Understanding HPV Disparities in Rural Communities & Addressing HPV Vaccine Hesitancy Webinar

June 28, 2023

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Introductions

Moderator: **Ajia McAferty, MPH**

Systems Manager, Immunizations, WithinReach

Presenter: **Katie Treend, MPH**

Comprehensive Cancer Control Program Coordinator, Washington State Department of Health

Presenter: **Gretchen LaSalle, MD, FAAFP**

Family Medicine Provider, MultiCare Rockwood Quail Run Clinic

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Before We Start

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses, medical assistants, and pharmacist/pharmacy techs attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information on our Web Page.

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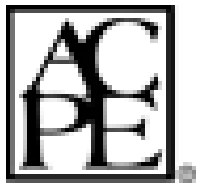
Continuing Education

- This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.
- This knowledge activity was approved by the Washington State Pharmacy Association for 1.0 contact hours. The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.



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Disclosures

- Dr. Gretchen LaSalle wishes to disclose the following:
  - Consultant paid by MultiCare Clinic with research funded by Merck
  - Paid speaker for various organizations and CME content creator

- All other planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

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Learning Objectives

- Describe reasons for HPV vaccination disparities in rural communities, including provider-specific barriers to vaccination
- Review ways to address these barriers to vaccination
- Discuss common HPV vaccine questions and concerns and how to address them
- Identify effective approaches to the HPV vaccine conversation

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Understanding HPV Disparities in Rural Communities & Addressing HPV Vaccine Hesitancy

Katie Treend, MPH

Washington State Cancer Control Program

Department of Health

HPV Disparities in Rural Communities

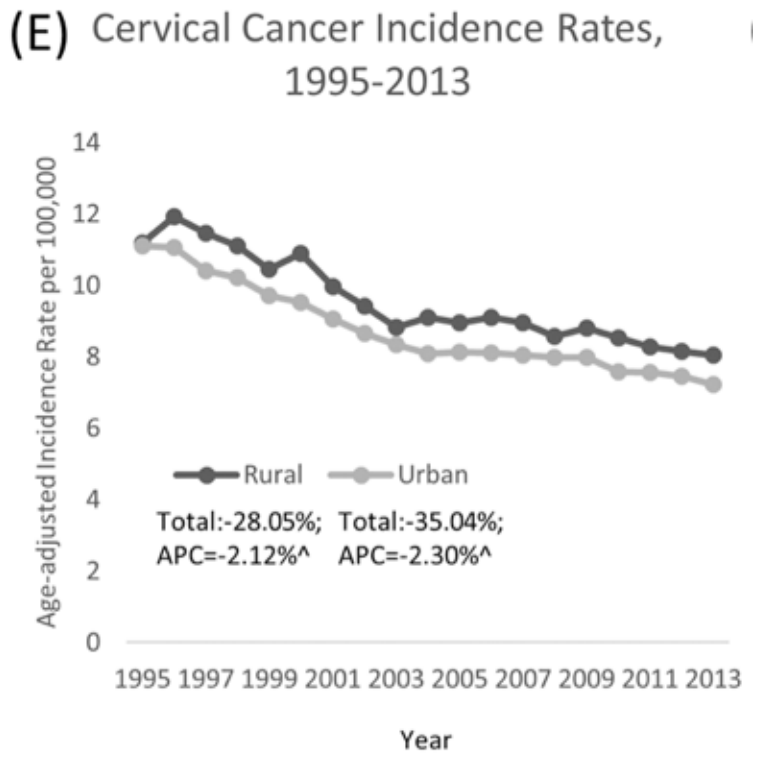
- 20% of US population lives in rural regions
- Rural strengths: strong sense of community, resilient, self-sufficient

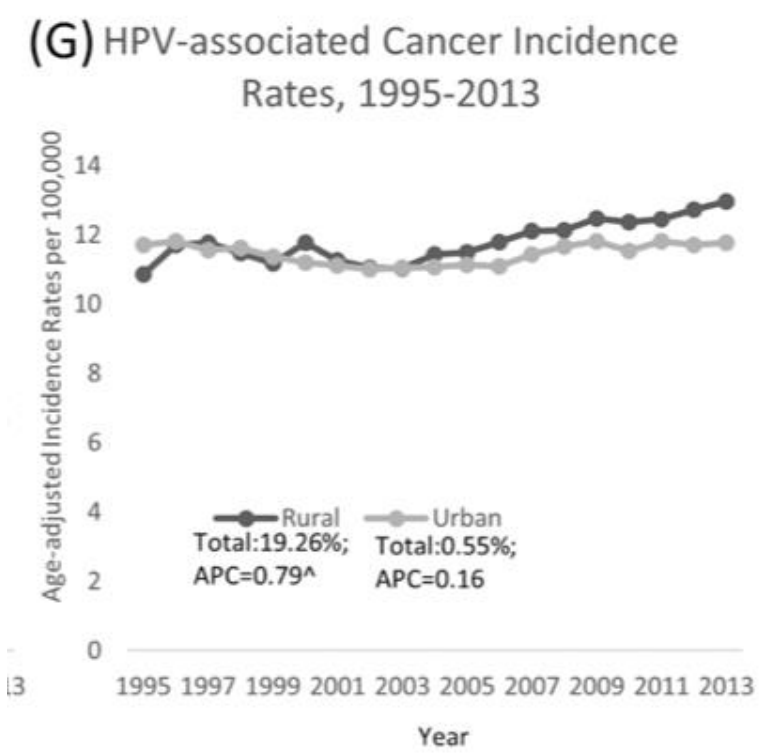
- Less likely to seek preventive medical care including cancer screening and HPV vaccination

- Lower HPV vaccination rates
- Higher rates of HPV associated cancers

- Less access to oncology specialists; often present with higher stage disease; higher mortality rates

HPV-Associated Cancer Trends





Zahnd, 2018, Cancer Epidemiol Biomarkers Prev

HPV-Associated Cancer Inequities, 1995-2013

All HPV Associated Cancers:
Annual Incidence (M+F) (2009-2013)
Rural: 12.59/100,000
Urban: 11.73/100,000

All HPV Associated Cancer Trends (1995-2013):

- Rural men: 90.9% increase
- Urban men: 46.2% increase

- Rural women: 3.5% decrease
- Urban women: 16.8% decrease

(better decrease is better)

Specific HPV Cancer Trends (1995-2013):

- Oropharyngeal cancer:
  - Rural men: 103.4% increase
  - Urban men: 51.2% increase
  - Rural women: 41.2% increase
  - Urban women: 2.2% increase

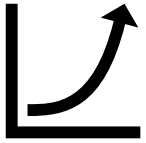
- Cervical cancer:
  - Rural women: 28.9% decrease
  - Urban women: 35.5% decrease

Zahnd, 2019 Journal of Rural Health

Rural HPV Cancer Disparities Summary

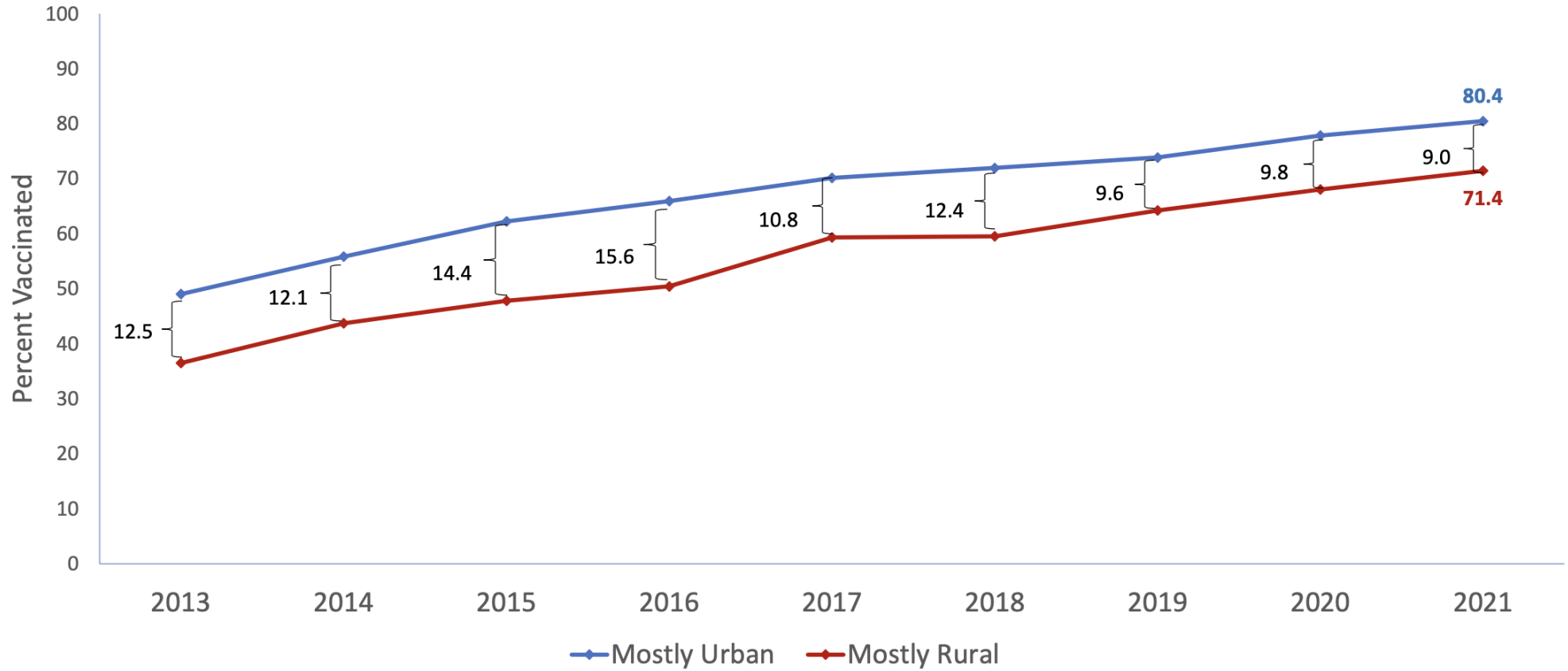
HPV-associated cancers rates are higher overall

Improvements are slower for cervical cancer rates



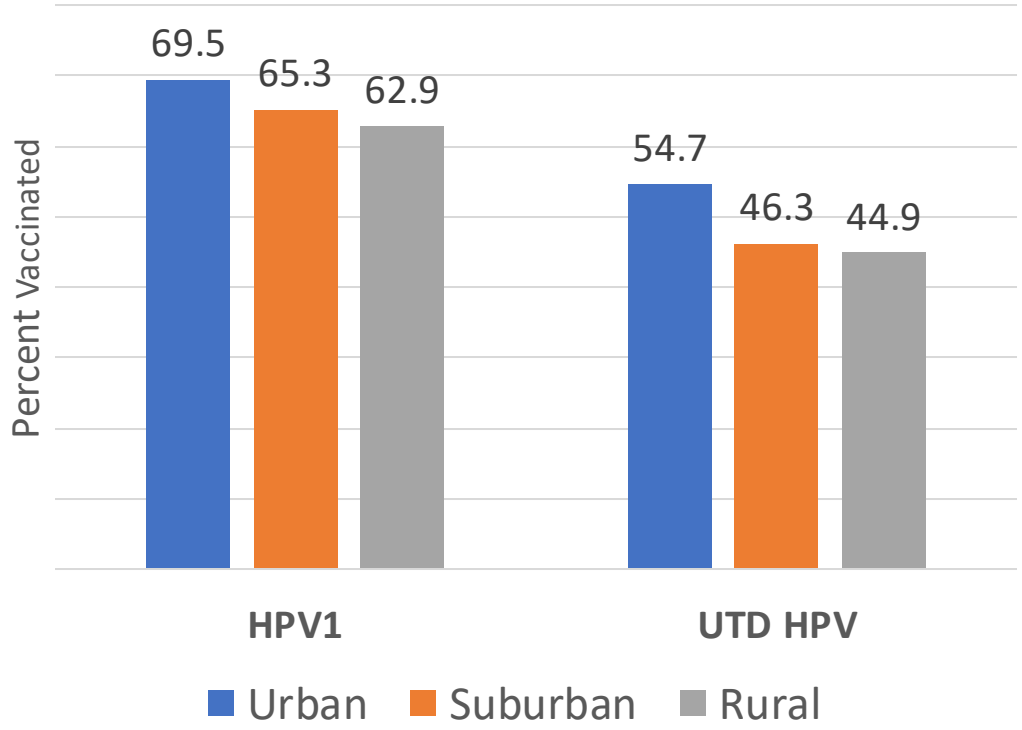
Oropharyngeal cancers rates are accelerating faster

≥1 HPV vaccination coverage in rural areas is consistently lower



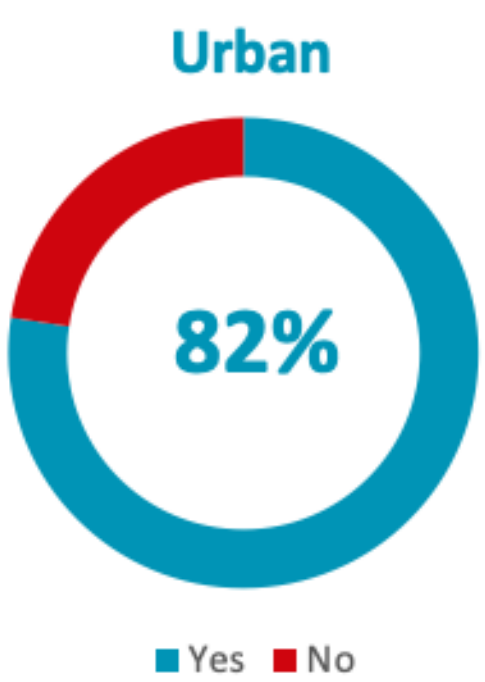
Source: https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/index.html

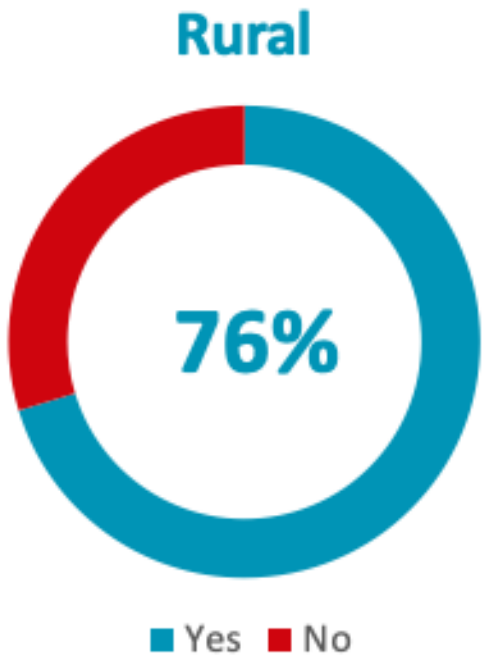
HPV Vaccination Rates, 2015-2019
Urban vs Rural Washington, NIS-Teen Data



- https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html

Fewer Parents in Rural Areas Report Receiving a Recommendation for HPV Vaccine from Their Provider





Source: CDC unpublished, NIS-Teen 2020

Call to Action: HPV Vaccination is Cancer Prevention

- Pediatricians and Family Medicine providers are trusted messengers

- High quality provider recommendations:
  - one of the biggest factors in getting kids vaccinated

- Increase HPV vaccination before age 13

  … Narrow the HPV disparities your rural community

Understanding HPV Disparities in Rural Communities & Addressing HPV Vaccine Hesitancy

Gretchen LaSalle, MD FAAFP

MultiCare Rockwood Quail Run Clinic

Clinical Associate Professor, WSU Elson S. Floyd College of Medicine

AAFP Vaccine Science Fellow

Author - Let’s Talk Vaccines: A Clinician’s Guide to Addressing Vaccine Hesitancy and Saving Lives

Possible reasons for HPV vaccination disparities in rural communities

Access issues

- Shortage of Primary Care clinicians in rural areas
    - 39.8 physicians/100k people in rural areas vs 53.3 physicians/100K people in urban areas
    - Clinicians leaving medical practice – (Mayo Clinic Proceedings, 2021) 1 in 5 physicians, 2 in 5 ARNPs intend to leave medical practice in coming 2 years
    - Clinics getting out of offering vaccinations - too costly
- Greater transportation difficulties and distance to medical care
- More rural Americans are likely to live below the poverty level
- Rural communities have greater numbers of uninsured residents
- 53% of rural Americans lack adequate internet speed

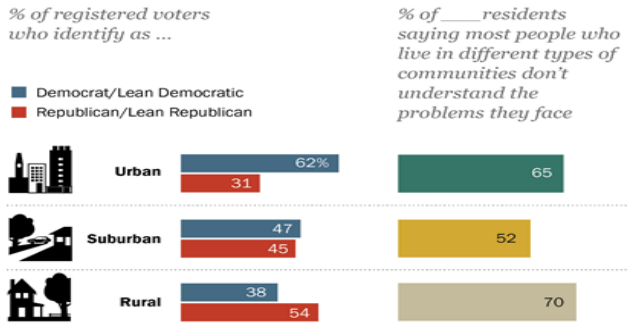
https://www.ruralhealth.us/about-nrha/about-rural-health-care
https://www.mcpiqojournal.org/article/S2542-4548(21)00126-0/fulltext

Political influence

- A greater number of people in rural areas vote Republican
- During the pandemic, we have seen significant impact of political affiliation on decision to vaccinate
- Republicans tend to have a greater distrust of government-mandated programs

https://www.ruralhealth.us/about-nrha/about-rural-health-care

The urban-suburban-rural divide extends to politics and perspectives



Note: For party identification figures, "urban," "suburban" and "rural" refer to the type of county respondents live in, based on the National Center for Health Statistics Urban-Rural Classification Scheme for Counties. For figures on the share saying residents in other types of communities don't understand the problems they face, "urban," "suburban" and "rural" refer to respondents' descriptions of their local community.
Source: Party identification figures are from a compilation of all Pew Research Center political surveys conducted in 2017; survey of U.S. adults conducted Feb. 26-March 11, 2018.
"What Unites and Divides Urban, Suburban and Rural Communities"

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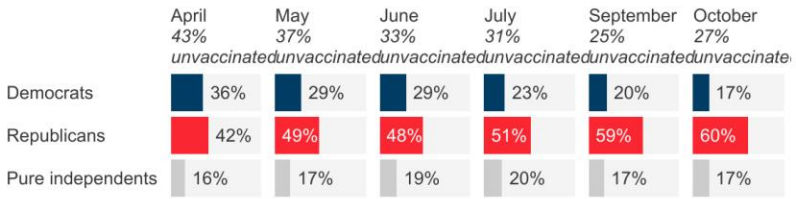
Figure 1

Republicans Increasingly Make Up A Larger Share Of Those Who Remain Unvaccinated Against COVID-19

Partisan identification of unvaccinated adults:

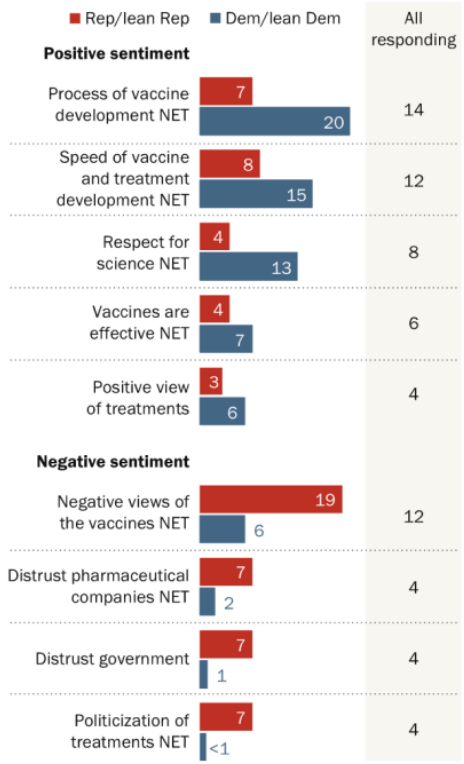


NOTE: Party identification includes independents who lean towards either party. The difference between percent unvaccinated in Sept. (25%) and Oct. (27%) is within the margin of error. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor, 2021

KFF COVID-19 Vaccine Monitor

Scientific process, speed top the list of things Americans say they have learned during pandemic about vaccine and medical treatment development

Among those responding to an open-ended question, % who say they have learned the following about how new medical treatments and vaccines are developed



Note: Based on those who gave a response to the question. Verbatim responses have been coded into categories and multiple responses were accepted. Select categories are shown; see topline table for full results.
Source: Survey of U.S. adults conducted May 2-8, 2022.

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Religious influence

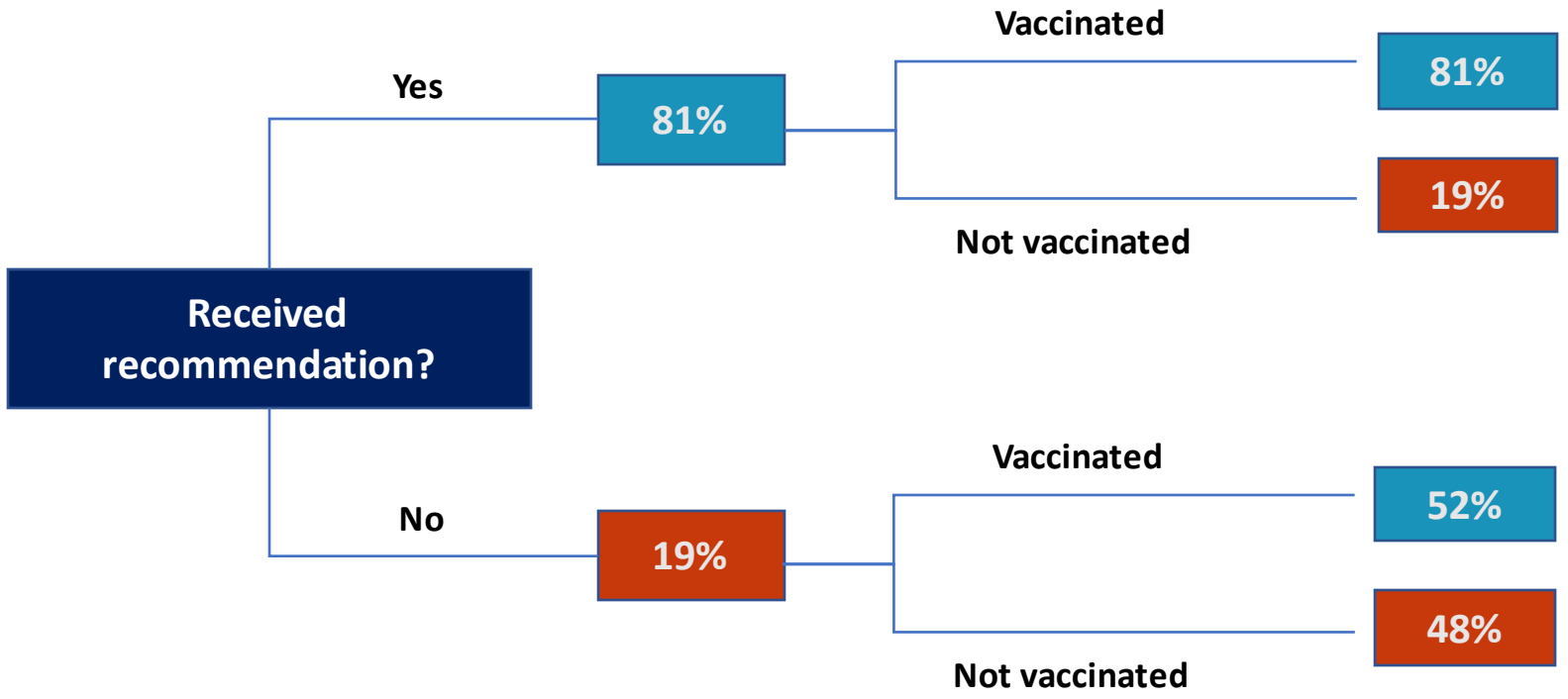
- Religiosity is greater in rural than urban communities
- Religiosity has been negatively associated with HPV vaccination rates

https://news.gallup.com/poll/7960/age-religiosity-rural-america.aspx
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3845491/

Provider-specific barriers

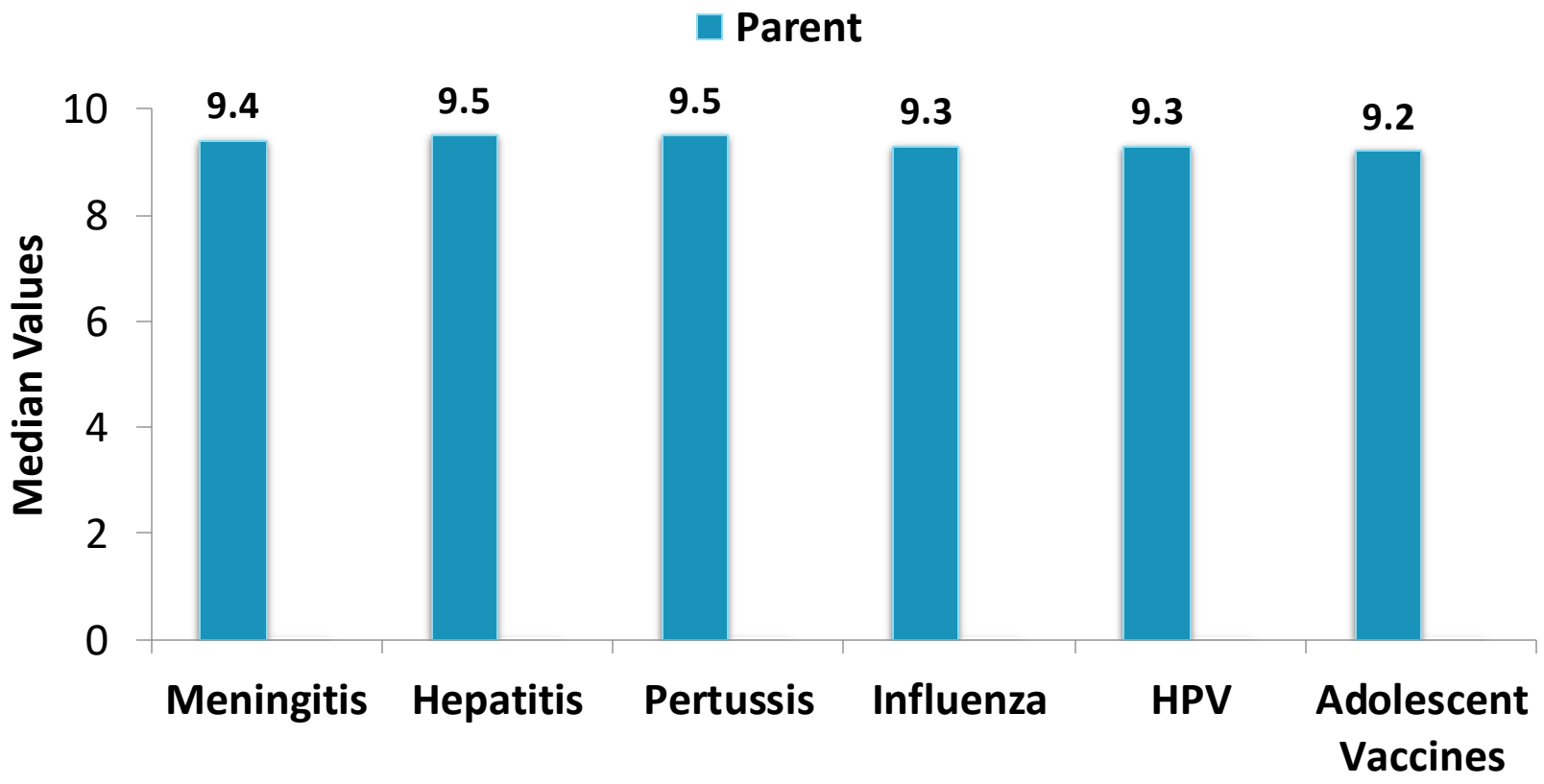
- Too much to do in too little time
- Prior negative interactions/conflict avoidance
- Lack of confidence in our message
- Lack of confidence in the effect of our messaging
- Underestimation of importance parents place on HPV vaccination

HPV Vaccination Coverage Higher among Those Reporting a Recommendation



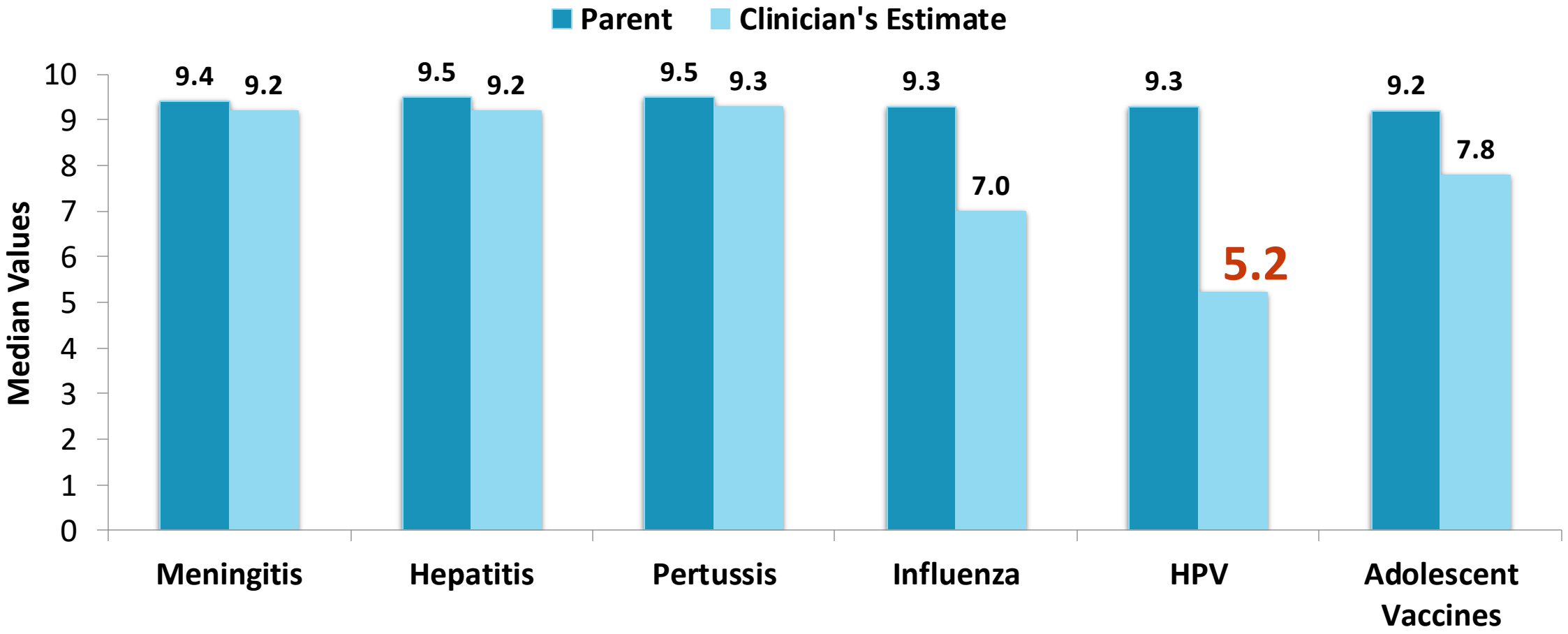
Source: CDC unpublished, NIS-Teen 2020

Parents Place Similar Value on Vaccines



Adapted from Healy, et al. *Vaccine*. 2014

Clinicians Underestimate the Value Parents Place on HPV Vaccine



Adapted from Healy, et al. *Vaccine*. 2014

Addressing barriers to HPV vaccination

Engage your community

- There are multiple medical stakeholders in preventing HPV-related cancers
    - Work with your specialists (Ob/gyn, Urology, ENT, Oncology) to encourage HPV vaccination at 9
- Encourage your local dentists to make HPV vaccination recommendations from an early age
- Pharmacists can be an excellent resource to help provide HPV vaccination to the community
- Partner with faith leaders, civic organizations, community educators, and others to help spread the HPV vaccination message

Engage your clinic team

- The sole responsibility to vaccinate doesn’t have to lie with you
- RNs, MAs, office staff play a key role in vaccination – provide education and get everyone offering the same talking points
- Post HPV-related information in exam and waiting rooms

Engage your patients

- Use anticipatory recommendations/counseling
- Start at 9. Start at 9. Start at 9.
- Know your HPV facts
- Use motivational interviewing and other effective approaches to address questions/concerns

Knowledge Assessment Question #1

- Which of these is NOT a way to address barriers to HPV vaccination?
  1. Educate and engage your clinic team in making vaccine recommendations
  2. Assume that parents aren't interested in getting the HPV vaccine for their child
  3. Use anticipatory recommendations/education about the HPV vaccine
  4. Make a strong recommendation to get the HPV vaccine at 9

Answer

- Which of these is NOT a way to address barriers to HPV vaccination?
  1. Educate and engage your clinic team in making vaccine recommendations
  2. Assume that parents aren't interested in getting the HPV vaccine for their child
  3. Use anticipatory recommendations/education about the HPV vaccine
  4. Make a strong recommendation to get the HPV vaccine at 9

Why give the HPV vaccine at 9?

- The HPV vaccine is more effective if given at a younger age
- Starting at 9 increases the likelihood of completion by 12-13
- Starting at 9 allows focus on cancer prevention, not sexual activity
- Starting at 9 means fewer pokes at the 11-12 y/o WCC
- Starting earlier means fewer pokes overall

Prevalence of cervical disease at age 20 after immunisation with bivalent HPV vaccine at age 12-13 in Scotland: retrospective population study

Palmer, *BMJ* (2019)

Age at Vaccination	Effectiveness (against CIN3+)
12-13	86%
17	51%
≥18	15%

Age at Vaccination: Younger is better

The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study

Milena Falcaro, PhD • Alejandra Castañon, PhD • Busani Ndlela, PhD • Marta Checchi, MSc • Kate Soldan, PhD • Jamie Lopez-Bernal, PhD • et al. Show all authors

Published: November 03, 2021 • DOI: https://doi.org/10.1016/S0

13.7 million years of follow-up for women

Best Protection:
HPV Vaccine at age 12-13

Age at Vaccination	Reduction in Cervical Precancers (CIN3)	Reduction in Cervical Cancer Incidence
12-13	97%	87%
14-16	75%	62%
16-18	39%	34%

Falcaro, *The Lancet* (2021)

4

Vaccinating at a younger age is more effective!

Know your facts

(addressing common HPV-related questions and concerns)

“My kid is a good kid. They’re not going to have sex until marriage.”

- Note: starting the HPV vaccine recommendation at 9 gets us farther away from this discussion.
- HPV vaccines aren’t about sex. They are about cancer prevention.
- It takes NO high-risk activity to get exposed to HPV.
- A person could get exposed the very first time they have “sexual contact”.

HPV spread from kissing?

- We know that viruses can spread by kissing (HSV, mononucleosis, etc.)
- It's theorized that HPV could be transmitted this way as well
- With oropharyngeal cancers on the rise, the question of HPV spread during deep kissing ("French kissing") is being studied

https://www.chop.edu/news/news-views-three-questions-about-hpv-transmissionnews-views-three-questions-about-hpv
https://www.enttoday.org/article/is-it-safe-to-kiss-in-era-of-hpv-head-and-neck-cancer-epidemic/

“My kid is a good kid.” (continued)

- Remind parents what it was like to be a teenager
- Did we ever make poor decisions?
- Did we tell our parents everything?
- Do we want to trust our child’s health/life to their underdeveloped brain that doesn’t think about long term consequences?
- Do we want to trust our child’s health to some future sexual partner with unknown sexual history?
- And what about the possibility of unwanted sexual activity?

“I don’t want my child thinking this gives them permission to have sex.”

- Note: starting at 9 gets us away from this line of thinking.
- Studies show a DECREASE in risky sexual behavior in kids vaccinated against HPV.
- This is undoubtedly due to the counseling that accompanies the vaccine, not the vaccine itself.

RISKY SEX BEFORE AND AFTER THE HPV VACCINE

A VISUAL RESEARCH ABSTRACT

STUDY POPULATION
Adolescent girls identifying as heterosexual in the British Columbia Adolescent Health Surveys of 2003, 2008 and 2013.

OBJECTIVE
Determine whether receiving the HPV vaccination is associated with increased sexual risk-taking at the population level.

AGE-ADJUSTED ODDS OF SEXUAL BEHAVIOURS AND OUTCOMES BETWEEN 2003 AND 2013

Less likely after vaccine:

- 0.79 Sexual intercourse
- 0.82 Intercourse before age 14 years
- 0.69 Substance use before intercourse
- 0.56 Pregnancy

More likely after vaccine:

- 1.19 Condom use
- 1.43 Use of birth control pills

No change after vaccine:

- 1.02 Three or more partners in past year

These findings suggest no association between HPV vaccination and more risky sexual behaviours.

Source: Ogilvie GS, Phan F, Pedersen HN, et al. Population-level sexual behaviours in adolescent girls before and after introduction of the human papillomavirus vaccine (2003–2013). *CMAJ* 2018;190:E1221–1226.

cmaj

“I’ve heard the HPV vaccine can cause fertility problems.”

- “If that were true, it would certainly be concerning, and I wouldn’t want your child or my child getting this vaccine either. Thankfully, studies prove that it is NOT true.”
- What can cause fertility problems are the procedures we have to do to treat cervical cancer or pre-cancer.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6719304/

“If it’s not required for school, I don’t want my child getting it.”

- Vaccine requirements for schools often lag behind the science.
- Science offers us a way to protect our children from 6 different cancers NOW.
- “I didn’t want to delay protecting my children and that’s why I got them both vaccinated as soon as they were eligible.”

“I’ve heard the HPV vaccine causes autoimmune diseases.”

- A French study looked at >2 million girls ages 13-16 between 2008-2012 (37% had received vaccine)
- Autoimmune diseases such as Type 1 Diabetes, Hashimoto’s Thyroiditis, Multiple Sclerosis, Lupus, and more occur no more commonly in HPV vaccinated persons than in the baseline population

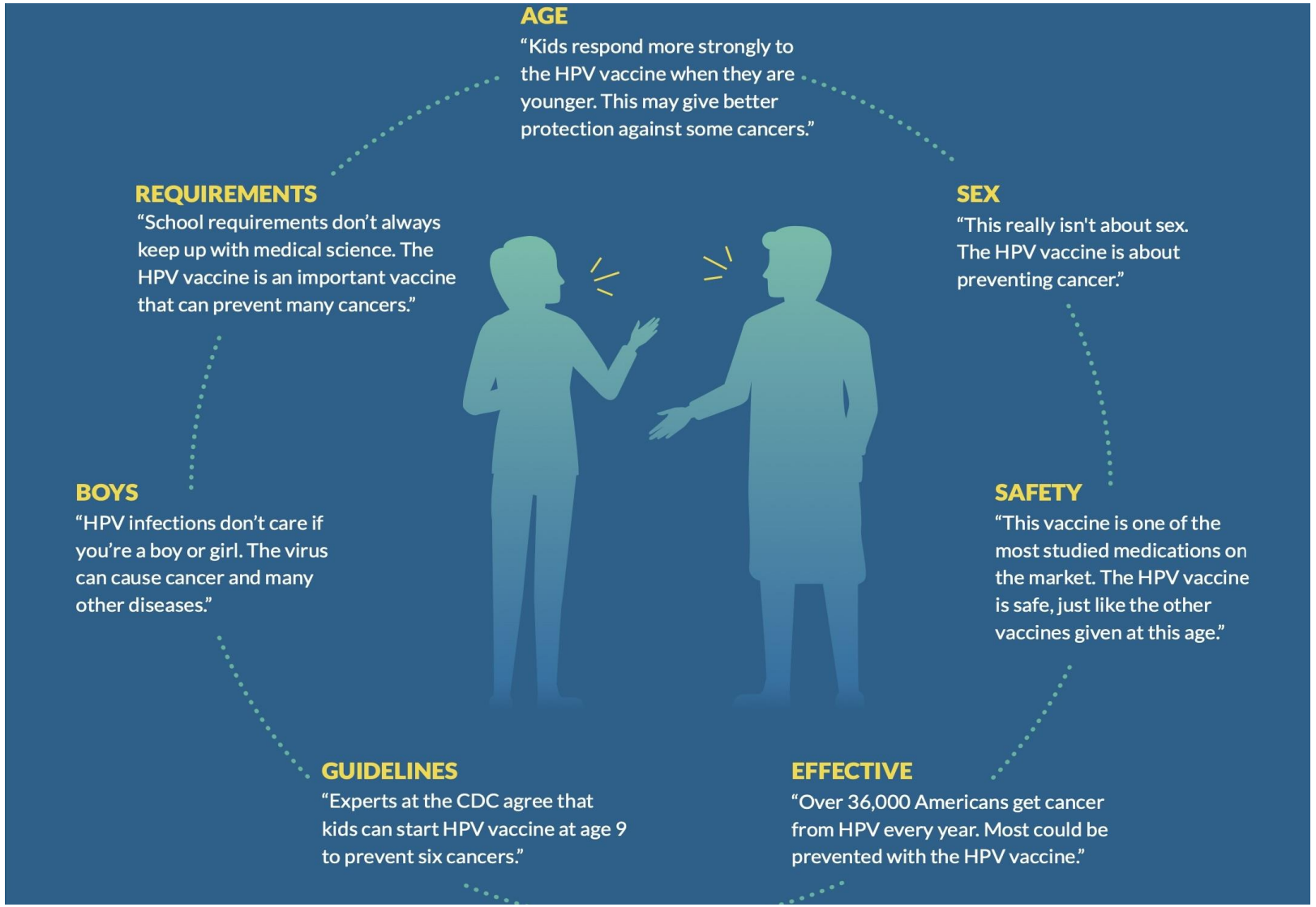
https://www.sciencedirect.com/science/article/pii/S0264410X17308071?via%3Dihub

“Vaccines have become too political. I don’t know who to believe.”

- Absolutely – before the pandemic, vaccines were not really a political issue
- Vaccination is a health issue. It should not be a political issue.
- We know politicians will use anything to sway voters, and that includes science.
- When I make my own healthcare choices, I pay attention to scientists and doctors and leave political opinion out of it.
- I make my recommendations for your healthcare because I truly care about your health and your family’s health. Politicians don’t do that.
- Out of the breadth and depth of knowledge that I have about science and medicine, I choose the best that medicine has to offer to protect myself and my loved ones and I want the same for you. That is why I chose vaccination.

“I believe that God will keep me healthy and heal me if I’m sick.”

- Your religious beliefs are important to you, and I very much respect that
- The decision is yours, of course. All I can offer is how I think about this question - the relationship between God, science, and medicine.
- I believe that God gave humans many gifts, and that he intended us to use them. Among those are the gifts of intelligence, creativity, inventiveness, and the ability to care for and heal others. Basically, God gave us the gift of science and vaccines are a product of this gift. The fact that we have ways to prevent devastating disease and save millions of lives through vaccination is miraculous. I believe that we show respect to God and we do God’s work when we vaccinate to prevent harm to his wonderful creation.



Simple but effective messaging

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6361359/

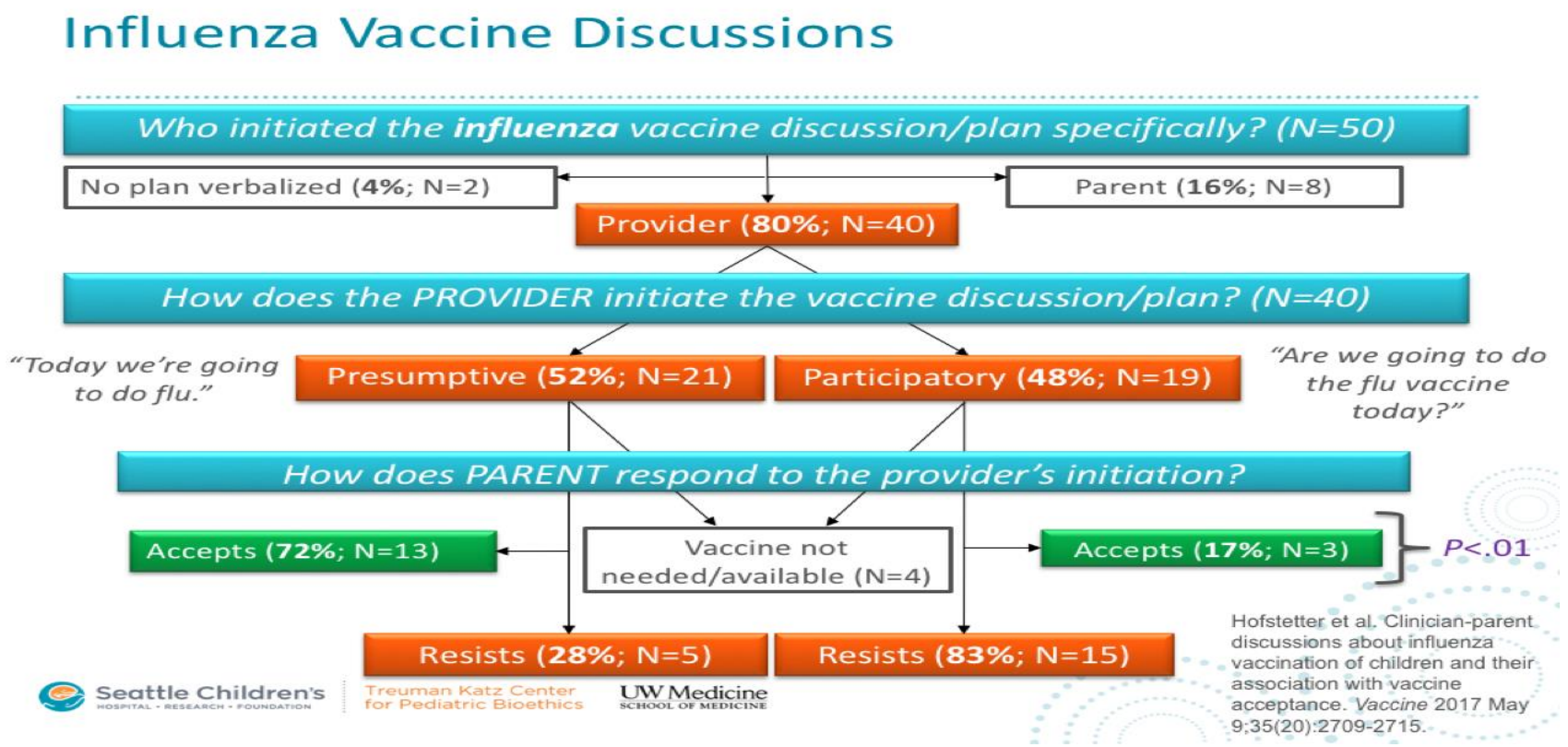
Use effective approaches to the HPV vaccine conversation

Use	The Presumptive/Announcement Approach
Use	The Bundled Approach
Use	Motivational Interviewing

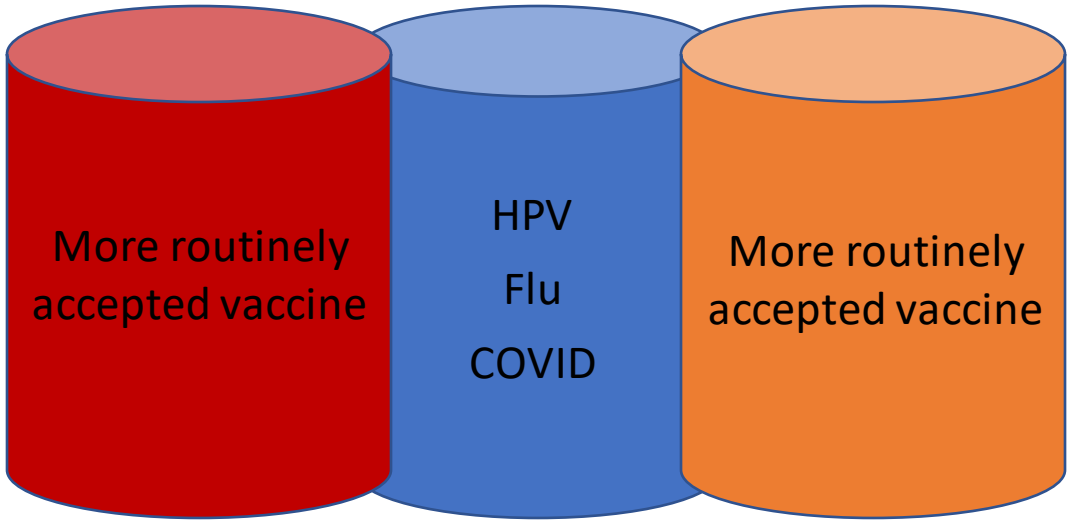
The Presumptive/ Announcement Approach – sample conversation

- Presumptive Approach - Presuming the parent/patient will go along with our recommendation
    - “Today Sarah is 9 so we will start her HPV cancer-prevention vaccine series.”
- Participatory Approach –
    - “What would you like to do about the HPV vaccine today?”

The Presumptive Approach



The Bundled Approach



- Also called… discussing vaccines in the “same way on the same day”
- Particularly helpful for vaccines that people are more wary of

Bundling – sample conversation

- “Today we are doing vaccines to protect against flu, HPV cancers, and Hepatitis A.
- vs
- “Today we have flu and Hepatitis A vaccines. We also offer the HPV vaccine.”

Motivational interviewing techniques

- Different frameworks to accomplish the same task
  - Clarify concerns
  - Validate feelings
  - Provide confidence in your expertise
  - Refute myths
  - Offer a **strong recommendation**

3As Approach

- **Ask** – Don't just stop with a "no" response, dig deeper
  - "**Tell me** what worries you."
- **Acknowledge** – Acknowledge the patient's/parent's concerns
  - "I can see how that would be scary. If that were true, I wouldn't want Sarah getting the vaccine either. **May I share with you** what I know about that concern?"
- **Advise** – Advise the patient/parent of the facts about vaccines and provide a strong recommendation to vaccinate
  - "Multiple studies have shown *no* increased risk of premature ovarian failure in girls vaccinated against HPV. What can cause fertility problems is cervical cancer and the invasive procedures required to treat the cancer – partial removal of the cervix, hysterectomy, etc. I **strongly recommend** this vaccine for all my pre-teen patients."

Knowledge Assessment Question #2

- What effective approach to the vaccination discussion is the following statement using?

  "Today we're starting your HPV cancer prevention series of vaccines!"

1. The bundled approach
2. The mandatory approach
3. The motivational interviewing approach
4. The presumptive (or announcement) approach

Answer

- What effective approach to the vaccination discussion is the following statement using?

  “Today we’re starting your HPV cancer prevention series of vaccines!”

1. The bundled approach
2. The mandatory approach
3. The motivational interviewing approach
4. The presumptive (or announcement) approach

In Summary

- Recommend the HPV vaccine early and often
- Meet people where they are, with curiosity and respect
- Remember, you are not there to twist anyone's arm – just to provide trusted, accurate, reliable information
- Have confidence in your recommendation – your voice matters!
- Use the Presumptive/Announcement and Bundling approaches and Motivational Interviewing to ease your vaccine conversations
- Engage everyone on your "team" in the vaccination effort
- **For easier and more effective messaging, recommend the HPV vaccine at 9!**

Thank you!

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How to Obtain Continuing Education

- Continuing education is available for nurses, medical assistants, and pharmacists/pharmacy techs
  - Certificates of completion are also available
- There is no cost for CEs
- Expiration date is June 28, 2024
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording
  - Completing the evaluation after the live webinar or webinar recording
- **Please note:** CE certificates are NOT generated after evaluation completion—CE certificates will be sent by the Department of Health via email within a few weeks after evaluation completion

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Audience Q&A

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