

Conversation 1: HPV Vaccination Programs in the Community: Strategies for Reaching Vaccine-Hesitant Parents and Their Children

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Top 3 practical strategies to reach vaccine-hesitant parents and their children

- Deliver messaging and education in a culturally appropriate way from trusted community members, who bring emotion and stories, not just clinical information and data
- Use other health care providers as advocates (e.g., dentists, hygienists, pharmacists)
- Educate parent AND child to include them in their health care decisions

Briefly describe the current level of acceptance and use of HPV vaccination programs in your community.

- Parents forbid kids from getting the vaccine, but kids want it
- University catch-up projects
 - Messaging around preventing genital warts is important to university students
 - Students are more receptive once they're aware of HPV and the consequences
- School enforcement: timing for getting HPV on the mandated vaccine list
- In Wyoming, HPV vaccination hasn't gained traction but working with schools helps
 - Educating students about HPV and offering the vaccination in school through the school nurse or school clinic or sports physicals
 - Peer-to-peer education about HPV and the vaccine
 - "[Bug Your Doc—Get 3 Shots](#)" program
- In North Dakota, there's high HPV vaccination rates because of interdisciplinary involvement of public health departments, medical schools, hospitals, etc.
 - Looking at disparities and barriers to vaccination is important
 - People are more receptive when making decisions for themselves

What are the reasons for vaccine hesitancy in your community?

- Lack of knowledge
- Negative case studies (e.g., people with bad side effects from vaccine)
- Don't like the number of vaccines (volume)
- Recency of vaccine (how new it is compared to other vaccines)
- Difficulty convincing people who are already anti-vaxxers
 - Many people are vaccine hesitant but few are truly anti-vaccine
- Anti-vax movement is gaining momentum (publicity, politics, etc.)
- HPV is sexually transmitted (many parents don't want to think about their children being sexually active)

Identify the facilitators and barriers for acceptance and vaccination

Facilitators

- Collaboration and support from other health care providers (dentists, OB-GYNs, etc.)
- Wording/verbiage used in messaging
- Easier access to vaccine
- Support from community leaders/respected members
- Provider recommendation
- Prompts from electronic health records (EHRs)/workflow
- Anecdotes/influential spokespeople supporting the vaccine

Barriers

- Parental acceptance (perception of promiscuity, safety)
- Lack of state policy/inclusion
- Access
- Incomplete data
- Talking directly to physicians about strategies to increase vaccination

What practical strategies have you successfully used to reach vaccine-hesitant parents and their children?

- Peer-to-peer education approach
- Engaging other health care providers (oral hygienists, dentists)
 - Multi-tiered team approach (nurses, primary care providers, oral health providers)
- Open dialogue with parent and child
- Engaging with religious community to build trust
 - Using medical leaders in religious communities could be an effective strategy
- Engaging in other community sites (e.g., beauty salons)
- Courses on human sexuality with parents and children
- Health educators visiting communities and connecting people to care
- Trusted community leaders
- Prioritization from clinicians
- EHR prompts for vaccination