RUTGERS Cancer Institute of New Jersey



New Jersey HPV Vaccination Rates by Population Subgroups

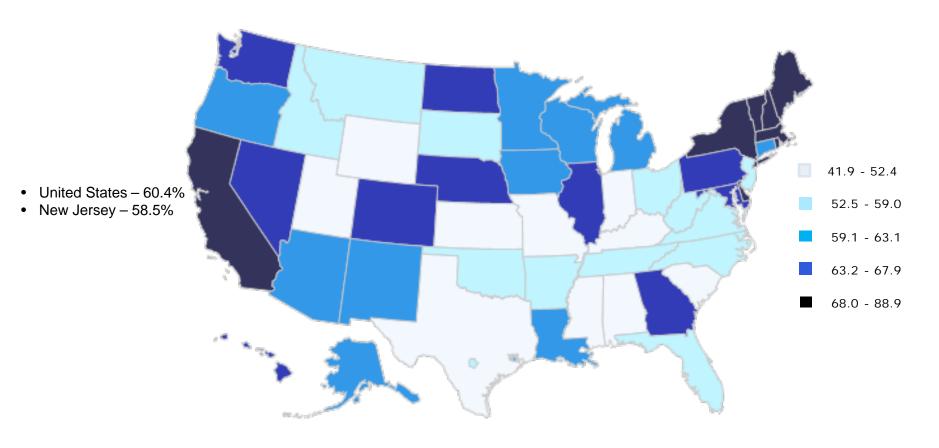
Jennifer Tsui, PhD, MPH October 11, 2017

Overview

- Update on New Jersey HPV uptake rates from NIS-Teen Data
- Ongoing analysis of NJ Medicaid Data
- CINJ HPV Environmental Scan Project



HPV Vaccine Initiation (≥1 dose*, 2016)



^{*}Adolescents (male and female) 13-17 years by State, and the United States, National Immunization Survey-Teen (NIS-Teen), 2016 https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/reports/2016.html

Vaccination coverage was assessed using NIS-Teen data for adolescents aged 13–17 years in the 50 states, the District of Columbia, selected local areas, Guam, and the U.S. Virgin Islands



HPV Vaccine Initiation (≥1 dose*)

HPV Vaccination Initiation ≥1 dose, Females 13-17 years						
	U. S.	New Jersey	NJ Ranking			
2016	65%	66%	44 th lowest uptake out of 86 regions/states			
2015	63%	69%	53 rd lowest uptake out of 66 regions/states			
2014	60%	48%	6 th lowest uptake out of 64 regions/states			
2013	57%	46%	6 th lowest uptake out of 64 regions/states			
2012	54%	55%	44 th lowest uptake out of 81 regions/states			

^{*}Adolescent females 13-17 years by State, and the United States, National Immunization Survey-Teen (NIS-Teen), 2012-2016 https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/trend/index.html



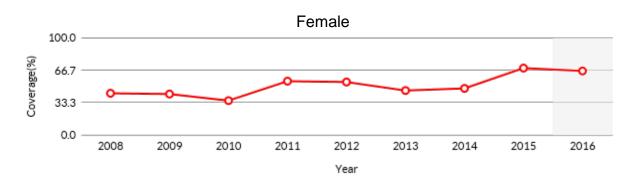
Adequate Provider Data Definition

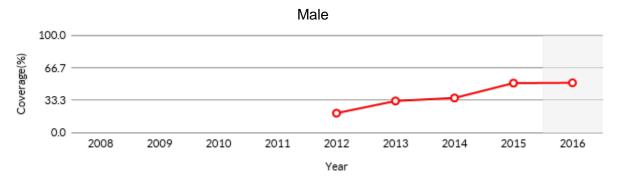
- NIS-Teen implemented a revised APD definition in 2014, and retrospectively applied the revised APD definition to 2013 data.
- In NJ, significant racial/ethnic and income related gaps in APD exist
- Differing uptake rates by APD status:

	HPV Vaccine (≥1 dose) with	HPV Vaccine (≥1 dose) without Adequate Provider Data (2015)		
	Adequate Provider Data (2015)			
Gender				
Female	63%	45%		
Male	45%	36%		
Race/Ethnicity				
Hispanic	51%	39%		
NH White	55%	40%		
NH Black	54%	42%		
NH Other	52%	40%		
Insurance Type				
Private Insurance	57%	36%		
Medicaid/CHIP	47%	46%		
Uninsured 57%		68%		
Poverty Status				
Above Poverty	55%	41%		
Below Poverty	45%	39%		



HPV Vaccine Initiation (≥1 dose*, NIS-Teen, 2008-2016**)



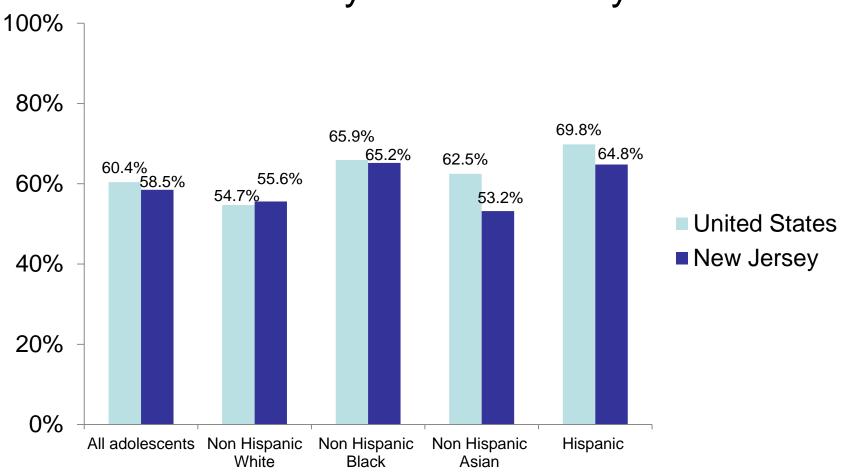


^{*}Adolescents (male and female) 13-17 years, United States, National Immunization Survey-Teen (NIS-Teen), 2008-2016 https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/trend/index.html

^{**}The Advisory Committee on Immunization Practices (ACIP) recommended routine use of HPV vaccine for males in October 2011. The first survey year following the routine recommendation for males began in 2012.

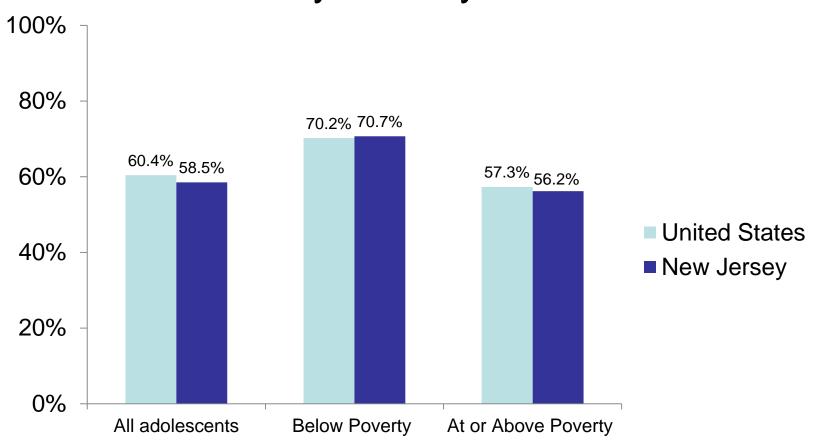


HPV Vaccine Initiation (≥1 dose) NIS-Teen, 2016 by Race/Ethnicity





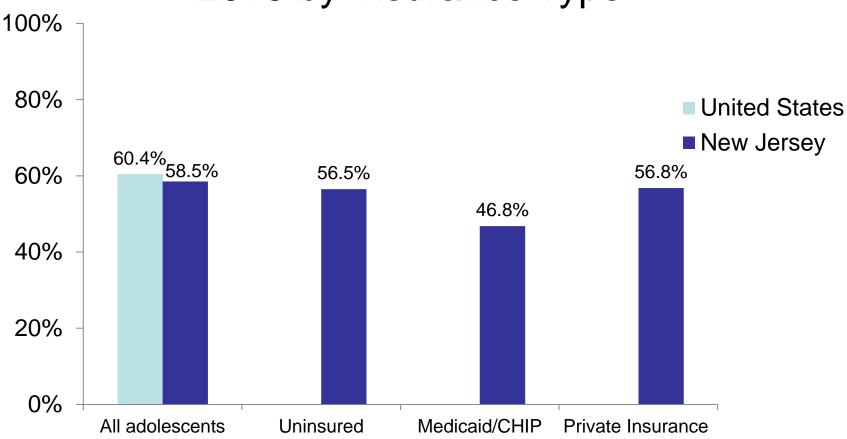
HPV Vaccine Initiation (≥1 dose) NIS-Teen, 2016 by Poverty Level*



^{*}Adolescents were classified as below the federal poverty level if their total family income was less than the federal poverty level specified for the applicable family size and number of children aged <18 years. All others were classified as at or above the poverty level. Poverty status was unknown for 724 adolescents. https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.



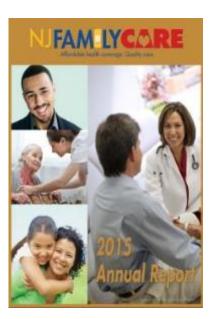
HPV Vaccine Initiation (≥1 dose) NIS-Teen, 2015 by Insurance Type*





Examination of HPV Vaccination among Medicaidinsured Adolescents in New Jersey

	Amerigroup	Horizon	United	New Jersey Medicaid Average ¹	National Medicaid Average
HPV Vaccine for Female Adolescents	18.5%	22.1%	20.7%	21.2%	22.2%



- Duration: June 2017-May 2018
- Project Team: Jennifer Tsui (RU CINJ), Derek DeLia, (RU Center for State Health Policy), Joel C. Cantor, (RU CSHP), Rula Btoush, (RU School of Nursing-Newark)
- Aim 1: Identify provider, system, and geographic factors associated with HPV vaccine initiation and completion, including:
 - Primary care setting & practice type, Medicaid managed care plans, Medicaid ACO/non-ACO regions and information linked from the American Medical Association data
- Aim 2: Examine provider and patient-level characteristics associated with co-administration of other adolescent vaccines and identify potential missed opportunities for co-administration or reasons for non-vaccination



Accelerating HPV Vaccine Uptake in New Jersey through Community and Health System Partnerships

- Duration: June 2017-May 2018
- Project Team: Jennifer Tsui (RU CINJ), Rula Btoush (RU School of Nursing-Newark), Andrea Rodriguez (RU CINJ)

Study Aims:

- Conduct an assessment of multilevel barriers and facilitators to HPV vaccination in New Jersey
- 2) Engage stakeholders to identify and adapt implementation strategies for HPV vaccine promotion at the practice or policy level

Questions

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