Partnership to Immunize Teens & Children against



HPV



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Background

- Florida has among the nation's highest rates of HPV-related diseases, yet low rates of HPV vaccination series initiation.
- To better understand and address HPV vaccination barriers, our team is currently assessing current stakeholder activities and barriers related to HPV vaccination.
- This poster presents the preliminary results from our stakeholder assessment survey.

Research Methods

Stakeholder Assessment:

1) Recruitment:

- Began with two stakeholder groups: HPV Action and Awareness Coalition and Partnership to Immunize Teens and Children against HPV, which consists of physicians, nurses, researchers, policymakers, and members of community outreach programs.
- Implemented a snowball sampling strategy, where our stakeholders provided us with recommendations for additional individuals from various counties in Fl. that are also engaging in HPV-related activities.
- Informed individuals of our survey during HPV-related activities such as: webinars that we have hosted, local HPV focused community meetings, and our PITCH Facebook page.
- Through these recruitment strategies, we have expanded our stakeholder group to include representation from various counties in Florida (Figure 2).

2) Data Collection:

- Assessed HPV-related activities stakeholders are engaging in, focused on:
 parents and adolescents, health care providers, communities & health systems,
 and advocacy & public policy, and barriers associated with these activities
 through a brief online survey.
- Stakeholders who completed our survey were compensated with a \$5 e-gift card.
- A subset of these participants (n=20) will be selected for follow-up phone interviews.
 - We will ask questions related to HPV-related activities stakeholders are engaging in, the barriers that they indicated experiencing, current recommendation practices, and the necessary education for health care providers, patients, and parents.
- Directive content analysis will then be employed for stakeholder interview data.
 Two researchers will categorize responses into the components of the Precede model, followed by conducting open coding and categorization within these components.

Figure 1. HPV-Related Activities stakeholders are engaging in focused on: Parents & Adolescents, Health Care Providers, Communities & Health Systems, and Advocacy & Public Policy:

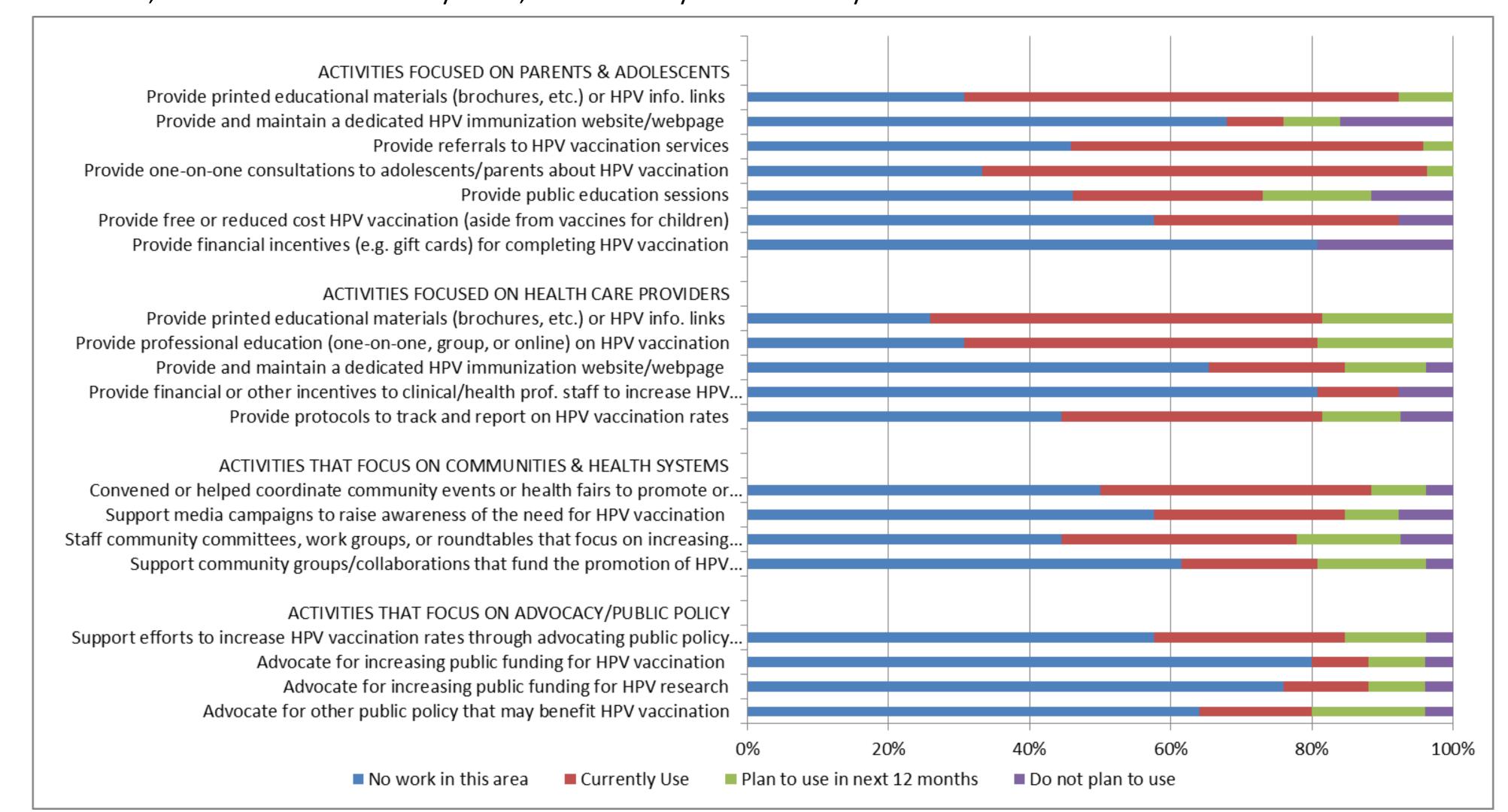
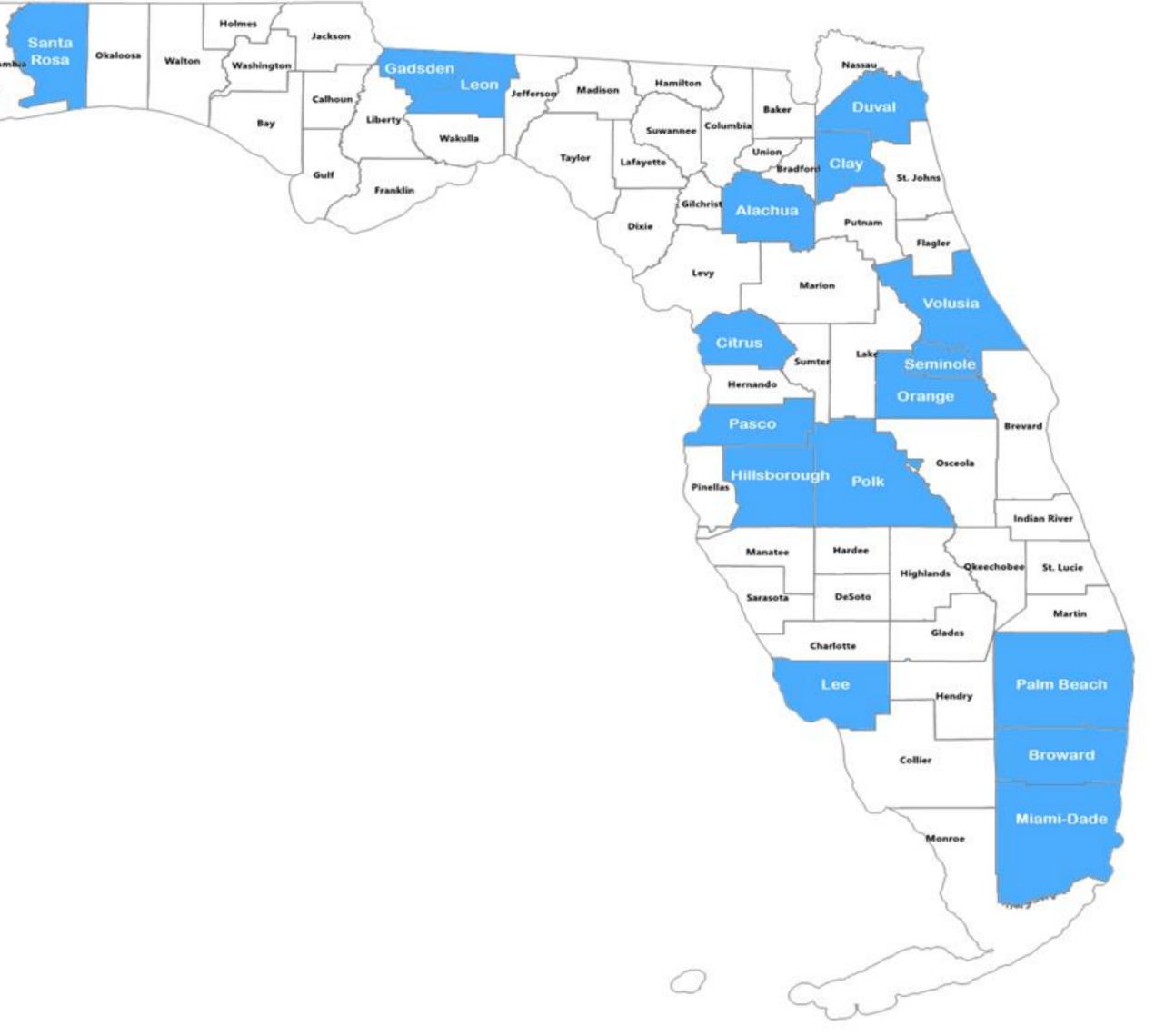


Figure 2. Geographic location of stakeholder sample:



Summary of Preliminary Findings

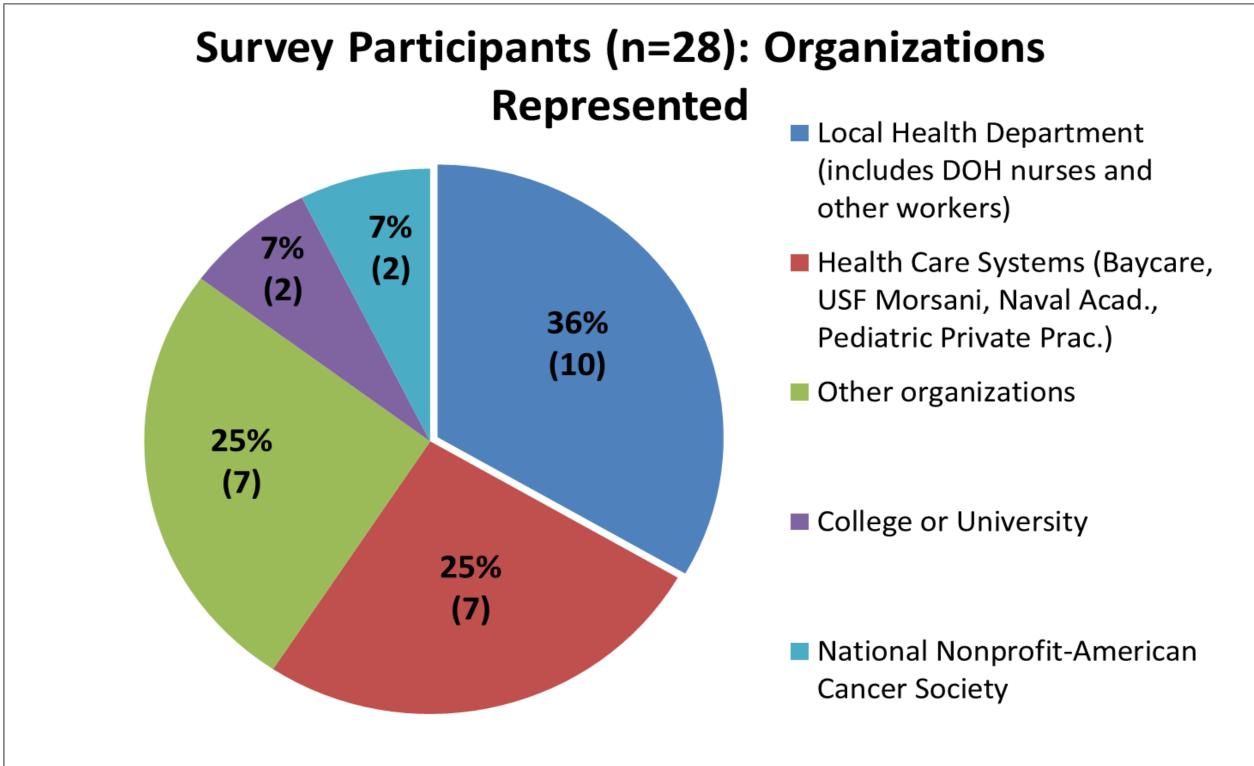
- Common activities implemented focused on parents and adolescents consist of:
 1) 'Providing printed educational materials or information links on their website' (59%, n=16).
- 2) 'Providing one-on one consultations to adolescents/parents about HPV vaccination' (63%, n=17) (Figure 1).
- Common barriers indicated while implementing these activities consist of: 'Lack of education/understanding about HPV and its link to cancer' (62%, n=13) and 'Lack of knowledge that vaccine is a 3 shot series' (57%, n=12).
- Common activities implemented focused on health care providers consist of:
 1) 'Providing educational materials or informational links on their site' (55%, n=15)
- 2) 'Providing professional HPV vaccination education' (48%, n=13) (Figure 1).
- The most common barrier indicated for this activity was: 'concern about adding another vaccine to the vaccine schedule' (18%, n=3).
- Common activities implemented focused on **communities and health systems** consist of:
- 1) 'Convened or helped coordinate community events or health fairs' (37%, n=10) 2) 'Staff community committees, work groups, or roundtables' (33%, n=9) (Figure 1)
- Common barriers indicated for these activities consist of: 'Lack of knowledge among families that vaccine is a series of 3 shots' and 'lack of information about vaccine' (38%, n=5).
- The most common activity focused on advocacy and public policy was: 'support efforts to increase HPV vaccination rates through advocating public policy change' (26%, n=7) (Figure 1).
- The most common barrier indicated was: 'Lack of information about HPV vaccine' (57%, n=4).

Summary of Preliminary Findings

Stakeholder Characteristics:

- Our survey sample (n=28) is comprised of primarily Nurses (36%, n=10), Medical Doctors (18%, n=5), and Public Health Professionals with the Florida Dept. of Health (18%, n=5).
- Organizations represented primarily consists of the Fl. Dept. of Health (36%, n=10) and various Health care systems (25%, n=7), (Figure 3).

Figure 3. Sample Characteristics by Organization:



*'Other' organizations indicated consist of: American Academy of Pediatrics, Merck, Suwannee AHEC, MCC, Women and Girls Cancer Alliance, Fl. Assoc. of School Nurses, and

Conclusions & Future Directions

• The consistency among the common barriers indicated suggests a need for HPV and vaccination education provided for adolescents & parents and communities & health systems, which should fill the gap of the lack of knowledge and information about the vaccine indicated for both of these groups.

Future Directions:

- Interview 20 stakeholders from various counties in Florida that completed our survey and analyze stakeholder interview data.
- Share our findings with stakeholders at HPV Summit in January 2016.
- Develop a statewide action plan based on stakeholder survey and interview results and final analysis of publically available data.

Lessons learned and best practices:

- Identifying key stakeholders requires working with local and state level organizations with an interest in cancer, adolescent health, and immunization.
- Engaging all of the right individuals for completion of our stakeholder assessment survey is challenging given the barrier of time.
- Through our activities we have identified possible overlapping and duplicative activities. Thus, a state level task force focused on improving HPV vaccination rates may be useful.

Research needs identified via the scan:

- Future research could directly focus on current efforts in the counties with the highest cervical cancer incidence rates.
- HPV-related activities indicated most often could be implemented in these counties and follow-up data could be collected to assess whether there was a significant improvement in both vaccination and incidence rates.