.

Key Reasons to Recommend HPV Vaccination at Age 9

- Endorsed by Leading Organizations: The American Academy of Pediatrics (AAP) and the American Cancer Society (ACS) recommend prompting HPV vaccination starting at age 9.
- Higher Completion Rates: Children who start the HPV vaccine at ages 9–10 are more than twice as likely to complete the series by age 13 (74% vs. 31%)¹.
- · Stronger, Lasting Immunity: Younger children who have not been exposed to the virus develop a more robust immune response, ensuring long-lasting protection².

How You Can Make a Difference

- Initiate the Conversation: Proactively recommend HPV vaccination at age 9 at every opportunity. Continue the discussion at future visits if the vaccine is not accepted at age 9.
- Normalize Early Vaccination: Present HPV vaccination alongside other routine immunizations.

Your recommendation is the strongest predictor of HPV vaccination. By championing early initiation at age 9, you can help close the gap, prevent cancer, and give every child the best chance for a healthy future.

Our Commitment to Support You

Here in Genesee County, our HPV completion rates are far below the national and state levels—only one third of our eligible children are protected. We are committed to partnering with you to improve these rates within your practice. We are actively working to provide resources, support, and data to help you identify patients who need vaccination and to address barriers together.

If you would like assistance identifying incomplete patients or need educational materials for your staff or families, please reach out to us at jherman@geneseecountymi.gov. We are invested in supporting your HPV vaccination efforts and are here to help.

Thank you for being the trusted health messenger your community needs.

With enthusiasm for a cancer-free future, Vaccinate Genesee County Initiative Team

Kimberly Lorick DNP, APRN

FNP-BC, CLC

324 S. SAGINAW STREET, SUITE 6 | FLINT, MICHIGAN 48502 MAIN PHONE 810-257-3612 | WWW.GENESEECOUNTYMI.GOV

HEALTH OFFICER Michelle Estell, RS, MSA



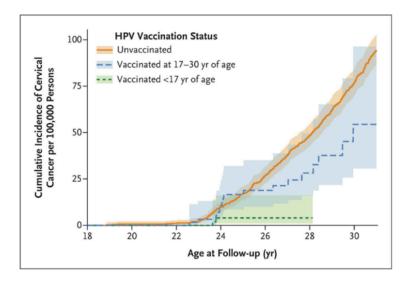
MEDICAL DIRECTOR Michela Corsi, MD, MPH, MA

Impact on Cervical Cancer Incidence

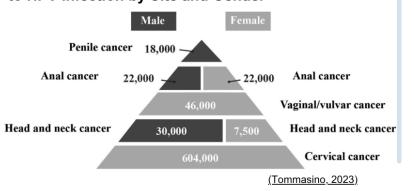
A sample of 1,672,983 girls and women who were 10 to 30 years of age from 2006 through 2017.

Those vaccinated before 17 had a significantly lower risk (88%) of developing cervical cancer.





The Global Burden of Cancers Attributable to HPV Infection by Site and Gender



Increase in Oral & Oropharyngeal **Cancers Relating to HPV**

Oral HPV infection is a primary cause of oropharyngeal cancer (OPC) in the United States and HPV-16 is present in ~90% of

HPV-associated OPC cases in the United States.

The OPC burden more heavily impacts men.



Announce Approach: Strong, Effective Recommendation

Starting the HPV vaccine series at age 9 boosts on-time series completion. The AAP and ACS support vaccination at age 9 as safe and effective—an early recommendation offers flexibility, and separates the shot from discussions about sex. In the U.S., most providers are open to recommending at age 9, but report needing communication tools and strategies. The Announce Approach is a well-tested communication strategy we recommend all providers implement.

Step 1. Announce Communication Strategy

Note the child's age: Age 9-10:

"Alex is now 9, so today they'll get a vaccine that prevents six HPV cancers."

Focus on diseases, not vaccines:

Use presumptive language and show urgency by saying you will vaccinate today.

Step 2 & More Information on **Announce Approach Effectiveness**





^{1.} St Sauver, Jennifer L et al. "Younger age at initiation of the human papillomavirus (HPV) vaccination series is associated with higher rates of on-time completion." Preventive medicine vol. 89 (2016): 327-333. doi:10.1016/j.ypmed.2016.02.039
2. Ellingson, M. K., Sheikha, H., Nyhan, K., Oliveira, C. R., & Niccolai, L. M. (2023). Human papillomavirus vaccine effectiveness by age at vaccination: A systematic review. Human vaccines & immunotherapeutics, 19(2), 2239085. https://doi.org/10.1080/21645515.2023.2239085

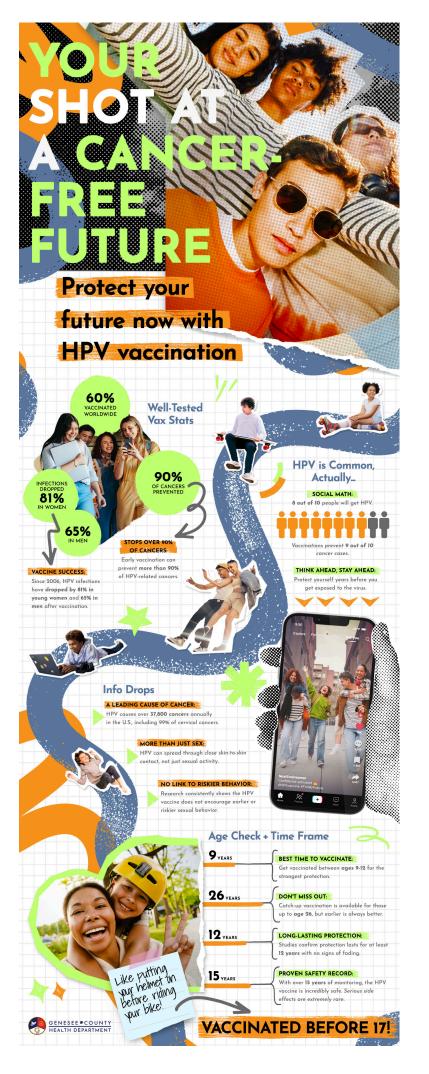


HPV Vaccine Rate Imrpovement Toolkit

- Page 18: A guide to getting started with a FQHC
- Page 19: Example workflow







From skeptic to advocate: A Genesee County mom's journey to promotion of cancer prevention through HPV vaccination

For Genesee Against HPV on September 05, 2025 at 04:00 AM



