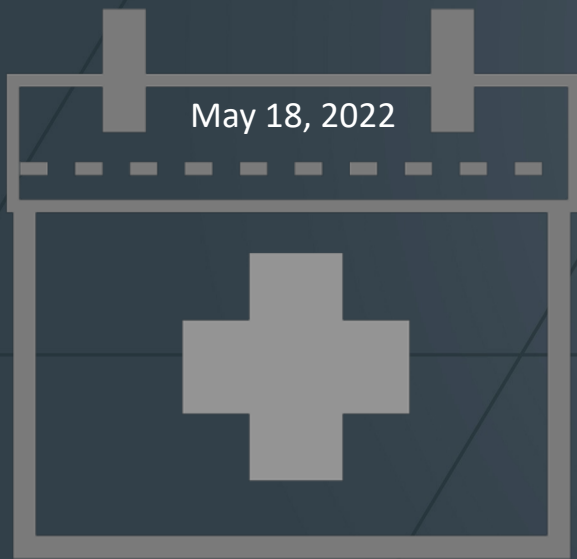


Data-Driven and Best-Practice Communication Strategies to Boost HPV Vaccination Confidence in West Virginia



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The speakers have no disclosures.

Speakers



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WVU Public Interest Communication Research Lab

- Public interest communication (PIC) merges theory and practice by examining the development, implementation, and evaluation of science-based strategic communication efforts to achieve and sustain publics' attitudinal and/or behavioral changes regarding a public interest issue.
- [The WVU PIC Research Lab](#) unites social and behavioral scientists to research:



Community Advocacy
and Engagement



Crisis and Risk
Communication



Media Sociology



Science
Communication

Social science for positive social change.

Today's Objectives

- 1 Describe psychosocial predictors of and barriers to HPV vaccination in West Virginia.
- 2 Implement data driven and best practice communication strategies to boost HPV vaccine confidence among West Virginia caregivers for their children and adolescents.
- 3 Describe the influence of and be prepared to provide strong recommendations for HPV vaccination to patients and their caregivers

WV HPV Vaccination Evidence-Based Communication Background



2021 campaign grounded in **quantitative & qualitative data**, heavily influenced by expert synthesis of **targeted academic scholarship**



For 2022, prior campaign **key messaging platform** and **assets** refined through rounds of formal and informal **concept testing** (qualitative)

Today we'll discuss:

- Evidence-based insights & recommendations
 - **WV-specific quantitative and qualitative data collection with WV parents/guardians and key informants**
 - + scientific literature specific to HPV vaccination communication,
 - + social and behavioral science principles,
 - + Appalachian health data
- Translation of data into messaging and materials available for healthcare provider use
- Q&A



HPV & HPV Vaccination Knowledge, Perceptions, & Intentions

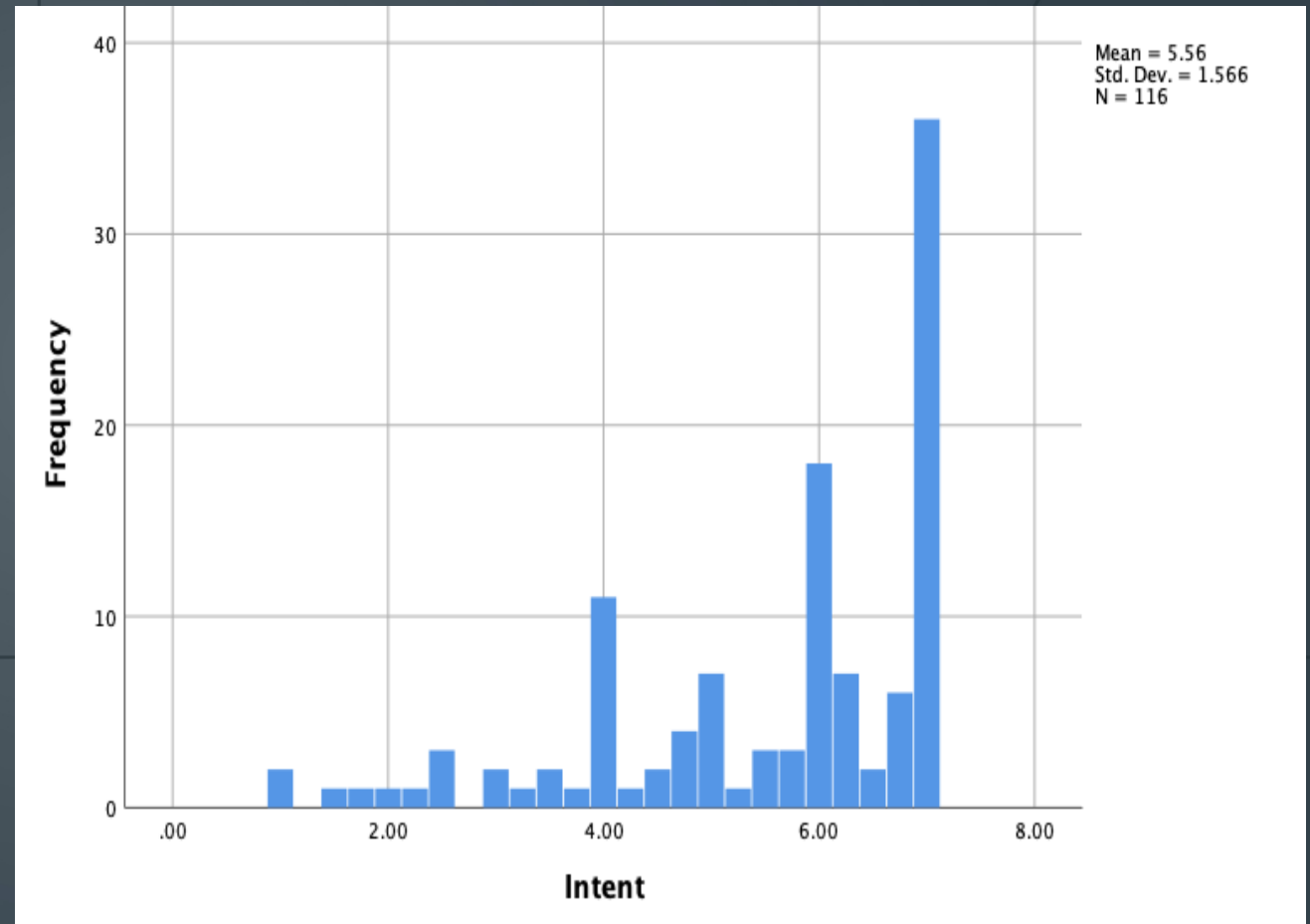
Data Background

- **Online survey**
 - 116 parents of children ages 5-17 residing in rural counties
- **In-depth interviews and focus groups**
 - with rural county residents, parents/guardians, pediatric medical professionals, family physician, teachers, social workers, other rural caregivers and child-health influencers across the state of WV

Parent Intentions to get Child/Teen HPV Vaccinated

Large Moveable Group

- $M = 5.56$ ($SD = 1.57$)
- ~47% at or above midpoint (4-7 on 7-point scale)
- ~31% of which STRONGLY planning/willing/motivated (7s on 7-point scale)



Statistically modeling parent intentions

- Of the measured items, those that **directly predicted intentions to get their child/teen vaccinated against HPV** were:
 - Perceptions of how **safe and beneficial** getting vaccinated against HPV would be (instrumental attitudes)
 - Knowledge that HPV may **spread** from person to person **by sexual intercourse** (*note: *negative predictor*),
 - Systematic processing of HPV information (**paying close attention**)
 - Perceived **effectiveness** of HPV vaccination

Selected Qualitative Insights

- **Knowledge of HPV remains limited** – vague familiarity with HPV, what HPV vaccine does
 - Little/no knowledge about HPV health outcomes (cervical cancer only noted outcome)
- **Uncertainty about why to vaccinate a child for an “adult’s disease”**
 - Many “let the child choose for themselves when they are older” sentiments
- **Attitudes toward HPV vaccination varied, trending toward positive** in our samples
 - Often hinging on participant knowledge/articulation of risk vs. benefit
 - All those who were extremely strongly “pro” articulated a cancer prevention rationale
- **“HPV only affects women”** remains a common misperception
- **Association with sexual taboos** or perceived conflicts with **religious beliefs**
 - “They don’t want to do it [have their children receive the HPV vaccine] because it’s like they’re promoting sexual activity.”
 - “In my religion, sex before marriage is not something we agree with, so my children won’t need this [vaccine]”
- **Concern about side effects.** Barrier for some, simply a consideration for others
 - “...I didn't like the reactions that they got to it. Um, they did, they were short. It didn't last long. It wasn't too severe. And I know that the good outweighs the short, bad reaction they got...”

Health Professional Recommendation is Essential

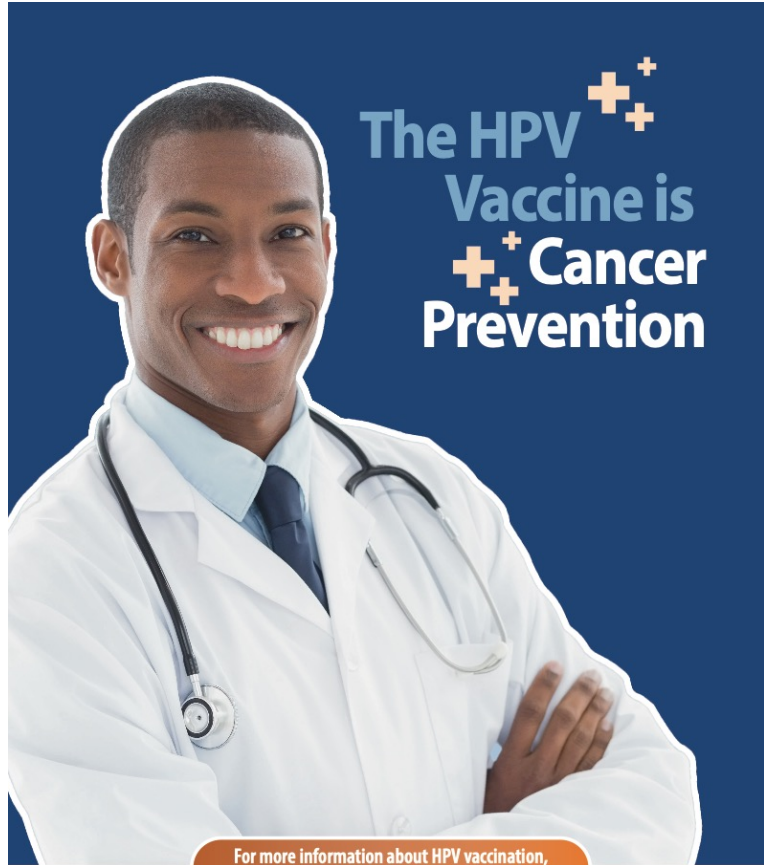
- **Pediatrician, family physician, or other medical provider bringing up HPV vaccination and making a recommendation is crucial.**
- **One parent discussed the trust she has in her children's long-time pediatrician.**
 - “I remember actually asking when my son was first eligible, like old enough to get the vaccine for HPV [and our pediatrician brought it up]. And this is a question I ask about many different scenarios, I always ask, would you do this for your child? If this were your child, would you give them the vaccine? Would you give them this medication? You know what I mean? I think that I trust him enough to be honest about how he would handle the situation with his own children. And then I do the same to mine. I make that decision for my children. And I think that that's important.
- **Relatedly, a father said:**
 - “Wait, now I'm supposed to know about asking about this vaccine too? I can't just trust my pediatrician to bring it up and tell me what their expert opinion is and when I should get it done? If I don't bring this up, she [the daughter] might not get this, but it's important to get? I just don't understand our medical system anymore.”

Influence of Community

- High degree of trust in **local community** and social circles
- Multiple parents/guardians identified alternate groups they are comfortable seeking advice from to inform their vaccination decision:
 - **Schools**
 - “Yeah we have Community Care Clinics in our schools in middle school and high school and they will give it [HPV vaccines] to the students also if the parents want it.”
 - **Local Health Departments and Local Govt (often more so than CDC or WHO)**
 - “Well, I prefer to receive information online, like if I get an email from a health department or something like that”
 - **Printed materials at local offices, businesses**
 - “Well, in southern West Virginia where I’m from, we don’t always have internet and people get their information from, like talking to people in town or at stores or at clinics, so, or even if you could maybe print out the social media stuff if there’s social media that could maybe help”

Evidence-based Recommendations:

- Increase knowledge/perceptions about severity of outcomes
 - Specific diseases/consequences (for all genders)
- Shift short-term thinking to long-term thinking re: HPV consequences
 - Vaccinating children **now** is the best way to ensure maximum protection later in life and as adults
- Encourage and tailor interpersonal discussions and consultation with health providers
 - Include images of parents with boys, racial/ethnic inclusivity
 - Overwhelmingly large percentage of providers in previous research used campaign materials when discussing HPV with patients to statistically significantly improve vaccination rates—our tailored information (such as info about *specific* risks of HPV, affects all genders, vaccine safety—long and short term, benefits of adolescent vaccination vs. waiting until adulthood, how the vaccine works)



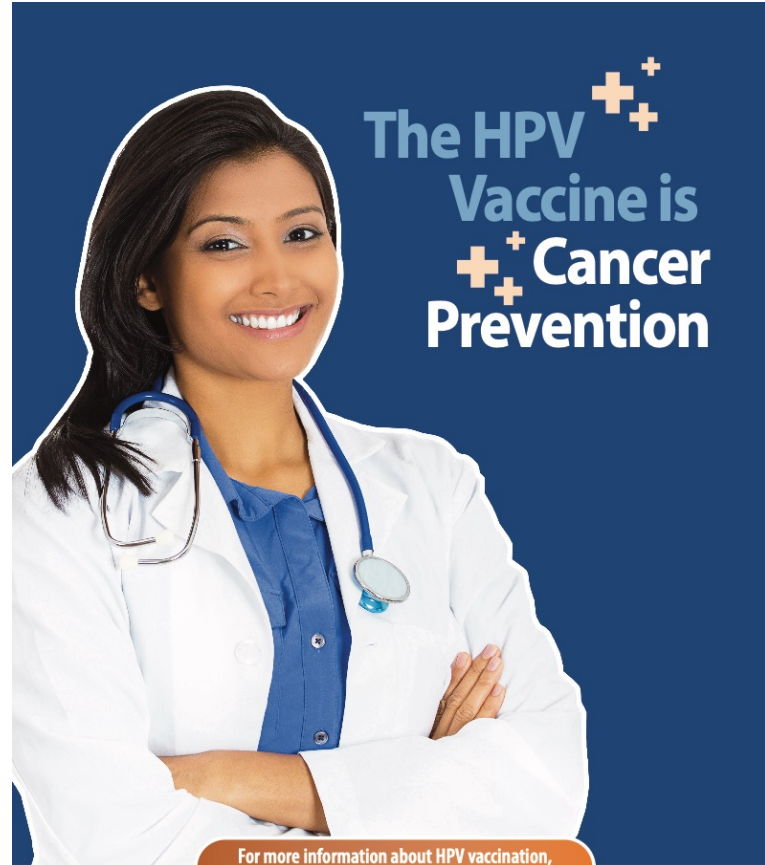
The HPV Vaccine is Cancer Prevention

For more information about HPV vaccination,
talk to a health care provider.



This project is in partnership with the WV Association of Local Health Departments, the WV Division of Immunization Services, the WV Chapter of the American Academy of Pediatrics, the WV Primary Care Association, the WV State Medical Association and the WV Immunization Network.

wvruralhealth.org/hpv



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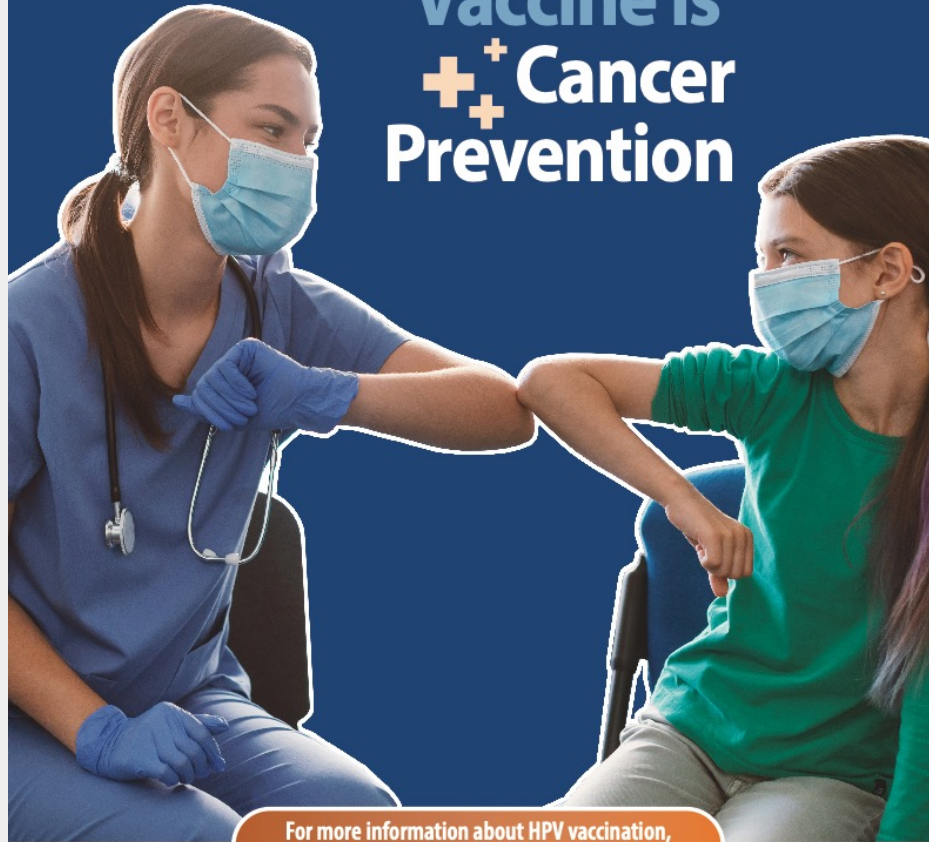


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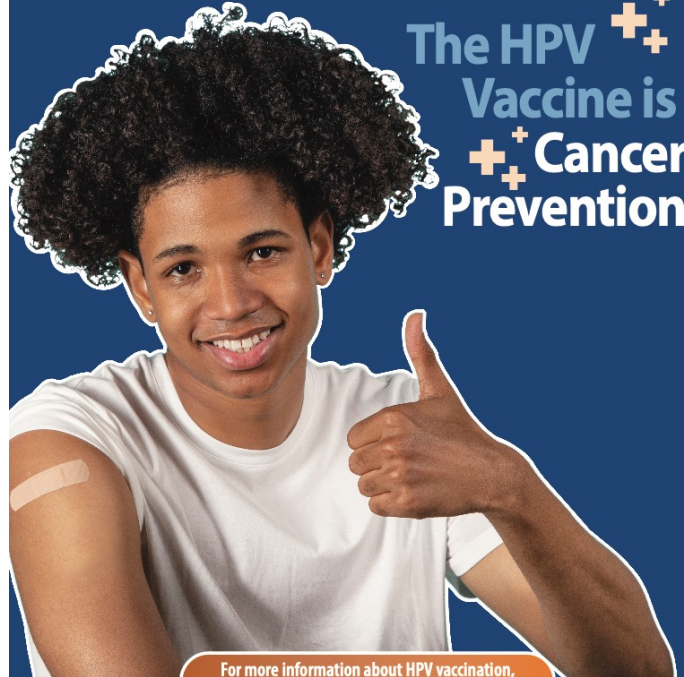


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Get ready to go back-to-school.



Make sure your preteen or teen is up to date on his or her vaccinations for the upcoming school year.



Routine vaccinations can be given at the same time as COVID-19 vaccination.

Children who are eligible to receive the COVID-19 vaccine can get it at the same visit as other childhood and adolescent vaccines.



Plan ahead for multi-dose vaccinations.
Some vaccinations need more than one dose to be fully effective. The cancer-preventing HPV vaccine, for example, is:
Two doses for 9-14 year olds OR Three doses for teens 15 or older



How to get preteen and teen vaccines.



Preteen and teen vaccines are low or no cost.

- ✓ Most health insurance plans cover preteen and teen vaccinations.
- ✓ Vaccines for Children (VFC) program provides vaccines for children 18 years and younger who are uninsured, underinsured, Medicaid-eligible, American Indian, or Alaska Native.



Adolescents can receive vaccines at their:

- ✓ Health care provider's offices;
- ✓ Community health centers;
- ✓ Local health departments;
- ✓ At most school-based clinics; and,
- ✓ Pharmacies (for some vaccines, a prescription may be needed).

For more information about HPV vaccination, talk to a health care provider.



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Sources: Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Cancer Society



HPV Vaccination: Protecting Preteens and Teens from Future Cancer

Human papillomavirus (HPV) can lead to certain types of cancers. Infections from HPV often do not have any immediate symptoms or warning signs. Here's why it's so important to get your preteen or teen vaccinated against HPV.

HPV vaccination is cancer prevention.



HPV can cause cancers of the penis, anus, cervix, vagina, vulva, and throat, including the tongue and tonsils.



The HPV vaccine is effective at preventing the types of HPV that can lead to cancer.



Infections with HPV types that cause most HPV cancers have dropped 86% among teen girls since the HPV vaccine became available.

Anyone can get cancer from HPV infection.



HPV causes almost all cervical cancers in women.



More than 4 out of every 10 cases of cancer caused by HPV occur among men.

Vaccinating preteens and teens against HPV now prevents cancer later.



HPV vaccination prevents new HPV infections but does not treat existing HPV infections.



HPV vaccination works best when given before exposure to the virus.



HPV vaccination is safe, effective, and provides lasting protection against HPV.

When to get protected:



The ideal age for HPV vaccination for boys and girls is 9-12 years or older.



Boys and girls who receive the HPV vaccine prior to age 15 only need two doses. If starting after age 15, the HPV vaccination is given in three doses.

For more information about HPV vaccination, talk to a health care provider.



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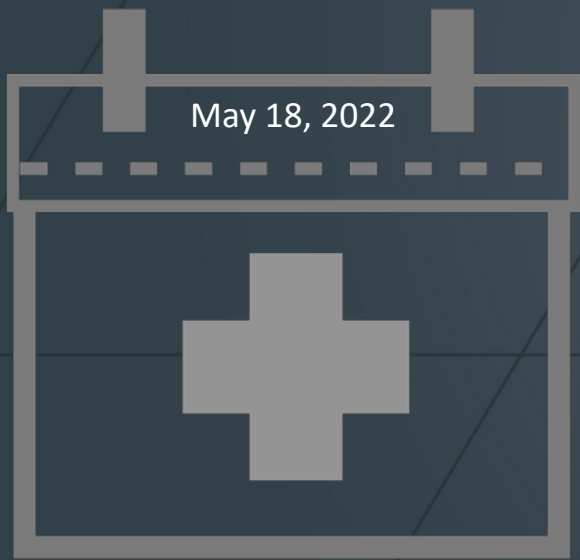


Takeaways

- **Provider resources/recommendations** are **CRUCIAL** for improving HPV vaccination rates
- **“HPV Vaccination is Cancer Prevention”** is the key message
- Discuss benefit v. risks (focus on **safety and effectiveness**)
- **Don’t lead with link to sexual activity** (but discuss empathetically if point is raised as a concern)
- Use materials designed to **encourage systematic processing**

Thanks!

QUESTIONS?



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