

National implementation of the Announcement Approach

An HPV vaccine communication
training for providers

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UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH



National
HPV
Vaccination Roundtable



Disclosures



Centers for Disease Control &
Prevention

American Academy of Pediatrics

American Cancer Society

Food & Drug Administration

GlaxoSmithKline

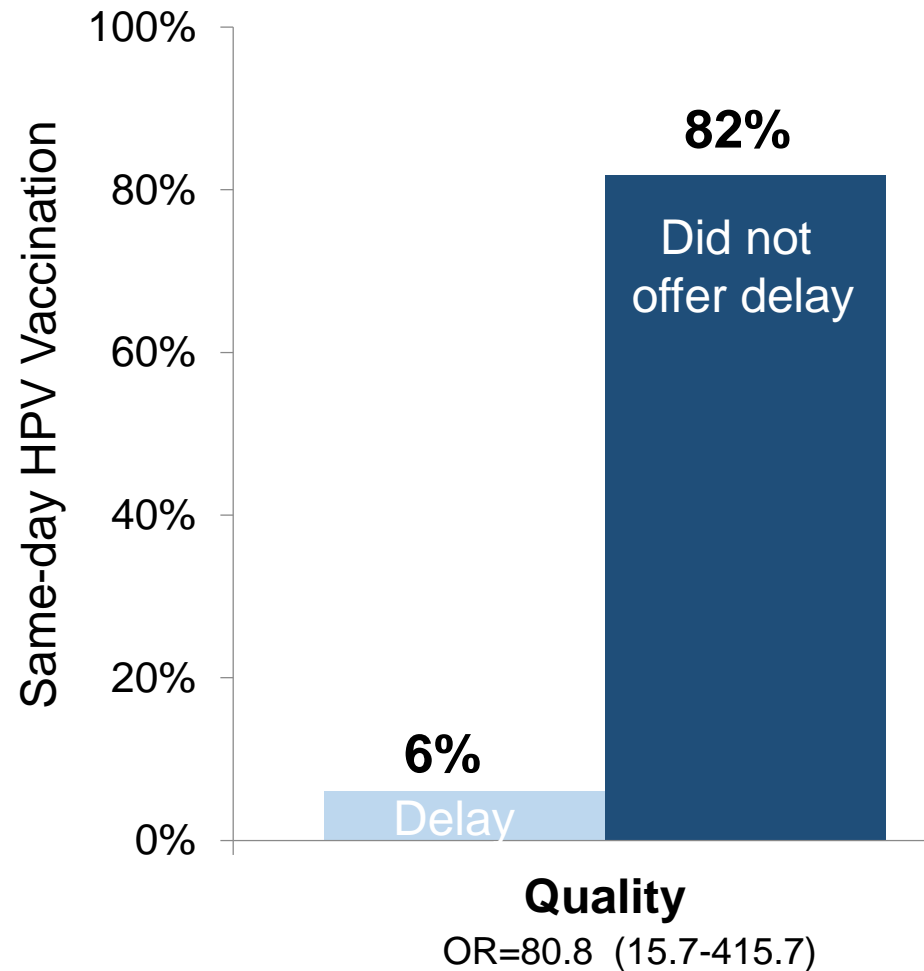
Merck Sharp & Dohme

National Cancer Institute

Pfizer Fdn

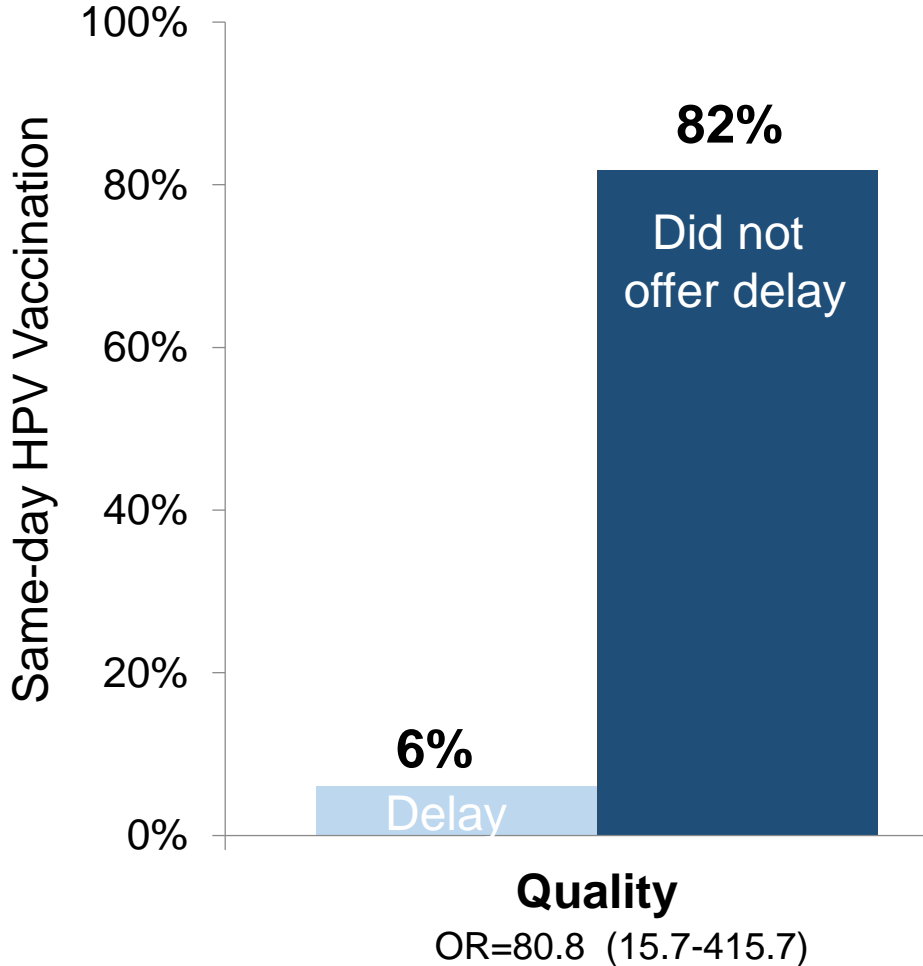
Robert Wood Johnson Fdn

Provider communication style



75 clinic visits with 19 physicians in 14 states. Sturm et al., 2017, *J Adol Health*

Presumptive announcements rarely used (15%), but highly effective



75 clinic visits with 19 physicians in 14 states. Sturm et al., 2017, *J Adol Health*



Making Effective HPV Vaccine Recommendations

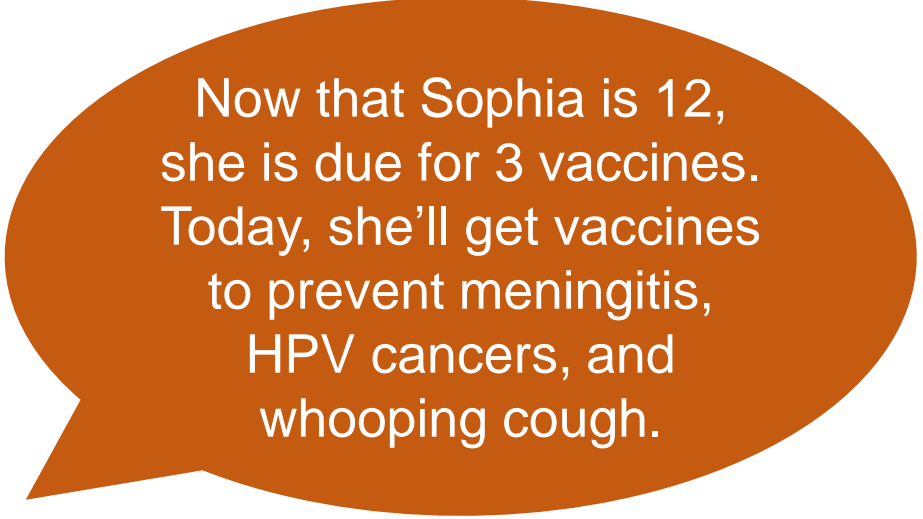
Development of communication training

Presumptive announcement

Note **child's age**

Announce children this age are due for **vaccines** that prevent several diseases, placing HPV cancers in **middle of list**

Say you will vaccinate **today**



Now that Sophia is 12, she is due for 3 vaccines. Today, she'll get vaccines to prevent meningitis, HPV cancers, and whooping cough.

Development of communication training

Presumptive announcement



Announcement Approach

Note **child's age**

Announce children this age are due for **vaccines** that prevent several diseases, placing HPV cancers in **middle of list**

Say you will vaccinate **today**

Presumptive
announcement

If parent is hesitant

Connect &
Counsel

If a parent hesitates...

Connect

Ask the parent for their main concern.

Show the parent you are **listening**.

Counsel

Use a **research-tested** message to address their concern.

Give a reason to vaccinate.

Clearly recommend getting HPV vaccine **today**.

Development of communication training

Presumptive announcement

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Announce children this age are due for **vaccines** that prevent several diseases, placing HPV cancers in **middle of list**

Say you will vaccinate **today**

▶ Announcement Approach

Presumptive announcement

If parent is hesitant

Connect & Counsel

▶ Training

1 hour training
Physician led
In-clinic, CME

Evidence

Build skills

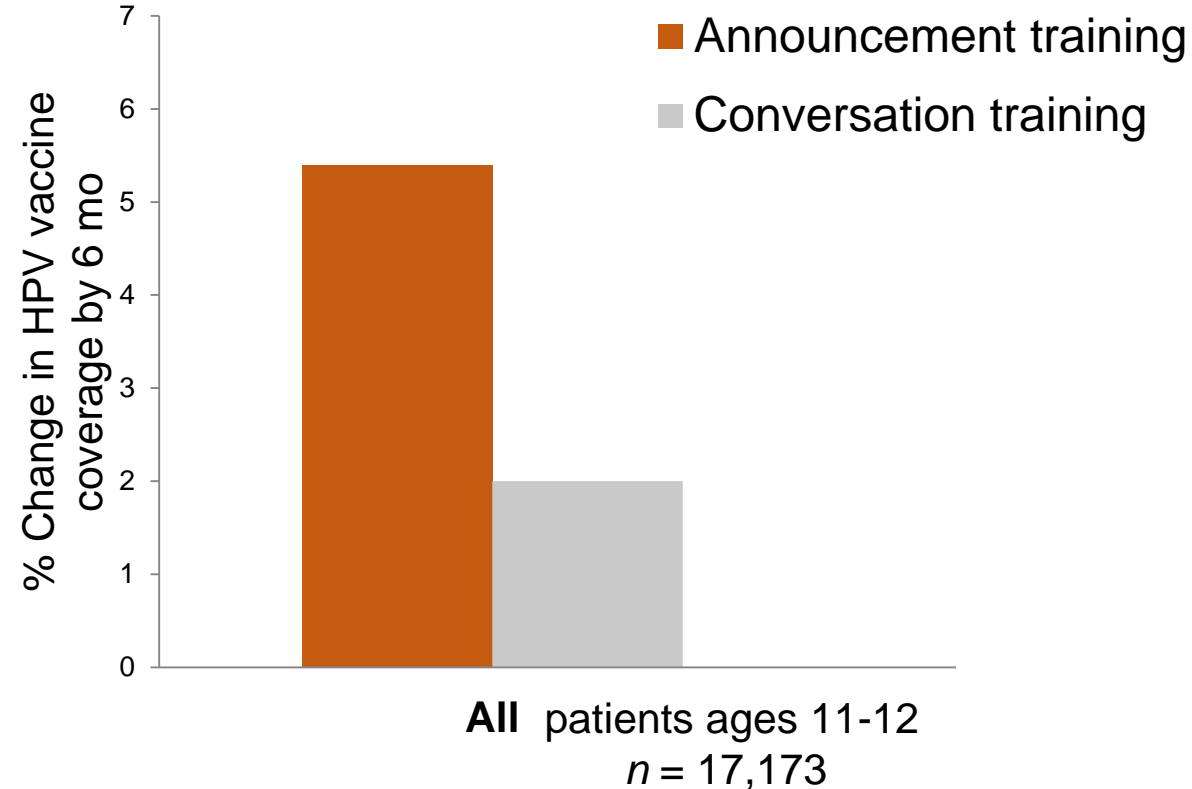
Practice

Next steps

Impact of communication training

Increased vaccination, reduced time to vaccinate

NCI-designated best practice. CDC, AAP recommend announcements



Orange bars, $p < .05$

Brewer, et al., 2017, *Pediatrics*
Malo, et al., 2018, *Implementation Science*

Updated materials

- Revised materials to reflect new evidence
- Improved usability, memorability
- Included brief research-tested messages to address parent hesitancy

Age.	Kids respond more strongly to HPV vaccine when they are younger. This may give better protection against some cancers.
Sex.	This really isn't about sex. The HPV vaccine is about preventing cancer.
Safety.	This vaccine is one of the most studied medications on the market. The HPV vaccine is safe, just like the other vaccines given at this age.
Effective.	Over 30,000 Americans get cancer from HPV every year. Most could be prevented with the HPV vaccine.
Guidelines.	Experts at the CDC agree that kids should get the HPV vaccine by age 11 or 12 to prevent several cancers.
Boys.	HPV infections don't care if you're a boy or girl. The virus can cause cancer and many other diseases.
Requirements.	School requirements don't always keep up with medical science. The HPV vaccine is an important vaccine that can prevent many cancers.



Trainings

- Delivered April - August 2018
- Sites recruited via state AAP, ACS
- 10 physician educators (study or local)
- ~300 attendees
physicians, mid-level providers, nurses, medical students

Announcement Approach Trainings



Impact of training

		Pre Mean (SD)	Post Mean (SD)
Norms	Most parents think HPV vaccination is important for their 11 or 12 year olds.	3.10 (0.85)	3.86 (0.78)**

Note. Data are for 241 participants who completed both pre- and post-training surveys that were successfully matched. Surveys for 51 other participants were not matched due to clerical error.

** $p < .001$

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Self-Efficacy	I feel confident addressing parents' concerns about HPV vaccine.	3.51 (1.06)	4.26 (0.78)**

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Intentions	I plan to routinely recommend HPV vaccine when patients turn 11 or 12.	4.39 (0.82)	4.59 (0.71)**

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Impact of training

		Pre Mean (SD)	Post Mean (SD)
Attitude	Talking with parents about HPV vaccine will take too long.	1.84 (0.82)	2.13 (1.16)**
Norms	Most parents think HPV vaccination is important for their 11 or 12 year olds.	3.10 (0.85)	3.86 (0.78)**
Self-Efficacy	I feel confident addressing parents' concerns about HPV vaccine.	3.51 (1.06)	4.26 (0.78)**
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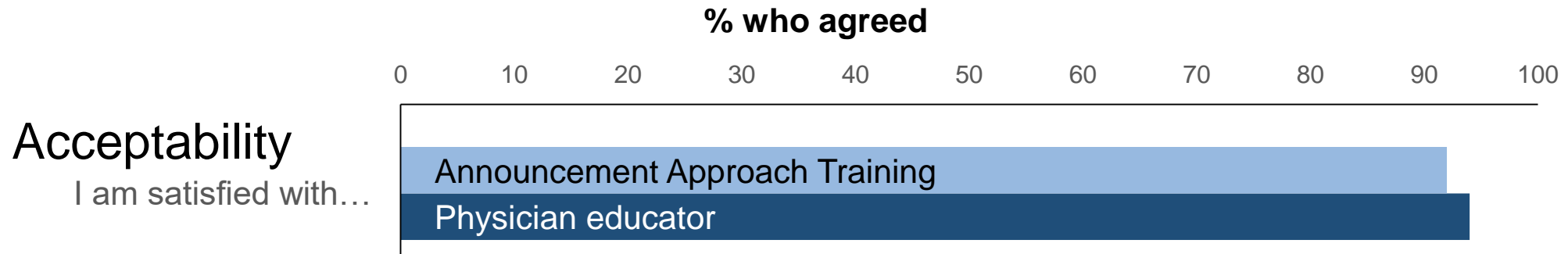
Impact of training

Equally effective for physicians, nurses, medical students

Equally effective

- UNC physicians led = “train-the-trainer” led, except for intentions among non-UNC-led which started out higher (4.52 vs. 4.59)

Implementation outcomes



n=289

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Orientation

All physician educators ($n=10$) agreed that the train-the-trainer orientation

- Increased their HPV-related knowledge
- Made them excited to lead trainings
- Prepared them to answer peers' questions
- Was a training they would recommend to others

Discussion

~90% intend to use The Announcement Approach

Equally effective when led by local physician educators

Future research

- Roles for full primary care team
- How parents perceive the Announcement Approach
- Usefulness with hesitant parents

Dissemination of updated materials

- Updates on HPV IQ.org hpviq.org/communication-training-tools

