

# PERCEPTION OF HPV IN ADULTS AGES 27 THROUGH 45

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# INTRODUCTION

- Gardasil 9 Approval October 2018
- Advisory Committee on Immunization Practices June 2019
  - “ACIP recommends vaccination based on shared clinical decision making for individuals aged 27 through 45 years who are not adequately vaccinated” ([Centers for Disease Control and Prevention, 2019, para 4](#)).

# BACKGROUND AND SIGNIFICANCE

- HPV Related Cancers
- Vaccine approval versus insurance coverage
- HPV vaccination rates in 19-26 year old population only 36% ([Wisconsin Department of Health Services, 2016](#))

Cancer site	Average number of cancers per year in sites where HPV is often found (HPV-associated cancers)	Percentage probably caused by any HPV type <sup>a</sup>	Number probably caused by any HPV type <sup>a</sup>
Cervix	11,866	91%	10,751
Vagina	846	75%	635
Vulva	3,934	69%	2,707
Penis	1,269	63%	803
Anus <sup>b</sup>	6,530	91%	5,957
Female	4,333	93%	4,008
Male	2,197	89%	1,949
Oropharynx	18,226	70%	12,885
Female	3,412	63%	2,160
Male	14,814	72%	10,725
<b>TOTAL</b>	<b>42,671</b>	<b>79%</b>	<b>33,737</b>
Female	24,391	83%	20,260
Male	18,280	74%	13,477

# NEEDS ASSESSMENT

## SWOT Analysis

- Strong Provider Support
- Education Increases Vaccination
- Identifying Specific Needs

## Community Needs Assessment

- Lack of Specific Education
- Lack of Statistics

The recent FDA approval of Gardasil 9 for patients aged 27 to 45 has opened the opportunity to prevent HPV and its related cancers in a broader population. However, it is uncertain as to how patients perceive the HPV vaccine in this population.

# PROBLEM STATEMENT

# PROJECT AIM AND OBJECTIVES

- Determination of positive, neutral or negative perception
  - 60 days
- Determination of related reasons patients against vaccination
  - 90 days

# PICOT

How do men and women between the ages of 27 and 45, who were not previously vaccinated for HPV, perceive HPV vaccination?



# CONGRUENCE WITH ORGANIZATIONAL STRATEGIC PLAN

- Wisconsin Comprehensive Cancer Control Plan
- Adoption of Local Health Departments and Rural Medical Facilities

# SYNTHESIS OF EVIDENCE

## Databases

- CINAHL
- Cochrane Library
- EBSCOhost
- Google Scholar
- PMC
- PubMed

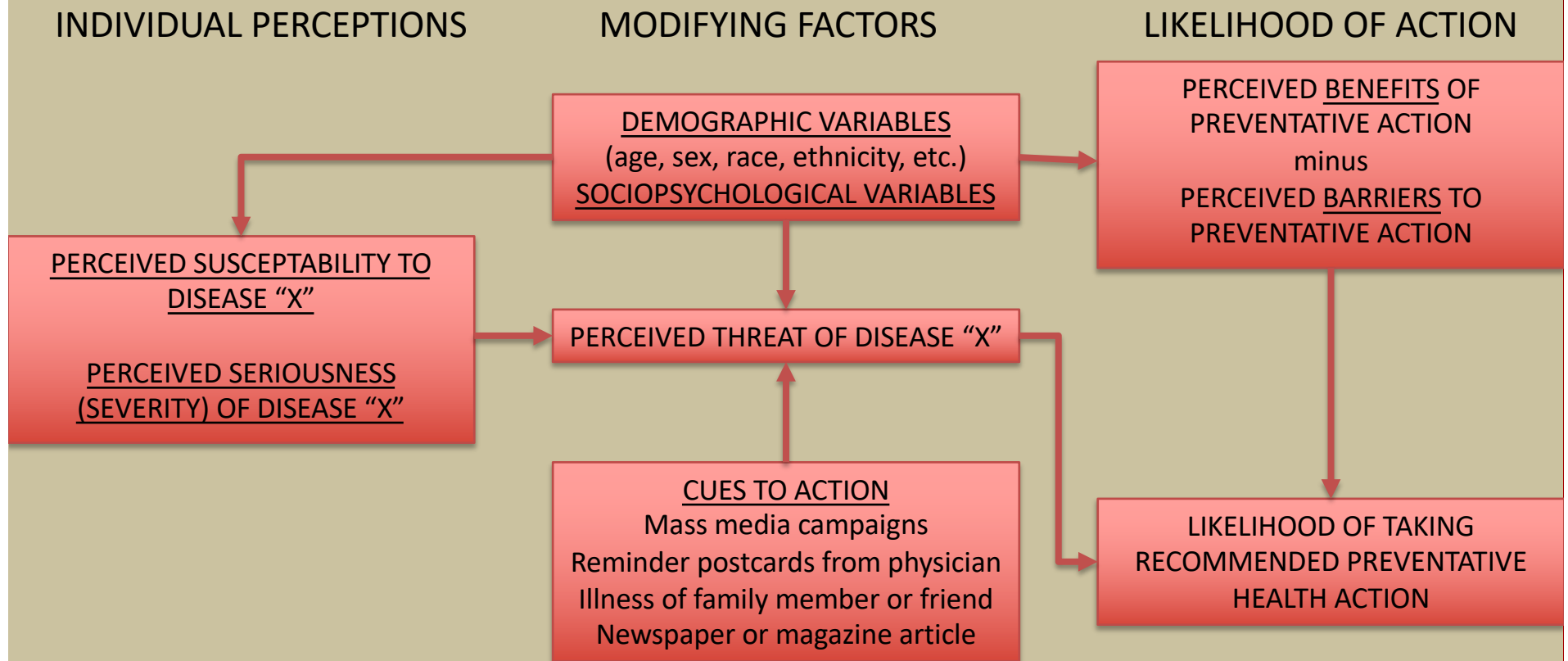
## Key Words

- *HPV vaccination*
- *vaccination perception*
- *age*
- *changes in vaccines*
- *vaccine*
- *primary education*

# SYNTHESIS OF EVIDENCE

- Perception of Population Not Assessed
- Relevance in Target Population (Weiss, Rosenthal & Zimet, 2011)
- Perception of susceptibility and severity (Freimuth et al., 2017; Thompson et al., 2016; Weiss, Rosenthal & Zimet, 2011)
- Risks and benefits of vaccination (Markowitz et al., 2016)
- Lack of Knowledge (Cassidy, Braxter, Charron-Prochownik & Schlenk, 2014; Daly, Halon, Arnowitz & Ross, 2016; Lazar, Imm, Petit, Conlon & LoConte, 2014; Strohl et al., 2015)
- Cue to Action (Wagner et al., 2017)

# HEALTH BELIEF MODEL



# PROJECT DESIGN

- Descriptive Research
  - Valid Survey Implementation
- Community Clinic Setting
- Population
  - Rural
  - Low income/no insurance
- Inclusion Criteria
  - Age 27 to 45
  - Not previously vaccinated
  - English speaking

# TOOLS

- Adapted Zika Survey ([Ophir & Jamieson, 2018](#))
- Likert Scale
- Demographics
- 6<sup>th</sup> Grade Readability

Figure 3: HPV Survey Question Example

If there were a vaccine that protected you from getting cervical cancer how likely is it, if at all, that you would get the vaccine?

1     2     3     4     5

Not likely at all

Very Likely

# PROJECT PLAN

- Preparation
  - Team Members
  - Survey Permission
  - Survey Modification
- Pre-Implementation
  - Team Meetings
  - Determination of Final Survey Distribution
  - Proposal Review = Staff Education
  - Narrative/Consent

# PROJECT PLAN

- Implementation
  - Narrative/Consent at Check In
  - Introduction
  - Survey Distribution
  - Survey Collection
- Conclusion
  - Manual Compilation into Excel
  - Outcomes
    - Favorable Responses
    - Barriers to Vaccination
  - Follow Up



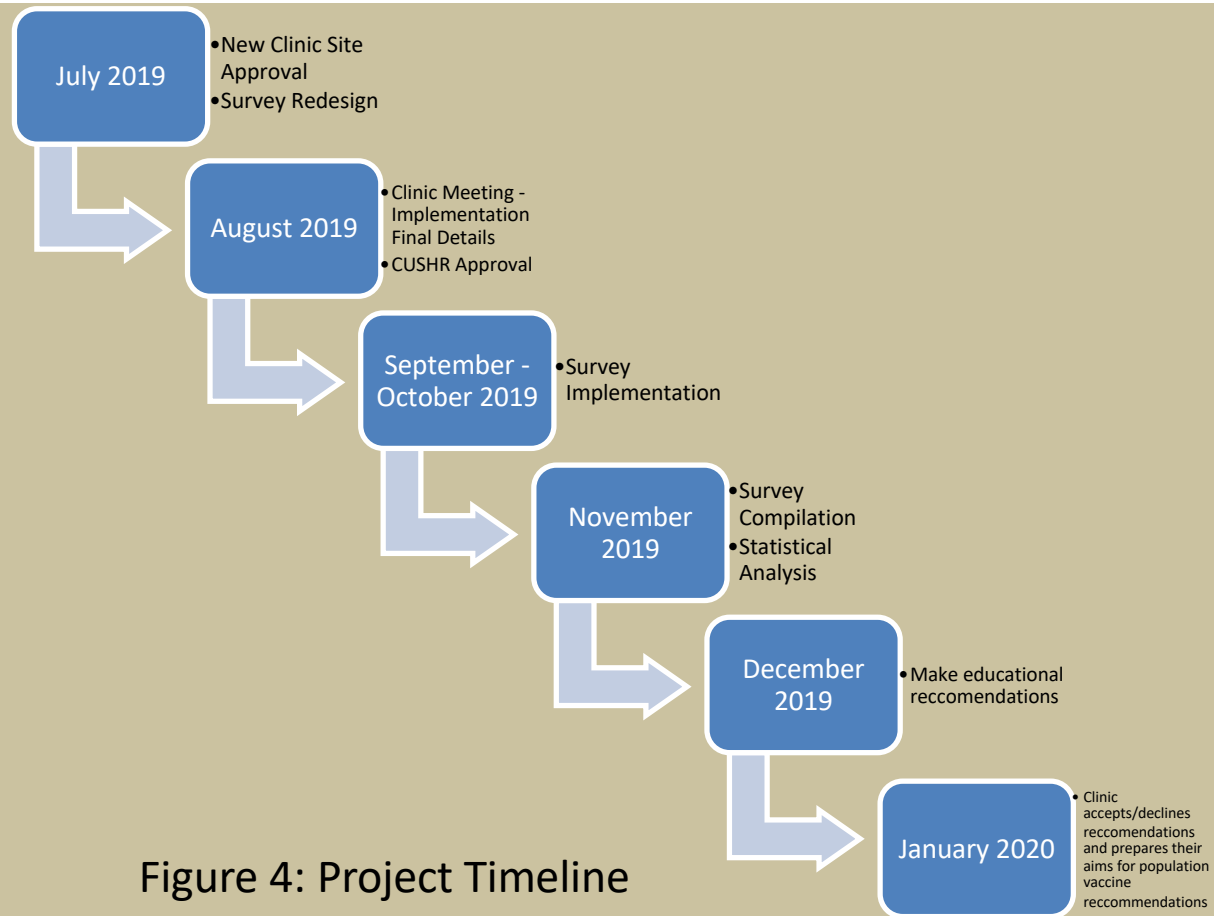


Figure 4: Project Timeline

# ETHICAL ISSUES

- Bradley University CUHSR Review
- Consent provided
- Participation confidential and voluntary
- No Identifying Information Collected
- No Vulnerable Populations

# ORGANIZATIONAL ASSESSMENT

- Support
- Barriers
- Risks

Figure 5: WCCCP Logo ([WDHS, 2019](#))



# COST FACTORS

## Survey Copies

- \$0.20 each with the hope that at least 100 patients will participate in the survey (\$20)

## Transportation

- \$0.58 per mile with 80 miles round trip three to four evenings per month (\$380)

# ANALYSIS OF IMPLEMENTATION

- Narrative versus Personal and Relational
- Timeline Extended

# ANALYSIS OF DATA OUTCOMES

- Visual Representation
- Measures of Central Tendency
- Significant Relationships

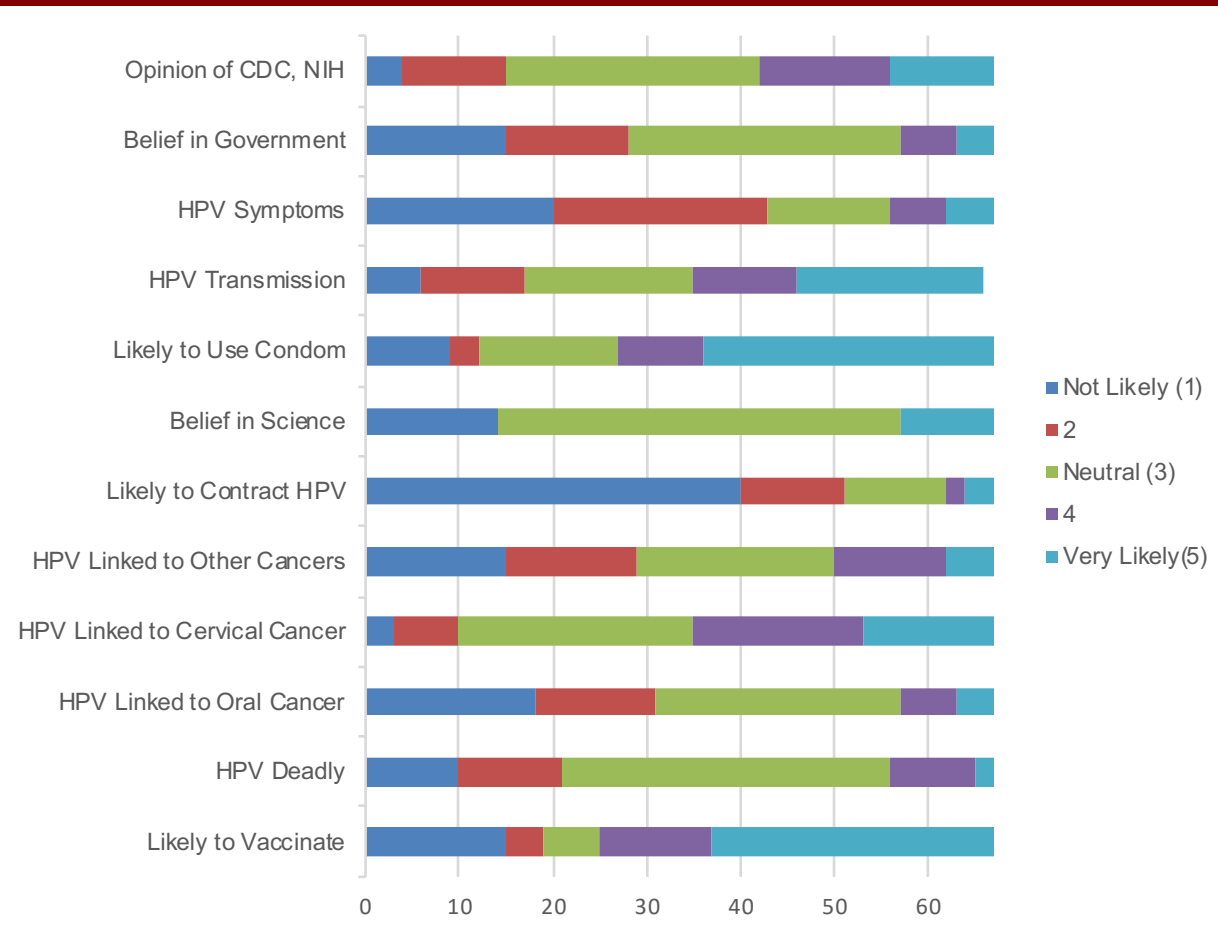


Figure 6: Survey Responses

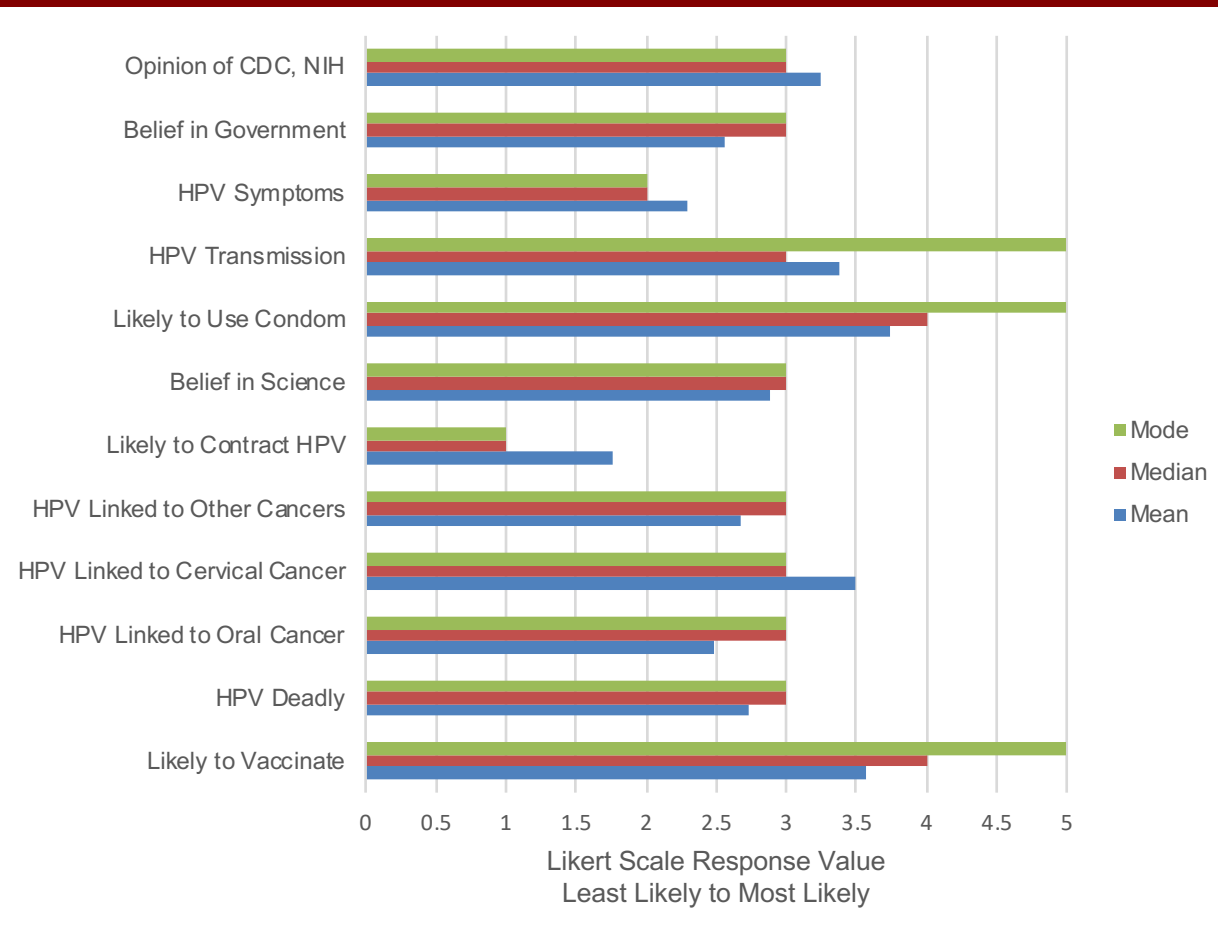


Figure 7: Central Tendencies of Survey Responses



## FINDINGS

- HPV of Little Risk
- Neutrality Toward Medical Authority
- Overall Lack of Knowledge

# LIMITATIONS/DEVIATIONS

- Sample Size
- Age Verification
- Neutrality



Age Verification



# IMPLICATIONS

- Practice
  - INEXPENSIVE
  - SIMPLE
  - IDENTIFIES NEEDS
- Future Research
  - POPULATIONS
  - SEXUAL ACTIVITY
  - TAILORED  
EDUCATION RESULTS



# SEXUAL EXPOSURE CHART



Number of Sexual Partners

(if every person has only the same number of partners as you)

Number of People Exposed to

Number of Sexual Partners	Visual Representation	Number of People Exposed to
1	1 person icon	1
2	2 person icons	3
3	3 person icons	7
4	4 person icons	15
5	5 person icons	31
6	6 person icons	63
7	7 person icons	127
8	8 person icons	255
9	9 person icons	511
10	10 person icons	1023
11	11 person icons	2047
12	12 person icons	4095

# IMPLICATIONS

- Nursing
  - PERSONALIZED EDUCATION
    - SEVERITY
    - NECESSITY
- Health Policy
  - PROVIDER EMPHASIS

# VALUE OF THE PROJECT

The knowledge gained from the survey data directly relates to the what, the how and the when surrounding patient education.

# DNP ESSENTIALS

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership
- III. Clinical Scholarship and Analytical Methods
- IV. Information Systems/Technology
- V. Health Care Policy
- VI. Interprofessional Collaboration
- VII. Clinical Prevention and Population Health
- VIII. Advanced Nursing Practice

# DISSEMINATION

- Clinic Presentations
- 2020 DNP Conference
- Publication



# GOALS

- Improving interprofessional communication and leadership skills
- Improving evaluation of care delivery models in education
- Identifying a knowledge gap regarding HPV vaccination

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