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Abstract A26: Culturally Grounded HPV Vaccine Decision Narratives and Communication Channel Preferences among African-American, Vietnamese, and Latina Young Adult Women attending Planned Parenthood Clinics

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Abstract

Prevention of cervical cancer is of utmost importance to women's health given that it accounts for the second most common cancer death among women worldwide with an estimated 19,000 HPV related cancer cases in women annually in the U.S., 12,200 newly diagnosed cervical cancer cases, and 4,290 deaths. HPV associated cervical cancer disparities remain with highest incidence of cervical cancer among U.S. Latina, African American, and Vietnamese young adults coupled with lowest screening rates. HPV is a necessary contributor to cervical cancer as well as anogenital, penile, and orophayngeal cancers. The point prevalence among U.S. women aged 14-59 is 45% among young adult women particularly minority women. The purpose of this study was to adapt an HPV vaccine intervention, originally designed for college women, to the community setting. Three pilot studies are in the process (Vietnamese and Latina women are being interviewed summer 2016 in Orange County, CA and will be reported on at conference) or completed (Muslim African American women were interviewed in Philadelphia, PA, summer 2015) – at Planned Parenthood. All interviews focus on two aspects of adapting the HPV vaccine intervention: eliciting vaccine decision narratives and collecting preferences on communication channels to effectively reach young adult women. In a collaboration between Planned Parenthood of Orange County (PPOC), UCI, and CSUF, a pilot study (N=50; 25 Vietnamese and 25 Latina women aged 18-26) will be implemented during the summer of 2016. We report at this time, on an ongoing collaboration with Planned Parenthood of Philadelphia with the aim of developing a culturally targeted intervention for African American young adult women (including Muslim African American). A Narrative Engagement Framework (NAF) guided interviews eliciting vaccine decision narratives. Semi-structured interviews (N=26 young adult women) elicited HPV vaccine decision narratives and asked about communication channel preferences for receiving vaccine reminder messages. Interviews were conducted over a month between June 18-July 16 2015. Purposive sampling was used to interview a majority vaccinated (N=15) and minority unvaccinated (N=9) to uncover barriers as well interview two PP staff to gain a clinic staff perspective on prevalence of HPV and vaccination. Women were spontaneously recruited from the waiting room and received $20 cash card as compensation for their time (a 30 minute interview). A grounded theory, inductive approach was used to analyze data for vaccination decision themes, motivation for vaccinating, and/or critical sources or events that led to vaccinating. Three independent coders read and re-read data for emerging decision stories and

channel preferences. Memo writing occurred during and within days of the interviews. A majority of women (92%) were sexually active with few using condoms (67% did not use). Results on decision stories revealed several key themes: Stories of staying healthy (I really care about my health),

keeping female reproductive parts healthy (so that you can have children), stories of experiencing an abnormal Pap smear, stories of family or co-workers getting cancer and HPV, getting the word out about vaccination (stories of “unawareness”), Planned Parenthood providers not bringing up vaccinating for HPV among young adults, HPV as an invisible disease that can damage your insides, the need to talk with your male friends and with your doctor to raise awareness, and stories about protecting yourself from cancer. Emergent themes on communication channels and health kiosk use included: How time is spent in the waiting room, familiarity with food but not health kiosks, the importance of having health kiosks be interactive and engaging, unfamiliarity with QR codes, and willingness to receive health messages via texting. An interactive, engaging health kiosk with four decision story one-minute videos is in development. The intervention was adapted on several dimensions: visual adaptation (some actresses in videos wear hijab/veil); stylistic language adaptation; using a Philadelphia accent; content adaptation: Linking vaccine messages with health child bearing messages. Interviews with PP staff revealed the lack of policy and financial incentives for PP clinics to offer HPV vaccination. Themes and challenges from Philadelphia pilot work inform the OC pilot study. Policy implications of this research include exploring the role for expansion of the Family PACT to cover HPV vaccination at Planned Parenthood clinics in OC that serve as the number one provider of women's health and serve communities of lower socioeconomic status.

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