



# *Interview Results from an HPV Vaccination Environmental Scan in Rural and Frontier Oregon*

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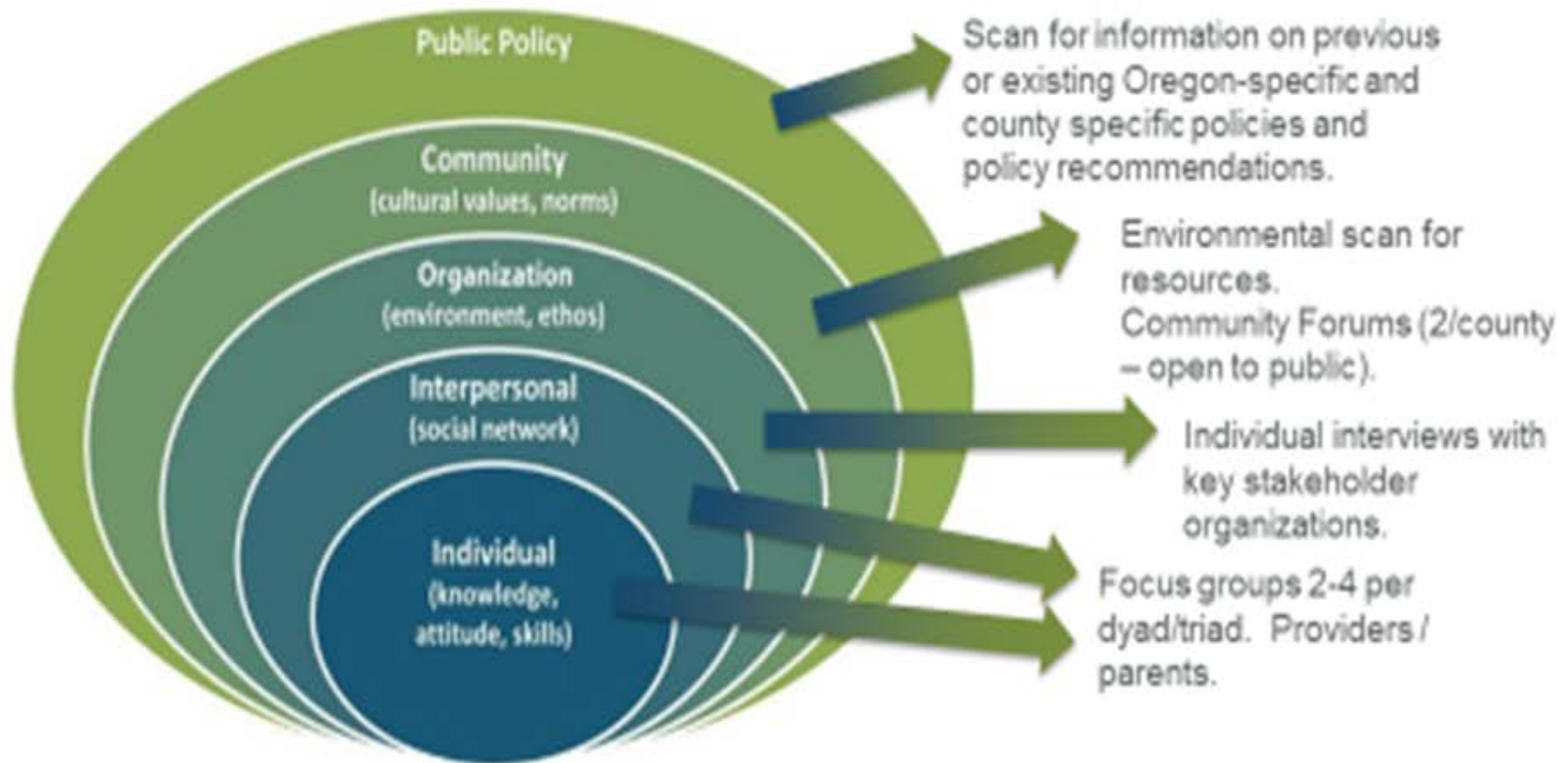
# What do we want to know?

## Project Overview

- **What are barriers and facilitators to full HPV vaccination** among adolescents?
- **What approaches to HPV vaccination rate improvement** may be most easily disseminated across rural and frontier regions?

# What approach are we using?

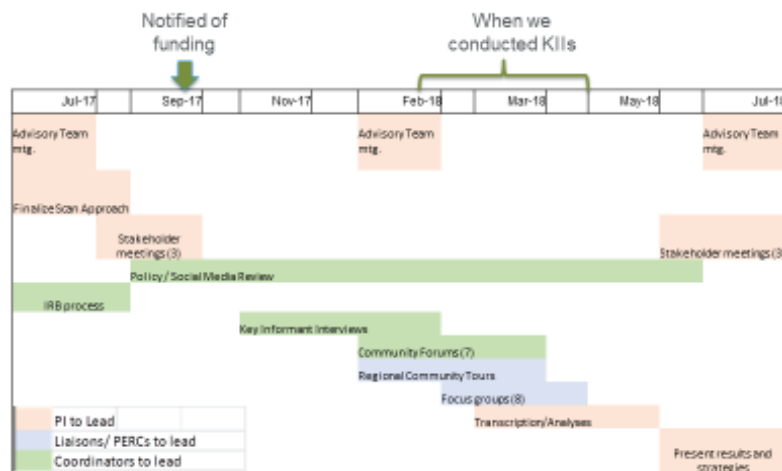
## Socio-Ecologic Model



# What are we presenting today?

## Key Informant Interviews

- **Purpose:** To understand cultural influences on knowledge, attitudes, and beliefs about HPV vaccination
- **Method:** Phone-based 30-60 minute interviews.
  - Audio recorded interviews → transcribed responses → coded data into themes (grounded theory approach) → analyzed data



# Key Informant Interviews

## Adapted existing semi-structured interview guides

HPV Vaccination in Oregon: Defeating Geographic/Racial Disparities, Inequities and Population Mores

Principal Investigator: Jackson Stricker, PhD, RD  
**Key Informant Interview Guide – Clinical Representative**

The questions below are the general topic areas we will explore with interview participants. These questions will be modified in light of what is learned during the interview and to fit the expertise of the interviewee.

### Opening:

Thank you for participating in this key informant interview. OHSU is conducting a multi-level environmental scan to identify facilitators, barriers, and levels of influence on behavior relating to human papillomavirus (HPV) vaccination in 3 Oregon regions, specifically in Coos, Curry, Klamath, Lake, Gilliam, Sherman and Wasco counties. You have been identified by health leaders in your community as a key informant who can contribute relevant and important information to our understanding of your region's opinions, use, and promotion of the HPV vaccine.

Do you have any questions about the interview before we begin?

We'd like to record this conversation – we'll get the recording transcribed and remove identifiers to facilitate our analysis process. Is it OK to turn the recorder on? [If yes, start audio recording.]

### Semi-structured Interview Guide:

- First, please tell us about yourself.
  - What is your background and training?
  - What is your current role in the clinic/organization?
  - How long have you been working for this clinic/organization?
  - What is your experience with/exposure to the HPV vaccine?
- How familiar are you with your county's current immunization rates? On a scale of 1-5 (1=low, 5=high)
- How familiar are you with the current Advisory Committee on Immunization Practices guidelines for administering adolescent vaccines?
  - What about for HPV vaccine?
- To what extent do you think providers in your county are following the current Advisory Committee on Immunization Practices guidelines for administering adolescent vaccines?
  - Starting age for recommending vaccines, any differences by gender of patient, etc.?
  - What about for HPV vaccine? Any differences?
  - Recommending HPV at the same time as Tdap and meningitis?
  - What about how strongly they recommend each adolescent vaccine?
- Why do you think some providers in your county are not following the guidelines for HPV vaccination or giving strong recommendations?
  - Reasons for not routinely recommending HPV vaccine?
  - Reasons for recommending it at older ages? Only for girls?
  - Reasons for not recommending HPV at the same time as Tdap and meningitis?
  - Disagreement with ACIP guidelines?
  - Lack of standing clinic protocols?
  - Time?
  - Discomfort in discussing?
  - Others?

HPV Vaccination in Oregon: Defeating Geographic/Racial Disparities, Inequities and Population Mores

Principal Investigator: Jackson Stricker, PhD, RD  
**Key Informant Interview Guide – Non-Clinical Representative**

The topic areas we will explore with interview participants. These questions will be modified during the interview and to fit the expertise of the interviewee.

Key informant interview. OHSU is conducting a multi-level environmental and levels of influence on behavior relating to human papillomavirus (HPV) vaccination in 3 Oregon regions, specifically in Coos, Curry, Klamath, Lake, Gilliam, Sherman and Wasco counties. You have been identified by health leaders in your community as a key informant who can contribute relevant and important information to our understanding of your region's opinions, use, and promotion of the HPV vaccine.

Do you have any questions about the interview before we begin?

We'd like to record this conversation – we'll get the recording transcribed and remove identifiers to facilitate our analysis process. Is it OK to turn the recorder on? [If yes, start audio recording.]

### Semi-structured Interview Guide:

- First, please tell us about yourself.
  - What is your background and training?
  - What is your current role in the clinic/organization?
  - How long have you been working for this clinic/organization?
  - What is your experience with/exposure to the HPV vaccine?
  - Are you a parent of a child between the ages of 9 and 26?
- How familiar are you with your county's current immunization rates? On a scale of 1-5. (1=low, 5=high)
- What do you think are the top three barriers to HPV vaccination in your county for girls?
- What do you think are the top three barriers to HPV vaccination in your county for boys?
- How familiar are you with the current Advisory Committee on Immunization Practices guidelines for administering adolescent vaccines?
  - What about for HPV vaccine?
- To what extent do you think providers in your county are following the current Advisory Committee on Immunization Practices guidelines for administering adolescent vaccines?
  - Starting age for recommending vaccines, any differences by gender of patient, etc.?
  - What about for HPV vaccine? Any differences?
  - Recommending HPV at the same time as Tdap and meningitis?
  - What about how strongly they recommend each adolescent vaccine?
- Why do you think some providers in your county are not following the guidelines for HPV vaccination or giving strong recommendations?
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  - Reasons for recommending it at older ages? Only for girls?
  - Reasons for not recommending HPV at the same time as Tdap and meningitis?
  - Disagreement with ACIP guidelines?
  - Lack of standing clinic protocols?
  - Time?
  - Discomfort

## 2 guides:

- 17 questions, non-clinical
- 14 questions, clinical

HPV Vaccination in Oregon: Defeating Geographic/Racial Disparities, Inequities and Population Mores

Principal Investigator: Jackson Stricker, PhD, RD

**6. Many studies have found that a good recommendation by a healthcare provider is important for HPV vaccination. What do you think a good recommendation entails?**

**Probes:**

- Detached recommendation. Ex. "It is recommended that adolescents 11-12 years old receive the HPV vaccine."
  - Passive recommendation. Ex. "Would you like to get the HPV vaccine for Billy?"
  - Active recommendation. Ex. "I recommend Mary get the HPV vaccine. When would you like to get it? How about today?"
  - Personalized recommendation. Ex. "Ted is the recommended age for HPV vaccination. The vaccine prevents several types of cancer and since cancer runs in your family, I think we should start the series today."
- Where do you think the recommendation for HPV vaccination in your county should occur or from which kind of office parents would be the most responsive?
    - Probes: Private Doctor's office, Dental office, Public health clinic, School, Pharmacy, Community health fair
  - When do you think the best time is to talk to parents and recommend the HPV vaccine?
    - Probes: Before their child is the recommended age, when their child is the recommended age, after their child is the recommended age, if not already vaccinated
  - What are most parents' main questions or concerns about the HPV vaccine in your county?
    - Does the HPV vaccine cause short-term side effects such as fever or discomfort?
    - What are the HPV vaccine's long-term side effects?
    - Is the HPV vaccine safe?
    - Does the HPV vaccine prevent HPV infection?
    - Does the HPV vaccine prevent cervical cancer?
    - What other cancers does the HPV vaccine prevent?
    - Will the HPV vaccine cause their child(ren) to be more promiscuous?
    - Do boys really need to get the HPV vaccine?
  - What are most providers' main questions or concerns about the HPV vaccine in your county?
  - What messages do you think should be included in pamphlets for parents and patients in your county to promote the importance of the HPV vaccine?
  - What messages do you think should be included in public health campaigns in your county to promote the HPV vaccine?
  - In case you're not aware of it, in 2016, your county's 3-dose completion rate for 13-17 year olds = XX, Oregon's 3-dose completion rate for girls = 40% and for boys = 31% and the Nation's 3-dose completion rate for combined boys and girls = 60%. What is the first thing that pops into your head after hearing your county's HPV immunization rate?
  - What else would you like to share with us?
  - We will be scheduling focus groups and community forums in your region – would you be willing to help us advertise for these when we get them scheduled? **Yes/No**





# Where was our work conducted?

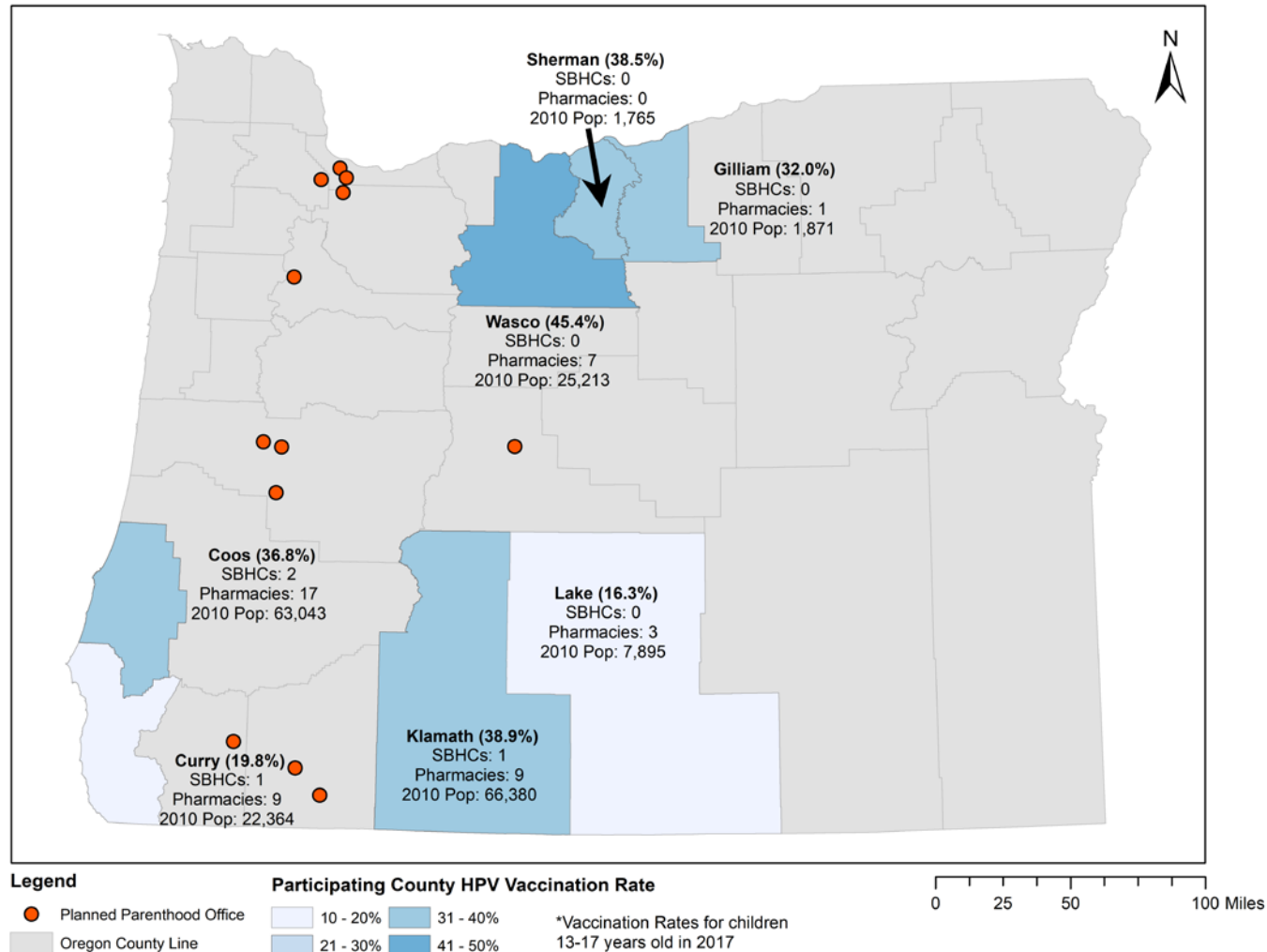
## Columbia Gorge, South Coast, Southern Oregon

Rural county-level completion of the HPV vaccine series is **only 27.8%**.

*"I think there's a lot of education that needs to be done, especially I think in some of our rural communities. There's definitely a different expectation, especially around what is education as far as sexual health, and what the parents are willing to allow and definitely a different environment."*

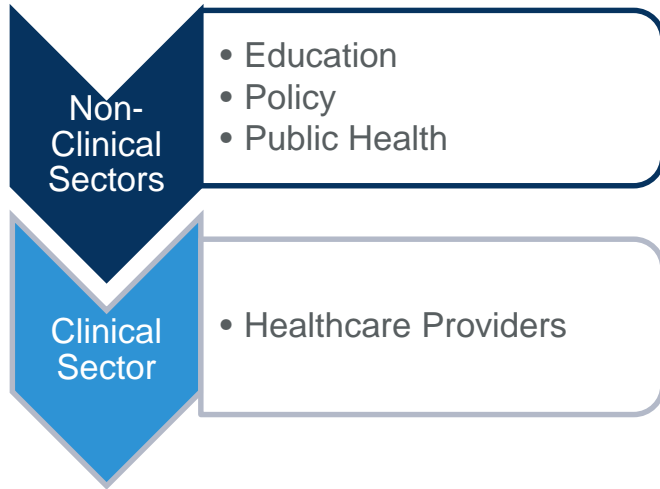
- Dental Hygienist, Columbia Gorge

Oregon HPV Vaccination Environmental Scan

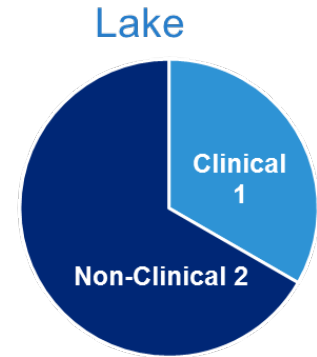
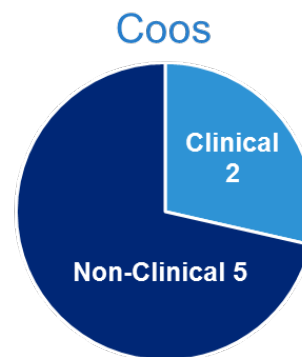
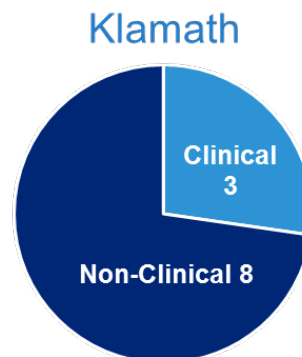
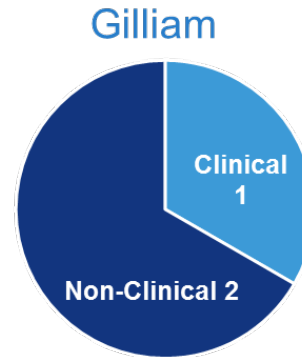
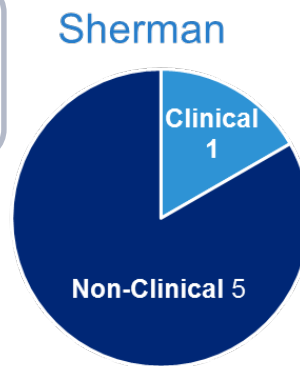


# Who did we talk with?

We targeted people from 4 sectors.



We were able to recruit 34 interviewees from 6 counties:



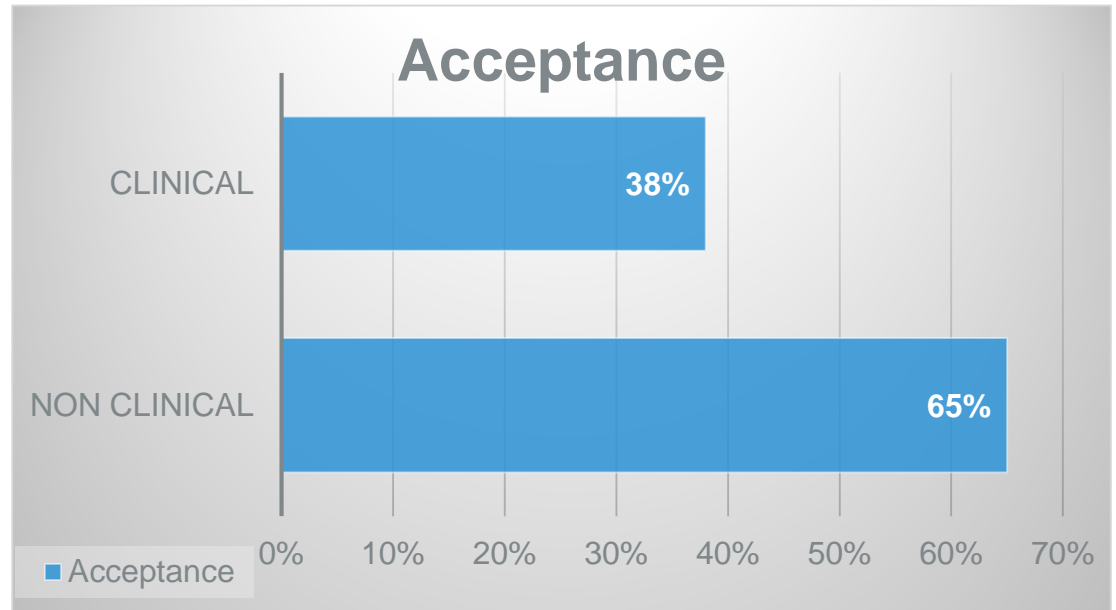
# What did we learn?



# Current HPV vaccine rates don't surprise people.

*"I mean, we're talking about a situation where we've got people that have to drive an hour-plus to get to their doctor or other medical facilities. So, **it's not horribly surprising.**"*

- Health Educator, Columbia Gorge



*"We're a real suspicious, we're behind the times here. I think everybody waits to see if anybody else is going to have some bad reaction to something. We just don't do things spontaneously. We wait to see what happens when we're in a rural area. I could tell you what, we have people who've told us that oh, they had a cousin that had this vaccine and they had terrible things happen. I mean, they're just always stories about vaccines, and **we have a lot of culture here that gets one shot at a time.**"*

- Medical Assistant, Columbia Gorge

# People feel like they don't know a lot about the vaccine.

- There is limited or no experience with/exposure to the HPV vaccine.
- People are not at all familiar or have limited familiarity with their own county's current HPV vaccination rates.
- People are not at all familiar with CDC ACIP guidelines for administering the HPV vaccine.
- **Lack of Education was listed as a barrier to HPV vaccination in counties for both girls and boys.**

*"I think for parents in the community at large, it's just really educating them on the risks that will happen if they don't have it. I think there, everybody kind of lives in that idea that it's not going to happen to my child, my child's not going to do these things. I think it's really important to educate on why they should have it done and what it can prevent and how it can save their life potentially down the line."*

- Public Health Employee, Columbia Gorge

*"We have a couple of TV screens out in our waiting room, and it shows pictures of our staff, and that's lovely, but I think they could also be used for a lot of educational opportunities."*

- Nurse Practitioner, South Coast

# Some people didn't realize the vaccine was for girls and boys.

- Barriers to HPV vaccination listed for boys:
  - Shot is just for girls: 10% non-clinical
  - Boys are not at risk: 1% non-clinical
- Parents' main questions or concerns about the HPV vaccine; Do boys really need to get it and WHY do boys need to get the HPV vaccination?
- Messages included in public health campaigns to promote the HPV vaccine should cover this fact – that the vaccine is for both girls and boys.

*"I think people think of it as a vaccine geared towards young women. I think the other issues are the same though, like, oh, we can't do this because then our boys are going to become sexually active and I don't want chemicals in their body, or I just don't know enough about it. **So I think, I think the lack of education and awareness is even more for the boys.**"*

- Public Health Employee, Southern Oregon

*"...we're not picking up with boys hardly at all and I don't know why, even though I really push, I try to make it sound horrible. You just do not want genital warts. I just, I make it sound horrible, and the minute you say that, then they're a lot more interested because they're all grossed out about what they might get. So, but it's been hard, it's been really hard to push that one."*

- Medical Assistant, Columbia Gorge

# The topic of sex/sexual health was mentioned less often than expected.

- Surprisingly, we collected few sex-related:
  - parental concerns about the HPV vaccine.
  - or
  - barriers in the counties to receiving the HPV vaccine.
  - or
  - reasons for providers not following ACIP guidelines for HPV vaccination or giving strong recommendations.

*“People in this county don't think their little angels are going to have sex, or frankly, some parents are super-excited to become grandparents.”*

- Pediatrician, Southern Oregon

*“...there just was a lot of negativity towards, and I think it's any new vaccine, but it's, especially that one because I think it was affiliated with their daughters having sex, is how they affiliated, or associated it.”*

- Medical Assistant, Columbia Gorge

# Barriers relate to access and the cost of the vaccine.

Non-clinical respondents thought the following related to both boys and girls not getting the vaccine:

- **Transportation:** 9%
- **Cost:** 7%
- **Access/availability:** 4%

Clinical respondents reflected on provider barriers to recommending the HPV vaccine for ages 9-26 year olds:

- Infrastructure barriers: 11%

Clinical respondents thought that providers not following ACIP guidelines or giving strong recommendations faced:

- Financial limits: 12%

*“...this coming summer and I-we haven't fully landed on it yet but we are thinking of like having like **several free evenings or free Saturdays where adolescents could come in and get free care** around the time when people are needing to get their sports physicals and try to do it all at once.”*

- Family Physician, Southern Oregon

*“I really don't feel like there should be any difference whether it's male or female. **I think it's all whether or not you have the access and you understand what the issue is and that your child needs to get it.**”*

- Health Educator, Columbia Gorge

# Teachers and providers can be powerful voices for promoting the HPV vaccine.

Non-clinical respondents thought parents would be most responsive to HPV vaccination recommendations from:

- Primary care clinic: 88%
- School: 72%
- Pediatrician: 64%

*“They keep dropping classes all the time, but if they have a health class I would think that **those are things that should be brought up in health.**”*

- Medical Assistant, Columbia Gorge

*“I think then maybe **the responsibility does shift back to the schools** a little bit to say, 'hey, this is what's happening, we know X number of cases have popped up within our district and we really want to encourage parents to talk with your providers about getting this vaccine'.”*

- Public Health Employee, Columbia Gorge



# Lesson: We need to present the facts!

- The messages that should be included in public health campaigns to promote the HPV vaccine:
  - Facts: 12% non-clinical
  - “The truth”: 4% non-clinical
  - Data about rates or prevalence of HPV and/or how HPV VAX has helped: 16% clinical
- Does the message change in pamphlets for parents and patients? **No!**
- Providers, too, would like updated HPV vaccination information (via video or webinar)
  - One provider’s group is VERY competitive with other provider groups in the county (e.g. hitting vaccination rate targets) – this inclination could be leveraged!

*“Whenever the school brings up some issue, oh, my god! The parents, some parent or other or two or three parents get their panties in a wad and they, they're in trouble. ‘That's a personal issue. I don't want my child knowing about sex or they're not doing that, I don't want you talking about it. They shouldn't know that now. They're too young.’ And so, I don't know if the school should be doing it. I would personally like for them to. Maybe one class at the school. Like I say, if they're still doing a health class, **I think that would be perfect to have a whole section on the pathology of diseases and how HPV, what it is, what it can cause**, that kind of thing. I think that'd be great, but maybe no place else.”*

- Medical Assistant, Columbia Gorge

# Reference the HPV vaccine as cancer prevention.

- In printed materials
- In public health campaigns
- Via good recommendations by providers

*“I think for parents in the community at large, it's just really educating them on the risks that will happen if they don't have it. I think there, everybody kind of lives in that idea that it's not going to happen to my child, my child's not going to do these things. I think it's really important to **educate on why they should have it done and what it can prevent and how it can save their life potentially down the line.**”*

- Public Health Employee, Columbia Gorge

*“I mean it's exciting that we've come far enough to be able to find out that, yeah, that **there is a vaccine that can, can stop a cancer.**”*

- County Employee, Columbia Gorge

# Respondent Demographics

## This activity was productive!

- We connected with 34 individuals from 6 counties
  - 26 non-clinical, 8 clinical
  - Range of backgrounds and roles were represented
  - Most had >10 years working for their clinic/organization (38% non clinical, 88% clinical)
  - Included parents (42% non-clinical) & non-parents (58% non-clinical)
  - Variability in terms of “experience with/exposure to the HPV vaccine” (“limited”: 65% non-clinical; “high”: 88% clinical)
- We engaged people in discussing and getting excited about this topic!

*“[The] immunization can save someone's life and I think the reality is that people don't really understand the repercussions if they don't get their kids immunized for this.”*

- Family Physician, South Coast

# What else does the data tell us?

## Potential Limitations

- Interviewees represented only 4 sectors in rural or frontier counties
- 6 of our targeted 7 counties were included in this analyses
  - Missed 1 : Curry
- We utilized specific questions, but not questions directly applicable within each county or to each interviewee
- This is a preliminary interview data report

*“My gut feeling is that what I consider more red states and red areas of blue states will have **lower completion rates for HPV vaccine.**”*

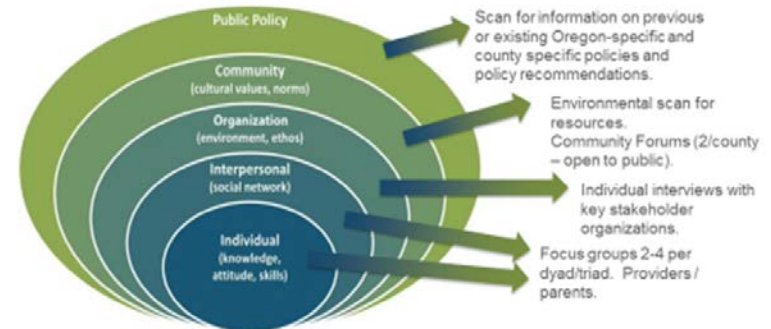
- Nurse Practitioner, South Coast

# Next Steps:

## This Project & Future Projects

- **This Project:**

- Compare policy scan findings to interview results
- Review observational scan data; assess messaging materials against interview findings and regional rates
- Analyze focus group data
- Craft messages to present to/ request feedback from community stakeholders; possibly present publicly
- Disseminate findings!



- **Future Projects:**

- Expand work beyond 3 rural regions of 1 state
- Collaboratively roll out community campaigns and/or piggyback on established, scheduled, communitywide events and opportunities for dissemination and HPV Vax promotion
  - Increase student vaccination at schools; pop-up clinics, sports physicals, staff nurse, back-to-school nights
- Work with providers to improve practices within clinical settings
- Determine creative ways to address transportation and/or access issues; leverage unusual resources
- Encourage HPV vaccination discussions in school health classes; encourage adolescent advocacy

# Questions?

**Thank you!**

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