

Healthcare provider perspectives on the uptake of the human papillomavirus vaccine among newcomers to Canada: A qualitative study

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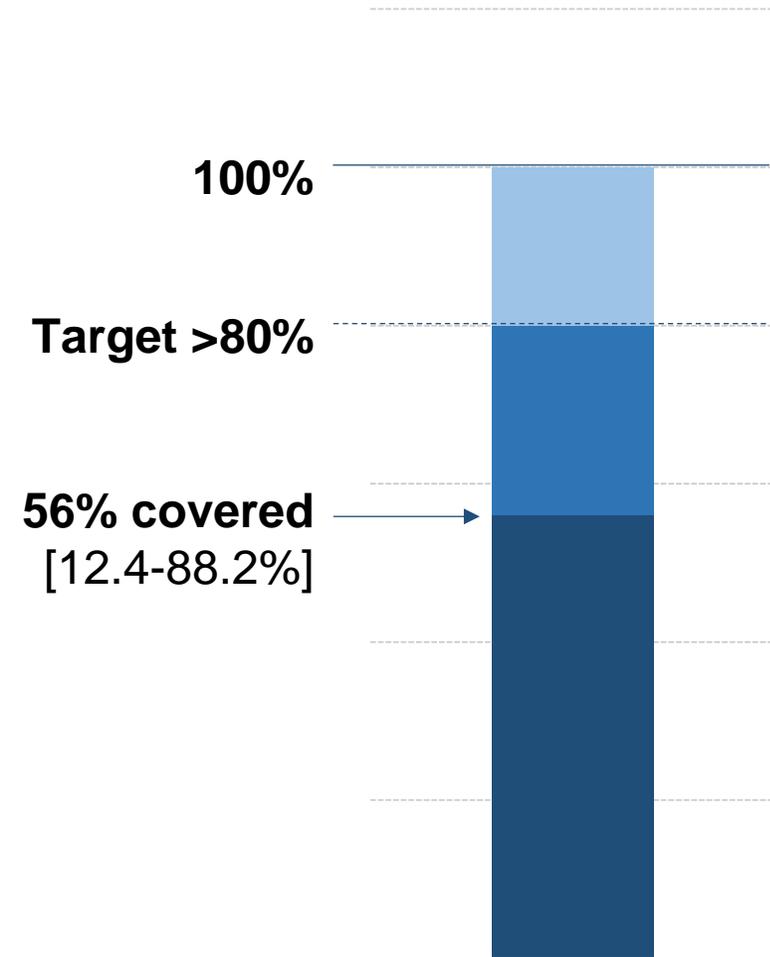
Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

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Introduction

- HPV vaccine protects against strains that cause certain cancers and genital warts
- Canadian provinces and territories administer vaccine in school-based programs
- Some jurisdictions offer catch-up programs - \$540 CAD
- Meta-analysis found average uptake of 56% ¹



¹Bird et al., 2017

Background Evidence

- Disparities in uptake among racial and ethnic minorities in US, Canada, and UK¹
- Newcomers may be under-immunized²
- Barriers reported by Wilson et al. (2018)³:
 - Lack of knowledge/awareness
 - Cultural/religious taboos
 - Lack of healthcare provider recommendation

¹ Bodson et al. 2016; Ford, 2011; Fisher 2013; Kessels et al. 2012; Drolet et al. 2016; Sadry et al. 2013

² Slattelid et al. 2015; Grandahl et al. 2017; McComb et al. 2018

³ Wilson et al. 2018

Aim and Research Questions

Aim: to explore factors influencing access to and decision-making around HPV vaccination among newcomers from the perspective of healthcare providers.

Research Questions:

1. What are barriers to HPV vaccination?
2. What are facilitators to HPV vaccination?
3. What are recommendations to improve HPV vaccine uptake?
4. What are the similarities and differences in barriers reported by newcomers¹ and health care providers?

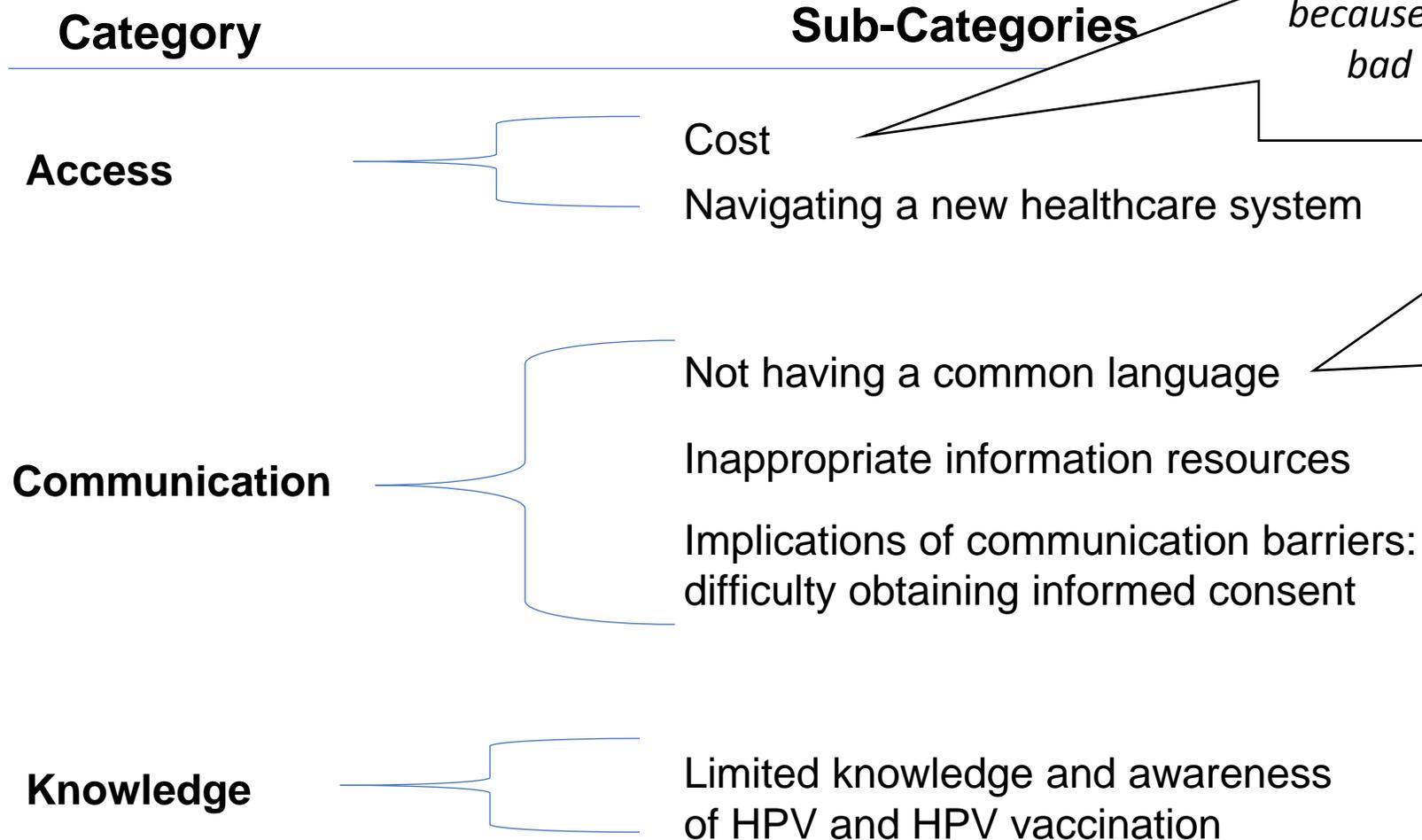
¹ Wilson et al. 2018

Methods

- Qualitative study in Ottawa, ON
 - ~20% of population - landed immigrants
 - HPV vaccine offered in grade 7 (not mandatory)
 - Girls eligible for catch-up vaccination until end of grade 12
- Semi-structured, one-on-one interviews
 - Interview guide based on themes from Wilson et al., 2018
- Qualitative Content Analysis

	Participants, n(%)
Total participants	10 (100%)
Gender	
Female	8 (80%)
Male	2 (20%)
Age range (years)	
18-25	1 (10%)
26-35	2 (20%)
36-45	5 (50%)
46-55	0 (0%)
56+	2 (20%)
Area of service provision	
Public health	5 (50%)
Primary care	4 (40%)
Hospital care	1 (10%)
Length of time in role (years)	
0-5	1 (10%)
6-10	3 (30%)
11-15	2 (20%)
16-20	3 (30%)
21+	1 (10%)
Identify as a newcomer	
Yes	1 (10%)
No	8 (80%)
Second generation	1 (10%)

Barriers to HPV Vaccination



"Most of my newcomers are unable to pay for it regardless of any of their cultural background. To be very honest, often I look at their social issues, and I just skip over HPV because I don't want to also make them feel bad that there's a vaccine that I can't actually provide to them."

"... and when there's language barriers, we can't go into the details of anything. So it's just a very brief intervention, letting them know that it's there."

Barriers cont'd...

Category

Sub-Categories

Cultural

Talking about sexuality is taboo

Religious beliefs around sex before marriage

"I find the HPV is kind of a tricky one, 'cause when you start explaining what HPV is – you know, being the human papillomavirus, a virus that can be transmitted sexually – that tends to turn off a lot of people. And not just newcomers..."

Provider level

Healthcare-seeking behaviours

Fewer chances to discuss preventative care

Not receiving a recommendation

There is no time to discuss HPV

Having to administer multiple vaccines at a time, priority setting

"I think it's one [the HPV vaccine] that might slip through the cracks in terms of our recommendation, because we kind of rely on the school system for that one. We're of course giving out prescriptions for Gardasil, but it's typically around visits that have something to with the risk of HPV, or genital warts, or you know, that kind of thing. So I think we might think of it more in those kinds of visits rather than as a routine piece."

Facilitators to HPV Vaccination

Category

Sub-Categories

Targeted Health Promotion

Understanding the relevance of HPV vaccination

- Getting it for free now or paying for it later
- Changing eligibility criteria

Trusting the healthcare system

- Openness to vaccination

Cultural sensitivity

- Ensuring access to appropriate personnel
- Culturally sensitive risk communication

“But I find more with new immigrants, they're very like, ok, that's fine, we're good. They trust, like I find they have a high trust towards healthcare, so they're often very easy to deal with when it comes to these things. And with HPV, as well as the other vaccines, like they have high trust. So they will take the vaccine.”

Recommendations to Improve Uptake

1. Publicly fund the HPV vaccine

2. Enhance language and culturally appropriate health promotion activities

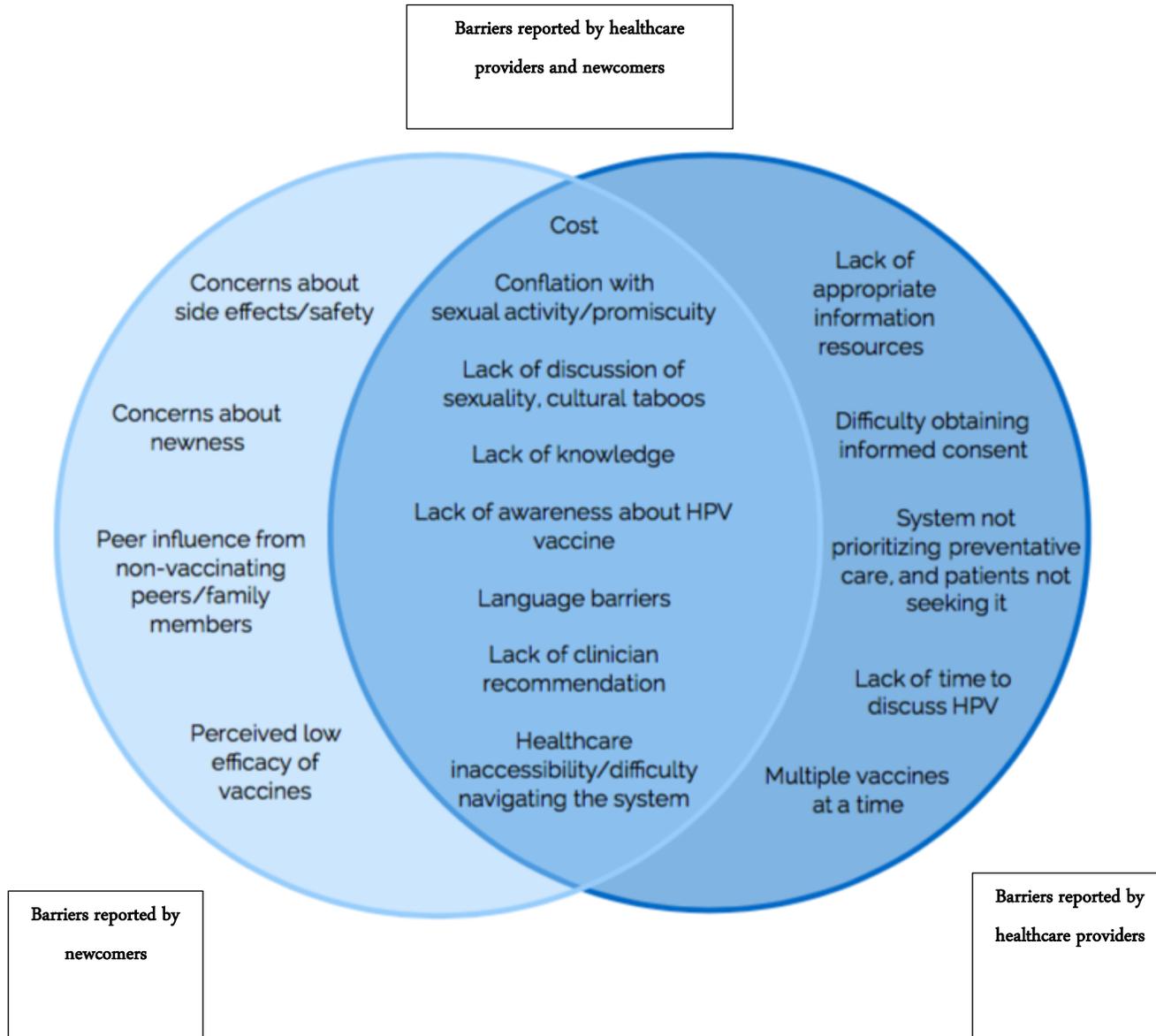
3. Provide explicit catch-up opportunities in the school-based program

4. Create a vaccine databank

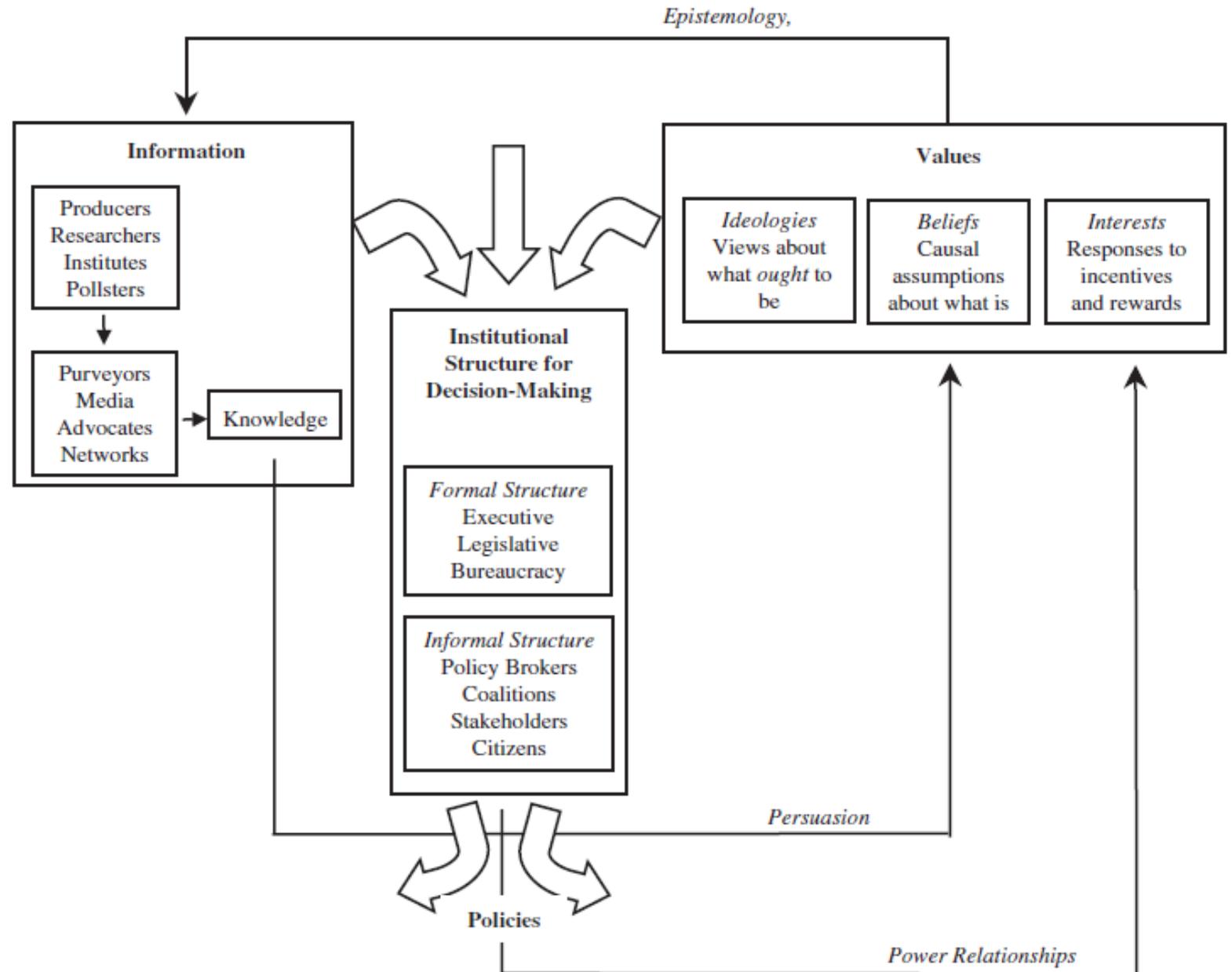
5. Have the HPV vaccine on-hand at primary care clinics

6. Create reminder systems for HPV vaccine recommendation

Comparing barriers: newcomer vs. healthcare provider perspectives



Placing Findings within the Lomas (2000) Policy Framework



Implications for Policy and Practice

Information

Information exists, and findings suggest newcomers are accepting of it

Institutions

Disconnect between public health and primary care
Ambiguity re: roles and responsibilities

who does what and where?

Information purveyors

Information not communicated in a way that meets needs

Methods of communication do not effectively engage newcomers

how to inform newcomers?
digital technology?

Value systems

Ideologies

Religious beliefs; anti-vax not prevalent

Interests

Cost limiting uptake and recommendation

Beliefs

Knowledge gaps (can be overcome)

Lack of know-how in accessing healthcare

focusing on shifting beliefs

Conclusions

- Barriers governed largely by a lack of access to quality healthcare
- Creating culturally-appropriate information resources is a key opportunity for targeted intervention
- Addressing the cost barrier is important for increasing uptake and healthcare provider recommendation

Questions?

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