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Role of the Provider in HPV Vaccine Uptake Among African American Adolescent Girls

APHA Annual Meeting & Exposition
November 17, 2014

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PRESENTER DISCLOSURES

Tracie Graham


The following personal relationships with commercial interests relevant to this presentation existed during the past 12 months:

Girls OnGuard was an Industry-sponsored grant with Merck, Inc.



INTRODUCTION

One of the goals of Healthy People 2020 is to reduce the proportion of females with human papillomavirus (HPV) infection. Although there are effective vaccines available, the proportion of U.S. adolescent girls who have completed the vaccine series remains less than optimal.



INTRODUCTION

Current research has yielded mixed results but suggests there are disparities in HPV vaccination, with African American girls being less likely than Caucasian girls to receive all doses.



INTRODUCTION

Because African American women in the U.S. bear a disproportionately high burden of HPV disease, it is imperative to understand how the rate of vaccine initiation and series completion can best be improved.



GIRLS OnGUARD

Primary Purpose:

Conduct a randomized controlled trial to test the efficacy of a theory-based, computer delivered media intervention designed to enhance initial uptake of the vaccine and completion of the vaccine series.



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Intervention Development & Delivery:

- Information-Motivation-Behavioral Skills (IMB) model was used to guide the development of the Girls OnGuard intervention



GIRLS OnGUARD

Intervention Development & Delivery:

- Interviews and focus groups conducted with the target population, mothers and providers
- Theater testing of the Girls OnGuard script
- Production of interactive video
- Reminder message



METHODS

- Participants were recruited in the waiting areas of five STD or Family Planning health clinics in the metropolitan Atlanta area between February 2010 – November 2012



METHODS

- Eligibility:
 - ✓ Self-identify as an African-American female
 - ✓ Be between 13-18 years of age
 - ✓ Not married



METHODS

- Eligibility:
 - ✓ Not pregnant
 - ✓ Seeking reproductive or STI services
 - ✓ No previous HPV vaccination



METHODS

- Participants completed a 15 minute ACASI
- Watched either the Girls OnGuard video or a physical activity/nutrition video
- All participants received \$10 for their time and participation



METHODS

- All participants received standard-of-care counseling according to clinic protocol
- Initial vaccination, if received, was to occur on the same day as study enrollment
- The cost of the vaccine was covered under the Vaccines for Children program



METHODS

- No follow-up with participants
- Medical record abstraction at 7-months post randomization



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RESULTS

- ❖ 216 interviews were completed
- ❖ Average age at enrollment was 16
- ❖ 75% were sexually active
- ❖ 22% reported ever testing positive for a sexually transmitted infection



RESULTS

- ❖ Most participants (n=177) believed their doctor would think it was a good idea for them to receive the HPV vaccine
- ❖ 138 believed their parents would think it important for them to get vaccinated
- ❖ 119 thought people important to them would think they should get vaccinated
- ❖ 84 believed their best friend would think they should get vaccinated



RESULTS

- ❖ 63% (n=136) reported they would likely get the HPV vaccine if a healthcare provider offered it to them in the next 12 months
- ❖ 26.9% (n=58) reported they were likely to get the vaccine today
- ❖ Approximately 12% (n=24) received at least 1 dose of the vaccine



LIMITATIONS

- Could not observe the patient-provider interaction
- No post-encounter interview
- Inability to track vaccinations through GRITS
- Limited sample size



CONCLUSION

- ❖ Understand the Provider-Patient Interaction
- ❖ Provide information on the consequences of not getting vaccinated
- ❖ Offer vaccination at all visits



ACKNOWLEDGEMENTS

We would like to thank the study participants, partner clinic staff and the study team.

This study received approval from the Emory University Institutional Review Board (IRB00015576).



Questions

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