St. Jude Children's Research Hospital

HPV Cancer Prevention Program

Empowering and Strengthening Community, Culture and Connection to Prevent HPV Cancers

Vacunación Sin Barreras

Addressing HPV Vaccination Inequities and HPV Cancer Disparities in Hispanic and Latino Communities

October 2, 2024

Learning Objectives

- **Review inequities in HPV vaccination and HPV-related cancer rates:** Analyze the disparities in HPV vaccination coverage and cancer incidence in Hispanic and Latino communities using current data.
- **Understand the importance of data disaggregation for Hispanic/Latino subgroups:** Identify key Hispanic and Latino subgroups and explore why separating data by these groups can reveal more specific public health needs.
- **Discuss evidence-based interventions tailored to Hispanic/Latino communities:** Evaluate strategies proven to increase HPV vaccination rates within Hispanic/Latino populations and their effectiveness.
- **Implement best practices to improve HPV vaccination rates:** Apply culturally relevant strategies and interventions to address barriers and improve HPV vaccination coverage in Hispanic/Latino communities.
- **Turn insights into actionable steps:** Translate knowledge of disparities and interventions into concrete actions that healthcare providers and community leaders can use to enhance HPV prevention efforts.

Moderator

Deborah Parra-Medina, PhD

Executive Director, Center for Health Equity
Professor, Department of Family Medicine
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Medical Campus

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Empowering and Strengthening Community, Culture, and Connection to Prevent HPV Cancers

Presenters

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HPV cancer survivor

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Jane Montealegre, PhD
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Jesse Nodora, DrPH
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Jesse Nodora, DrPH

FEATURED PANELIST

Associate Professor, Radiation Medicine and Applied Sciences UC San Diego Moores Cancer Center

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Characterizing HPV Cancer Risk in Hispanic/Latine Communities

Jesse Nodora, DrPH
Associate Professor, Radiation Medicine and Applied Sciences

Associate Director, Community Outreach and Engagement
Moores Cancer Center at UC San Diego Health

What we will cover today…

- Overview of Data Inequities in HPV Vaccination and HPV Cancers in Hispanic/Latine Communities
- Discussion of Populations Subgroups and Importance of Disaggregated Data
- Turning Insights Into Action

Key Demographics for US Hispanic/Latine Populations (2021 data)

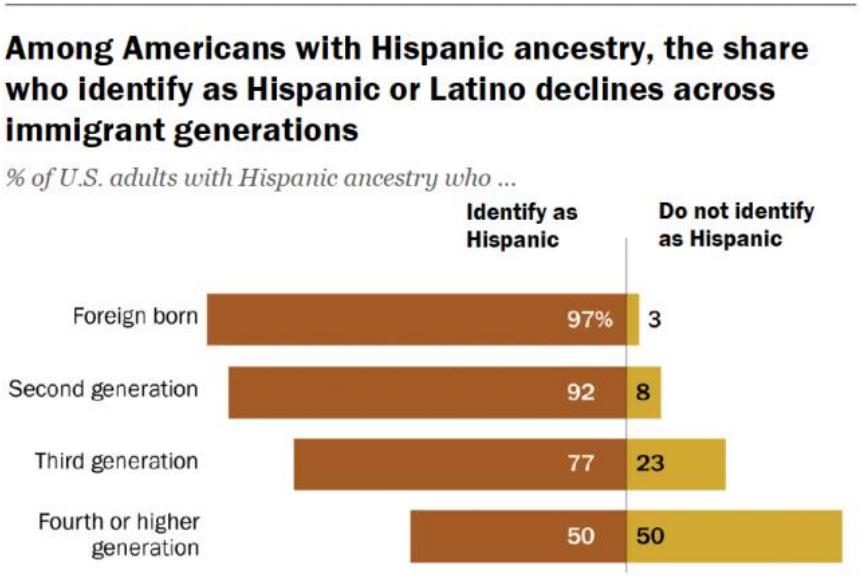
- Nearly **65.2M** individuals (36.6 Mex ~62%; 5.6 PR ~10%; 2.3 Salv. ~4%; 2.3 Cuban ~4%)
- 32% foreign born (29% Mex, 53% Salv., 53% Cubans, most others above 50% but dropping)
- 20% bachelor's degree + (15% Mex, 24% PR, 13% Salv., 30% Cubans)
- **72% English Proficient** (74% Mex, 83% PR, 53% Salv., 61% Cubans)
- **81% U.S. citizens** (81% Mex, 99% PR, 66% Salv., 82% Cubans)
- $59k Med. HH Income ($59k Mex, $52k PR, $61k Salv., $58k Cubans)
- **18% poverty** (18% Mex, 21% PR, 17% Salv., 14% Cubans)
- **18% no health ins**. (20% Mex, 8% PR, 24% Salv., 12% Cubans)

https://www.pewresearch.org/short-reads/2023/08/16/11-facts-about-hispanic-origin-groups-in-the-us/

What's *changing* in these communities?

Nativity, Acculturation, Identification as Hispanic/Latine

1. **Venezuelans, Dominicans and Guatemalans are the fastest-growing Hispanic origin groups.**
2. **The share of Hispanics in the U.S. who speak English proficiently has increased.**
3. **Immigrants *are a declining share* of the U.S. Hispanic population.**
4. **Most Hispanic immigrants have lived in the U.S. *for at least a decade*.**
5. **The makeup of the U.S. Hispanic population *varies widely* across major metropolitan areas.**
6. **The U.S. Hispanic population is aging but *remains younger* than Americans overall.**
7. **The share of U.S. Hispanic adults with a bachelor's degree is growing.**



50% of 4th generation or later individuals of H/L origin do not identify as Hispanic

https://www.pewresearch.org/short-reads/2023/08/16/11-facts-about-hispanic-origin-groups-in-the-us/

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HPV Cancer in Hispanic/Latine Communities

HPV Cancer Burden in 2024: Cervical Spotlight

37,800
cancers are caused by HPV in the US every year

10,800
cervical cancers – *almost all preventable*

Hispanic persons have among *the highest incidence of cervical cancer in the US and* have the second highest rate of death from cervical cancer after non-Hispanic Black people.

Cervical cancer screening rates are lower in Hispanics than in Non-Hispanic Whites (69% vs 80%)

	Hispanic (2021)		White (2021)		Hispanic Origin[i] (2018)				
	All	Uninsured (≤64 years)	All	Uninsured (≤64 years)	Mexican	Puerto Rican	Cuban	Central/ South American	Dominican
Cervical cancer screening (women 25-65 years)[a]									
Up-to-date[b]	69	61	80	60	81	80	89	88	92
Cotesting Pap test and HrPV test in the past five years	37	31	39	34	42	41	48	44	-
Pap test within the past three years	66	57	75	49	79	76	81	88	88

National Center for Chronic Disease Prevention and Health Promotion; Division of Cancer Prevention and Control
American Cancer Society. Cancer Facts & Figures for Hispanic/Latino People 2024-2026 Atlanta: American Cancer Society, Inc. 2024.

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Non-Cervical HPV Cancer Disparities

Despite lower or comparable burdens of non-cervical HPV cancers, barriers to access and care can create outcome disparities for diagnosed H/L patients

Ex: Black and Hispanic men are dying at higher rates of throat cancer compared with white men, regardless of the stage at which diagnosis occurs or the type of treatment they receive (Villalona et al 2022)

Lower survival rates may reflect a later-stage diagnosis, more aggressive disease, and barriers to care

American Cancer Society

Cancer Care Lags for Hispanic People in the US

New report finds that obstacles to care decrease cancer screening, early detection, and survival rates for Hispanic people in the US...

Barriers to care persist for the Hispanic/Latine community, making accessing medical care more challenging and include:

- language barriers
- paid sick leave
- health insurance
- educational disparities

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Villalona S, Stroup AM, Villalona S, Ferrante JM. Racial/ethnic disparities in HPV-related oropharyngeal cancer outcomes among males in the United States: a national cohort study. **Annals of Cancer Epidemiology. 2022**; doi:10.21037/ace-22-1

American Cancer Society. Cancer Facts & Figures for Hispanic/Latino People 2024-2026 Atlanta: American Cancer Society, Inc. 2024.

National Center for Chronic Disease Prevention and Health Promotion; Division of Cancer Prevention and Control

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HPV Vaccination in Hispanic/Latine Communities

Is a strong provider recommendation happening among Hispanic/Latine patients?

2021 study by **Reiter et al.** looked at **Provider Recommendation** in Hispanic/Latine subgroups using NIS-Teen data from 2012-2016 on Hispanic/Latine adolescent ages 13–17 (n = 16,335)

Table 2. Parents' receipt of provider recommendation to vaccinate their child against HPV across Hispanic/Latinx subgroups.

	Weighted %	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Females			
Mexican	61.3	ref.	ref.
Cuban	63.3	1.09 (0.56–2.12)	0.74 (0.38–1.45)
Puerto Rican	73.3	1.73 (1.26–2.38)**	1.17 (0.80–1.69)
Central American	55.0	0.77 (0.53–1.11)	0.68 (0.45–1.01)
South American	67.7	1.32 (0.87–2.00)	0.83 (0.54–1.29)
Other Spanish descent	64.8	1.16 (0.87–1.54)	0.96 (0.69–1.34)
Multi-subgroup	60.8	0.98 (0.56–1.71)	0.80 (0.47–1.37)
Males			
Mexican	44.5	ref.	ref.
Cuban	53.4	1.43 (0.78–2.64)	1.32 (0.75–2.34)
Puerto Rican	52.6	1.38 (1.03–1.87)*	1.24 (0.88–1.74)
Central American	46.0	1.07 (0.73–1.55)	1.00 (0.68–1.48)
South American	49.6	1.23 (0.87–1.73)	1.06 (0.74–1.51)
Other Spanish descent	50.8	1.29 (0.96–1.74)	1.18 (0.85–1.64)
Multi-subgroup	44.5	1.00 (0.65–1.55)	0.88 (0.56–1.37)

Adjusted models controlled for year of data collection and the demographic and health characteristics included in Table 1. HPV = human papillomavirus; OR = odds ratio; CI = confidence interval; ref. = referent group.
*$p < 0.05$, **$p < 0.001$

Paul L. Reiter, Michael L. Pennell, Glenn A. Martinez & Mira L. Katz (2021) Provider recommendation for HPV vaccination across Hispanic/Latinx subgroups in the United States, Human Vaccines & **Immunotherapeutics**, 17:4, 10831088, DOI: 10.1080/21645515.2020.1846399

Are Hispanic/Latinx adolescents getting vaccinated?

2020 study by Reiter et al. looked at **HPV Vaccine Coverage** across Hispanic/Latine Subgroups using NIS-Teen data from 2012-2016 on Hispanic/Latine adolescent ages 13–17 (n = 16,335)

Table 2.

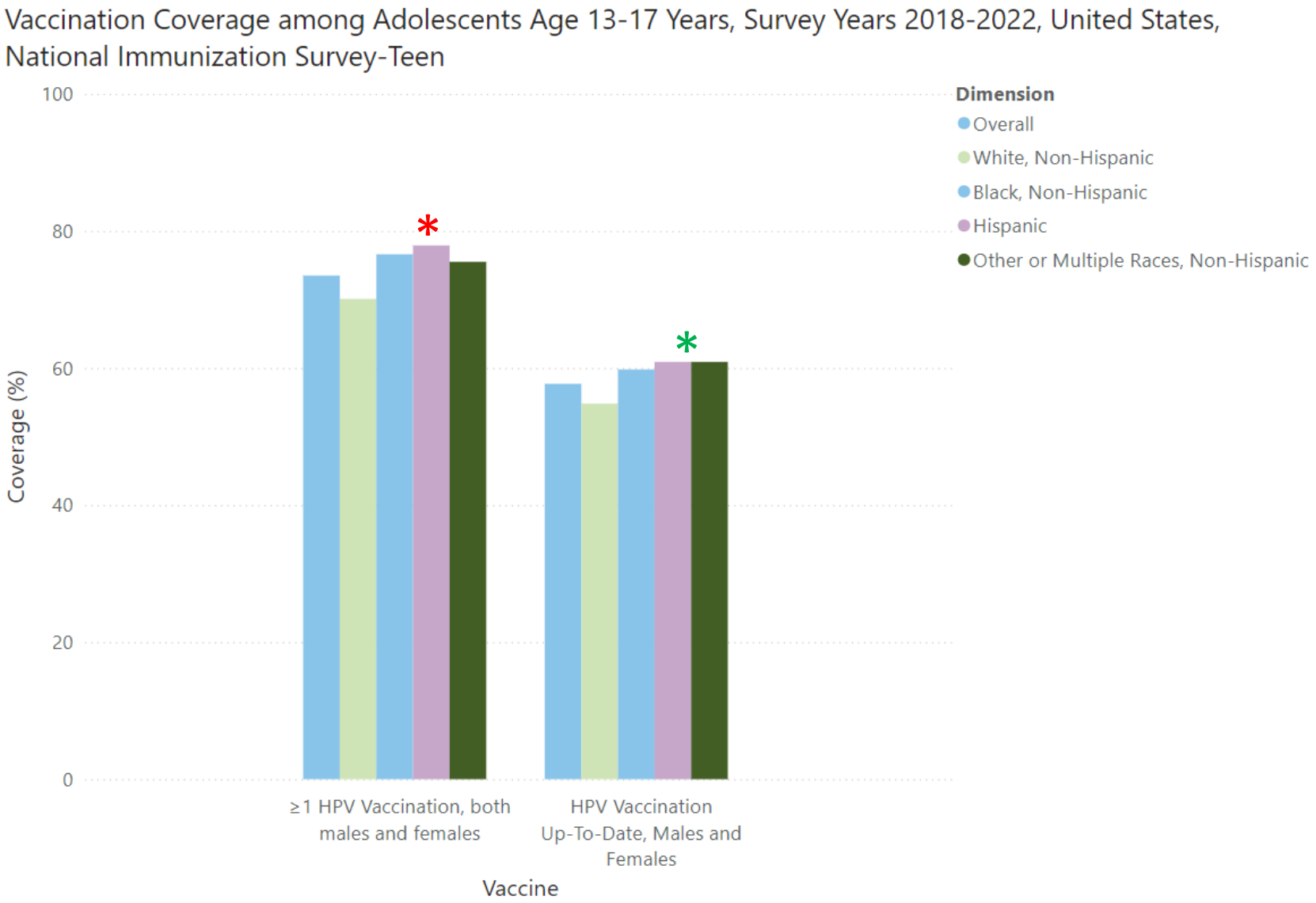
HPV vaccine coverage across Hispanic/Latinx subgroups

	HPV Vaccine Initiation			HPV Vaccine Completion		
	Weighted %	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	Weighted %	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Hispanic/Latinx *Males*						
Mexican	52.1	ref.	ref.	26.8	ref.	ref.
Cuban	52.0	1.00 (0.55–1.82)	1.48 (0.75–2.93)	23.0	0.82 (0.38–1.73)	0.98 (0.45–2.13)
Puerto Rican	51.5	0.98 (0.73–1.31)	1.30 (0.89–1.89)	22.8	0.80 (0.55–1.18)	0.94 (0.57–1.55)
Central American	57.5	1.24 (0.86–1.79)	1.17(0.75–1.83)	31.1	1.23 (0.83–1.83)	1.12(0.71–1.77)
South American	50.6	0.94 (0.67–1.32)	1.22 (0.79–1.89)	25.3	0.93 (0.65–1.32)	1.00 (0.65–1.54)
Other Spanish descent	56.1	1.17(0.88–1.57)	1.14(0.83–1.55)	29.1	1.12 (0.83–1.52)	1.09 (0.76–1.57)
Multi-subgroup	46.3	0.79 (0.51–1.23)	0.93 (0.61–1.44)	19.9	0.68 (0.43–1.06)	0.73 (0.44–1.22)
Hispanic/Latinx *Females*						
Mexican	67.4	ref.	ref.	44.2	ref.	ref.
Cuban	63.4	0.84 (0.44–1.60)	1.03 (0.52–2.04)	42.8	0.95 (0.51–1.75)	1.13 (0.62–2.06)
Puerto Rican	71.2	1.19(0.86–1.66)	1.18(0.74–1.88)	45.2	1.05 (0.78–1.39)	0.91 (0.64–1.30)
Central American	66.2	0.95 (0.63–1.43)	1.00 (0.61–1.63)	42.5	0.94 (0.65–1.34)	1.00 (0.66–1.53)
South American	64.7	0.88 (0.58–1.35)	0.91 (0.57–1.45)	48.7	1.20 (0.79–1.82)	1.07(0.69–1.65)
Other Spanish descent	68.5	1.05 (0.79–1.40)	1.11 (0.80–1.53)	44.4	1.01 (0.77–1.32)	0.95 (0.70–1.29)
Multi-subgroup	65.0	0.90 (0.50–1.59)	0.93 (0.54–1.62)	33.6	0.64 (0.39–1.05)	0.68 (0.41–1.12)

Note. Adjusted models controlled for year of data collection and all demographic and health characteristics reported in Table 1. ref.=referent group; HPV=human papillomavirus; OR=odds ratio; CI=confidence interval.

Reiter PL, Pennell ML, Martinez GA, Perkins RB, Katz ML. HPV vaccine coverage across Hispanic/Latinx subgroups in the United States. **Cancer Causes Control. 2020** Oct;31(10):905-914. doi: 10.1007/s10552-020-01331-y. Epub 2020 Aug 4. PMID: 32748100; PMCID: PMC7483998.

HPV Vaccination Compared to Other Communities



From compiled 2018-2022 **NIS-Teen data**, Hispanics have had the *highest* rates of at least 1 dose of HPV vax * and tied with Other/Multiple Races for highest Up-To-Date (UTD) rates*, compared with other communities and overall average rate.

U.S. Department of Health and Human Services (DHHS). National Center for Immunization and Respiratory Diseases. The 2023 National Immunization Survey - Teen, Atlanta, GA: Centers for Disease Control and Prevention, 2024.

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HPV Vaccination Compared to Other Communities, Cont'd

Vaccines	Race and Ethnicity†, % (95% CI)§					
	White only, non-Hispanic (n = 11,256)	Black only, non-Hispanic (n = 1,799)	Hispanic (n = 3,028)	American Indian/Alaska Native only, non-Hispanic (n = 211)	Asian, non-Hispanic (n = 779)	Multiracial, non-Hispanic (n = 1,214)
HPV¶¶ vaccine						
All Adolescents						
≥1 dose	74.4 (72.8 to 75.9)	81.7 (78.2 to 84.7) **	77.8 (74.2 to 81.1) *	86.1 (78.4 to 91.4) **	82.8 (77.4 to 87.1) **	76.3 (69.4 to 82.1)
HPV UTD***	59.8 (58.1 to 61.4)	65.0 (61.0 to 68.8) **	61.7 (57.6 to 65.6) *	75.4 (66.1 to 82.9) **	72.3 (66.0 to 77.9) **	58.1 (51.3 to 64.6)
FEMALES						
≥1 dose	77.4 (75.3 to 79.4)	82.3 (77.1 to 86.6)	76.2 (70.4 to 81.1)	89.5 (81.3 to 94.3) **	83.1 (74.6 to 89.1)	82.3 (76.4 to 86.9)
HPV UTD	63.1 (60.7 to 65.5)	66.9 (61.0 to 72.2)	60.5 (54.5 to 66.2)	80.0 (67.9 to 88.3) **	74.4 (65.1 to 81.9) **	61.4 (52.9 to 69.3)
MALES						
≥1 dose	71.7 (69.4 to 73.9)	81.1 (76.3 to 85.1) **	79.5 (74.7 to 83.5) **	81.8 (67.2 to 90.7)	82.4 (75.6 to 87.6) **	70.8 (59.1 to 80.2)
HPV UTD	56.7 (54.3 to 59.1)	63.2 (57.5 to 68.5) **	62.9 (57.3 to 68.1) **	69.5 (54.9 to 81.0)	69.5 (60.8 to 77.1) **	55.0 (44.8 to 64.8)

But from most recent **NIS-Teen 2021 Supplement**, Hispanics' Up-To-Date (UTD) rates have slipped from 2nd highest (2020) to 4th highest at 62%.* Hispanics have the fourth highest rates of at least 1 HPV vax dose (78%). *

Supplemental Table 1. Estimated vaccination coverage with selected vaccines and doses among adolescents aged 13–17* years, by Race and Ethnicity— National Immunization Survey–Teen (NIS-Teen), United States, 2021.

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Complex Barriers

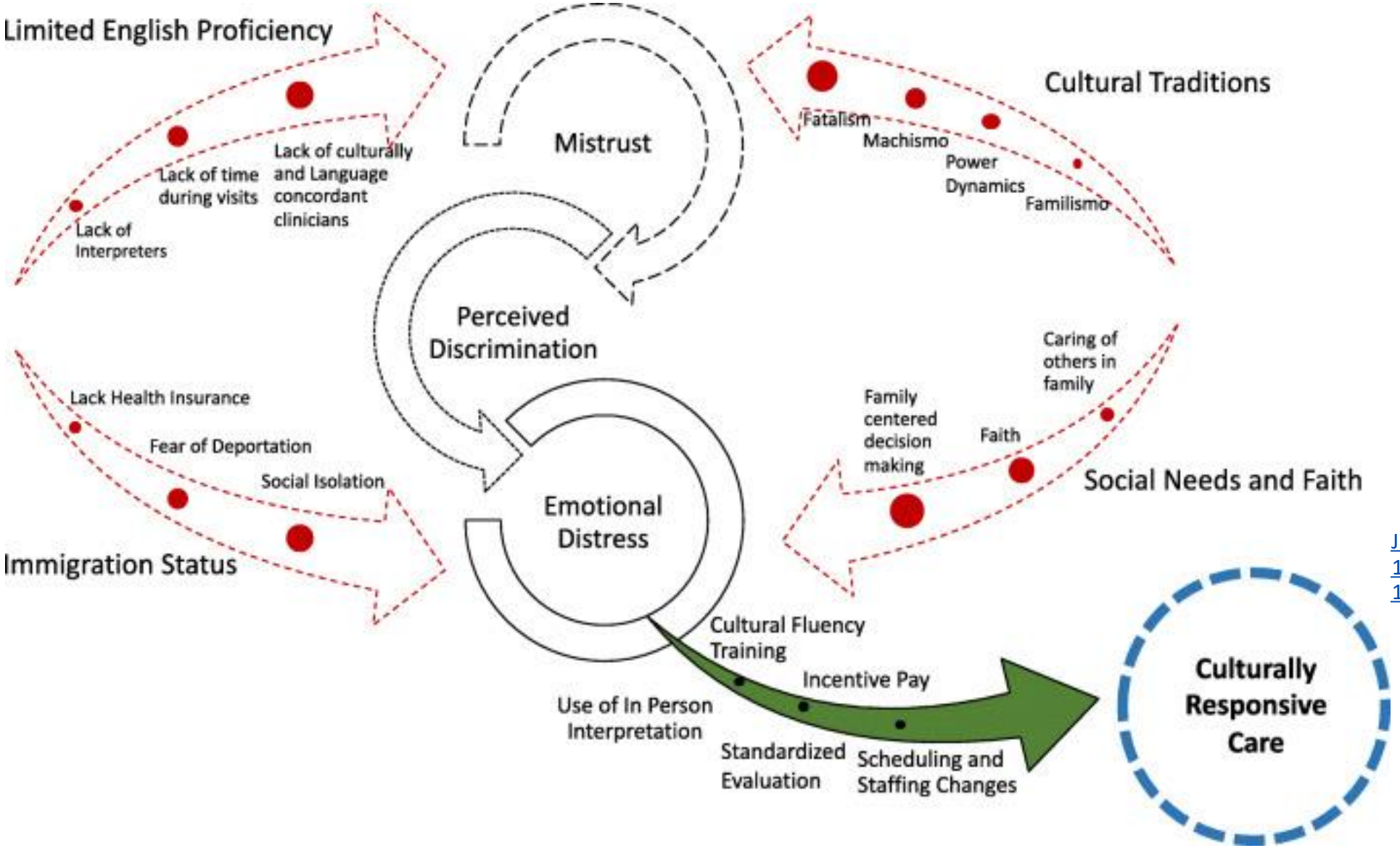

Figure: Factors contributing to mistrust and strategies to provide culturally responsive care for Latine Patients with Limited English Proficiency

J Gen Intern Med. 2023 Apr; 38(5): 1264–1271. Published online 2023 Jan 31. doi: 10.1007/s11606-022-07995-3

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Strategies That Work!

1. Improve healthcare providers' communication about and **recommendations for HPV vaccination**.
   - Presumptive announcements in their communications
   - Emphasize messages about cancer prevention
2. Availability of language assistance services for individuals with limited English proficiency.
   - Aligning Hispanic/Latine individuals with linguistically and culturally concordant medical care improves patient satisfaction and understanding.
3. Physicians are enabled to become more fluent in Spanish

Paul L. Reiter, Michael L. Pennell, Glenn A. Martinez & Mira L. Katz (2021) Provider recommendation for HPV vaccination across Hispanic/Latinx subgroups in the United States, Human Vaccines & **Immunotherapeutics**, 17:4, 1083-1088, DOI: 10.1080/21645515.2020.1846399

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Turning Insights into Action
Workgroup Examples

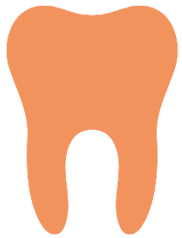
MCC's HPV Vaccination Workgroup → San Diego PATH

San Diego PATH – **P**rotecting **A**gains**t** **H**PV: To increase HPV vaccination rates to 80% by 2030 by convening county leaders in various sectors

- Health Systems (large health systems; FQHCs)

- Pharmacists

- School Health Administrators



- Dentists (not originally part of the interviews)

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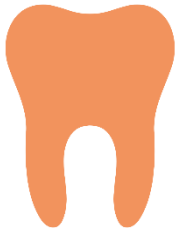
SD PATH Workgroup 2024 Activities



- **New rounds of HPV Vaccination Inventory Assessment** with Health System and Clinic Partners
  - Continued advocacy and quality improvement for formal age 9 vaccine policy; workgroup members seeing improvement
  - Tailored evidence-based interventions by health system
- **Continued support for California HPV Vaccine Week public awareness**
  - 2024 state roundtable's social campaign reached **1.7M** Californians!
- **Continued education and CME/CE opportunities** for Clinician, Pharmacist, Dental professionals and health educators by partnering with health systems and associations
- **Promotora/Community Health Worker Trainings and Partnerships**
  - Leading Bilingual HPV Vaccination 'Train the Trainer' Promotora Workshop at Vision y Compromiso 2024 Annual Meeting
  - Ongoing community-based outreach and education

SAN DIEGO PATH
PROTECTING AGAINST HPV

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Summary

- HPV vaccination rates remain below Healthy People 2030 goal of 80% across racial and ethnic groups
- Hispanic/Latine communities continue to bear HPV cancer disparities
- While H/L vax rates are comparable to other groups, complex barriers among the H/L community create risk for missed opportunity
- Provider recommendation continues to be strongest factor in HPV vaccination uptake; QI is needed
- Strengthening culturally competent care is critical for trust and vax adherence

Thank you!
Gracias!

Rapid Fire Talks

Understanding and applying strategies that work to improve HPV vaccination coverage in Hispanic/Latino communities

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Daisy Morales-Campos, PhD

FEATURED PANELIST

Associate Professor
The University of Texas Health Science Center at Houston
San Antonio Regional Campus

Investigating multi-level implementation strategies in Federally Qualified Health Centers

Daisy Y. Morales-Campos, PhD, MA

Associate Professor

UTHealth Houston

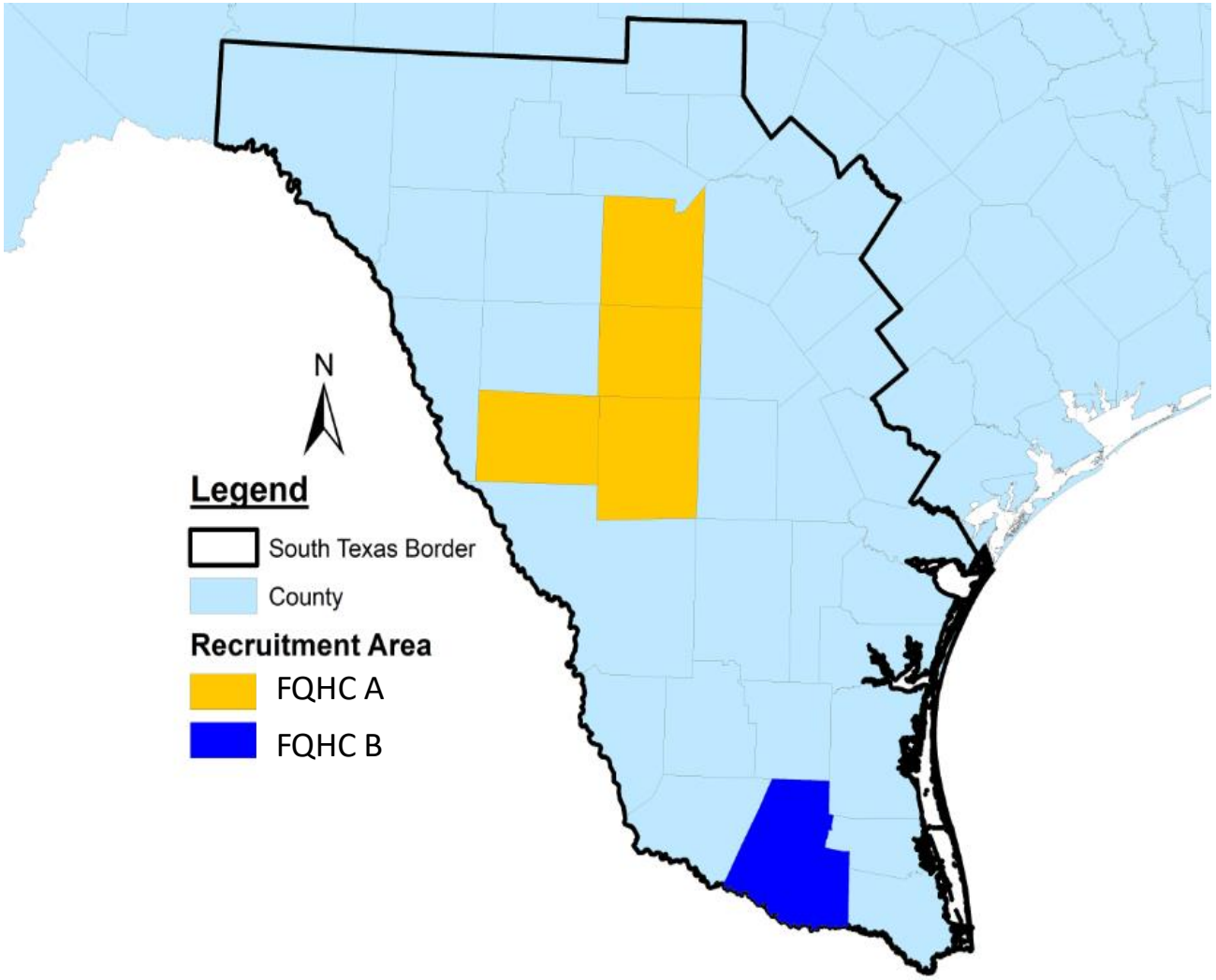
School of Public Health

Entre Familia II - Pilot Study

(CPRIT, PP160080; Morales-Campos, PI)

Program Goal

- To increase HPV vaccination (initiation and completion) among adolescent male and female patients ages 11-17 in **seven** clinics in five primarily rural and Hispanic counties
- Clinic collaborations with two federal qualified health centers



Entre Familia II - Pilot Study

(CPRIT, PP160080; Morales-Campos, PI)

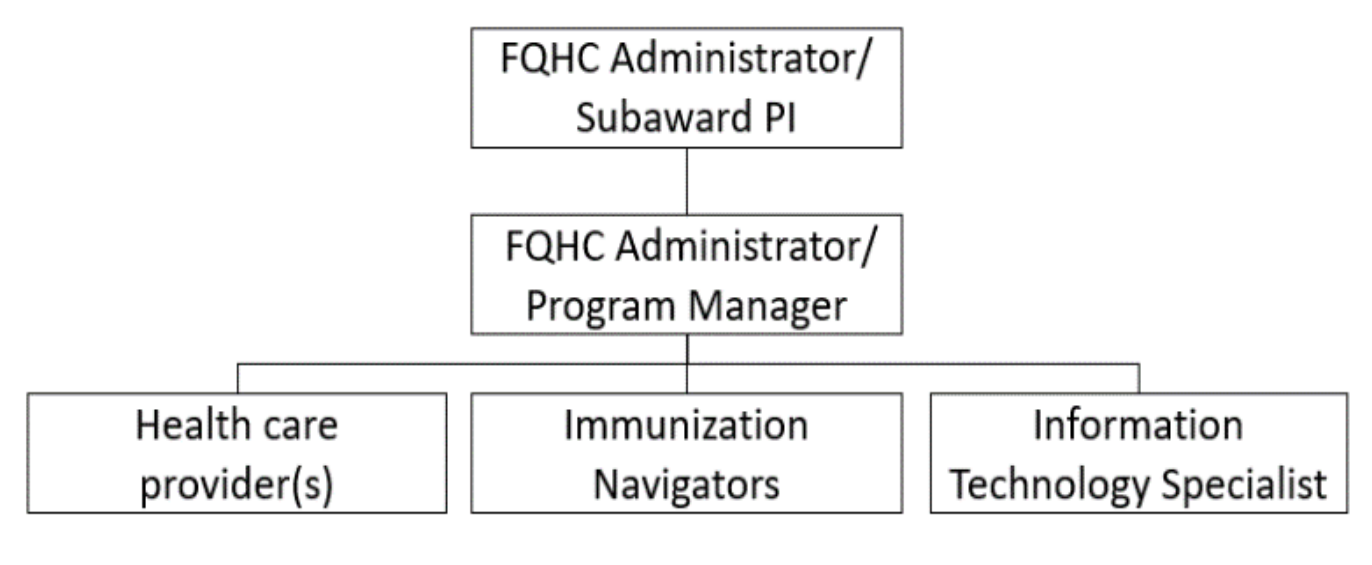


Diagram of Practice Implementation Teams

Planning Phase

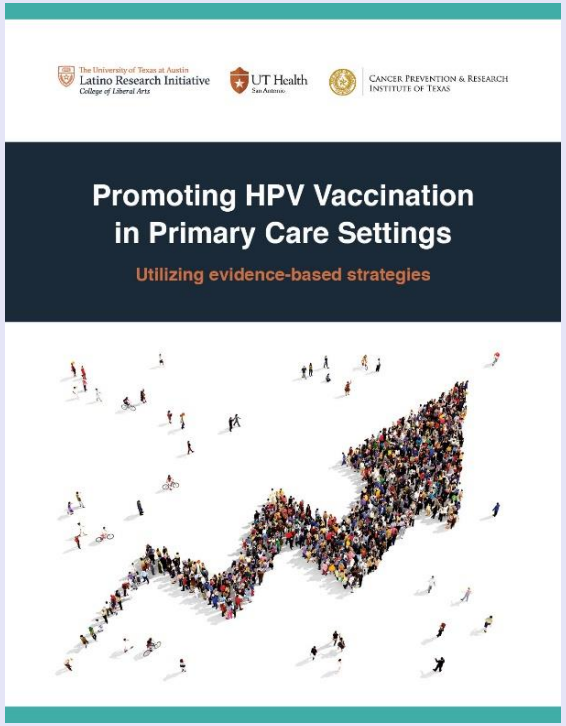
- Emphasized community building with practice Implementation Teams
- Used practice facilitation to identify contextual challenges
- Developed clinical practice plan and enacted changes

Facilitator-Driven Implementation Strategies

Implementation Strategies			Training Modules/Description
Facilitation	Pre-implementation work	Baseline assessment ▪ Pre-post provider surveys ▪ Task analysis or observations ▪ HPV vaccine initiation and completion data for 11-12 and 13–17 year-olds	Summary report of baseline assessment findings
			Presentation to FQHC leadership & implementation team
	Development and implementation of clinical practice plan	Health Care Provider Education	Orientation
			Modules 1-4
		Assessment and Feedback Technical Assistance	Modules 5-6
			Primary outcome and process evaluation reports to FQHC leadership & health care providers
	Immunization navigators	Training and education	Modules 1-3

Health Care Provider Education

- **Materials**: print educational booklet and resource binder
- **Quantity**: 4 required one-on-one modules, 2 optional
- **Length**: tailored module length
- **CME Credits**: received 1 CME credit per module



Process evaluation data of provider education modules

Health Center	# Clinic Sites	# Health Care Provider (HCP)	Avg. visit length (min)[a]	# contacts w/MD[b]	# contacts w/PA[c]	# contacts w/NP[d]	# total contacts[e]	# HCP rec'd modules 1-4	# HCP rec'd modules 5-6
FQHC A	6	11	36	7	0	35	42	11	8
FQHC B	6	11	30	16	25	3	44	11	11

Notes: a. Range: 14-55 minutes, b. MD=Medical Doctor, c. PA=Physicians Assistants, d. NP=Nurse Practitioners, e. Total # of one-on-one contacts with all HCP (MD, PAs, NPs)

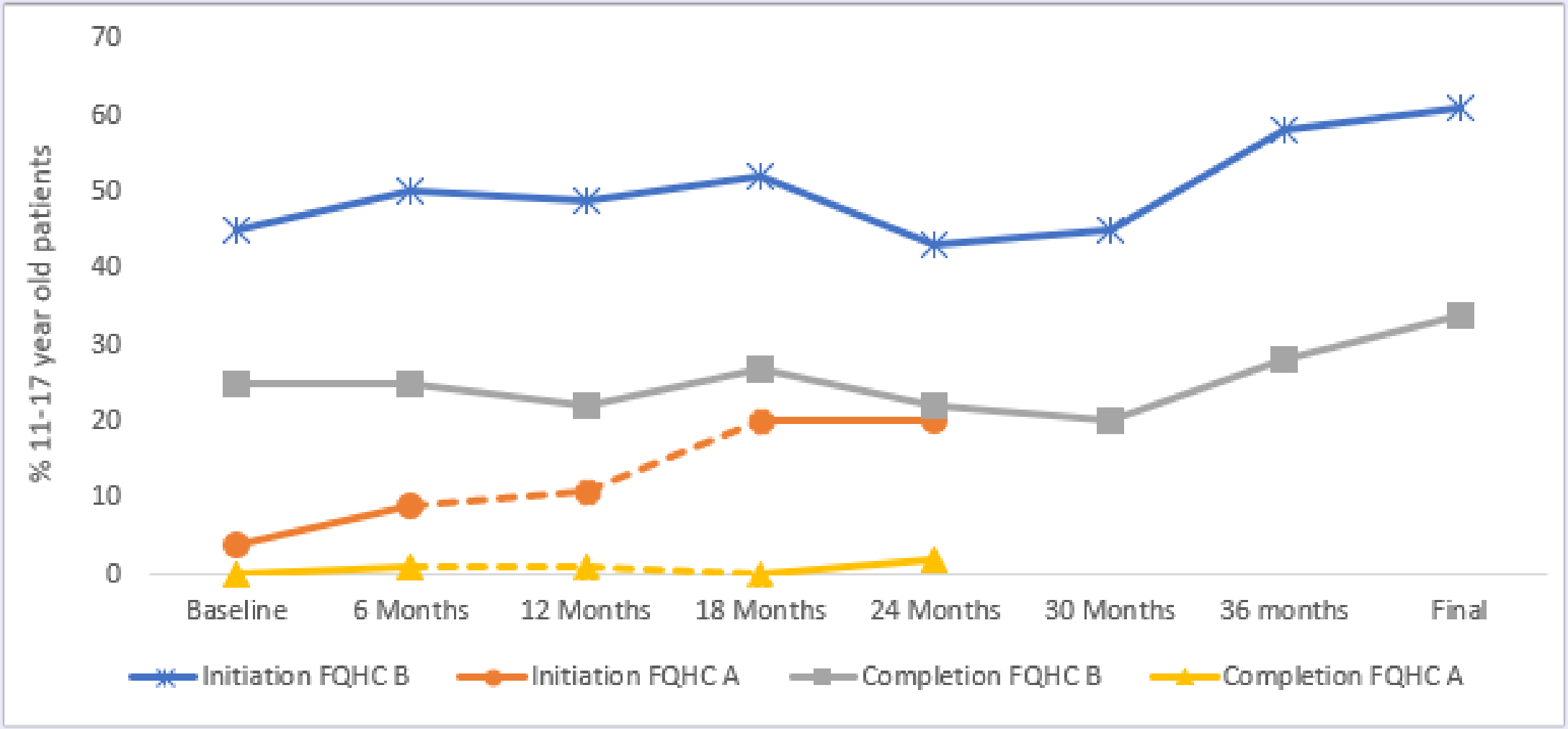
Immunization Navigator Training/ Education

- **Quantity**: 3 group modules
- **Length**: 4 hours total
- **Modules**:
  - Immunization 101
  - Utilizing evidence-based interventions to improve vaccination rates
  - Vaccine storage and handling

Immunization Navigator Outcome Data

Health Center	# vaccine eligible patients served	# educated county residents	# scheduled vaccination appointments
FQHC A	914	2,858	NA
FQHC B	4,556	2,728	850

Pilot HPV Adolescent Vaccination Rates



Investigating facilitator-driven, multi-level implementation strategies in FQHCs

(NCI DCPPS, R01 CA272757; Morales-Campos, PI)

Aim 1. To determine the provider- and practice-level characteristics that influence the impact of implementation strategies guided by practice facilitation in each clinical practice.

Aim 2. To test whether the facilitator-driven provider- and practice-level implementation strategies increase provider recommendations and HPV vaccination rates using a stepped-wedge cluster randomized design.

Aim 3. To evaluate implementation and future sustainability of the facilitator-driven implementation strategies across nine clinical practice sites.

Jane Montealegre, PhD

FEATURED PANELIST

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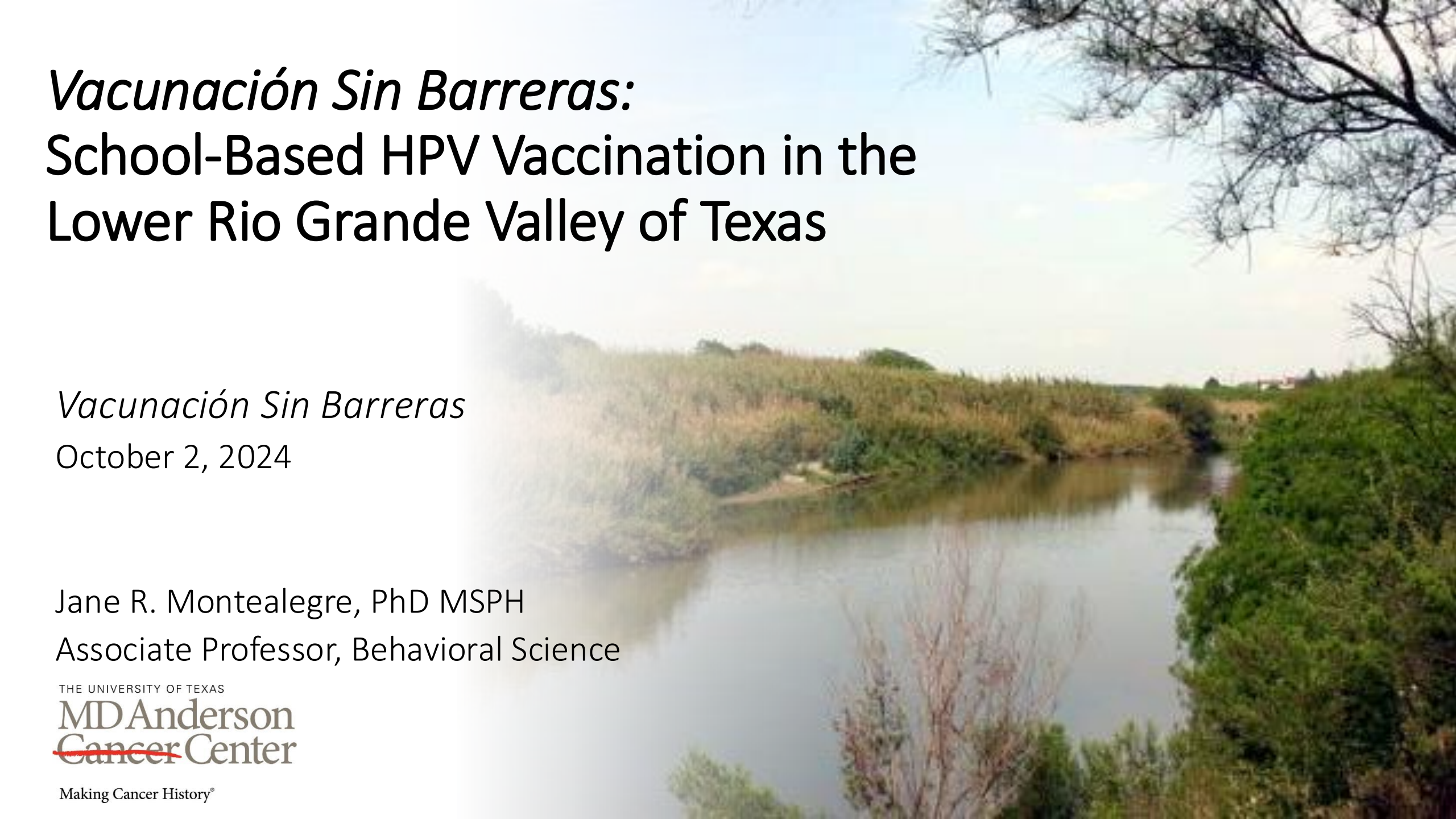
Houston, Texas

Vacunación Sin Barreras: School-Based HPV Vaccination in the Lower Rio Grande Valley of Texas



Vacunación Sin Barreras

October 2, 2024

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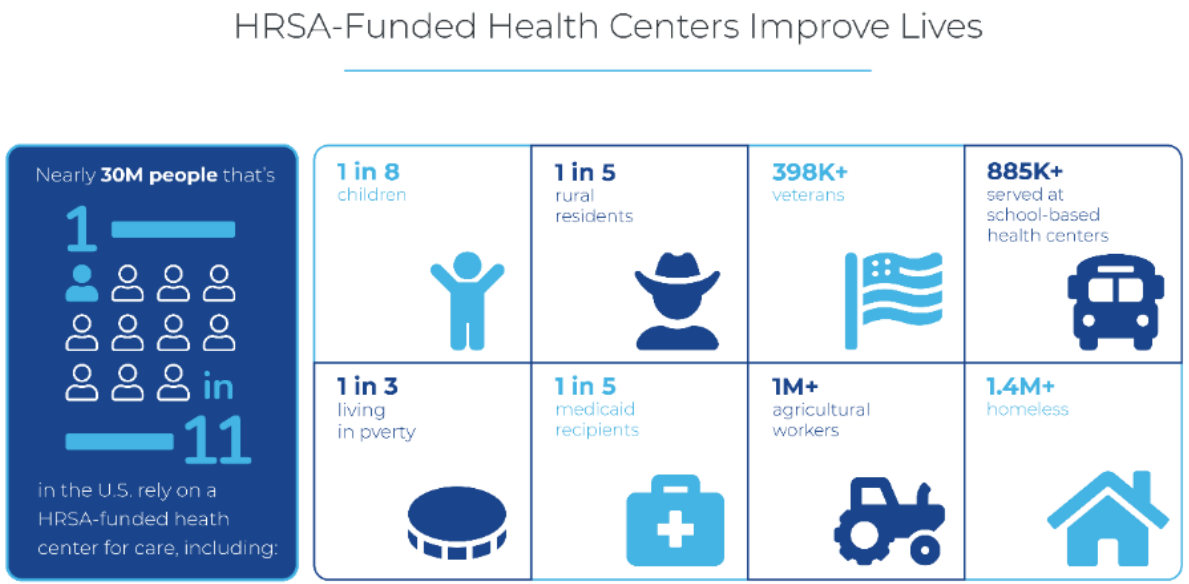
Disclosures

I have no conflicts of interest to disclose.

Most HPV Vaccine Work in the U.S. focused on healthcare settings



Accelerating HPV Vaccination in Safety Net Health Systems

LEGACY COMMUNITY HEALTH

HARRISHEALTH SYSTEM

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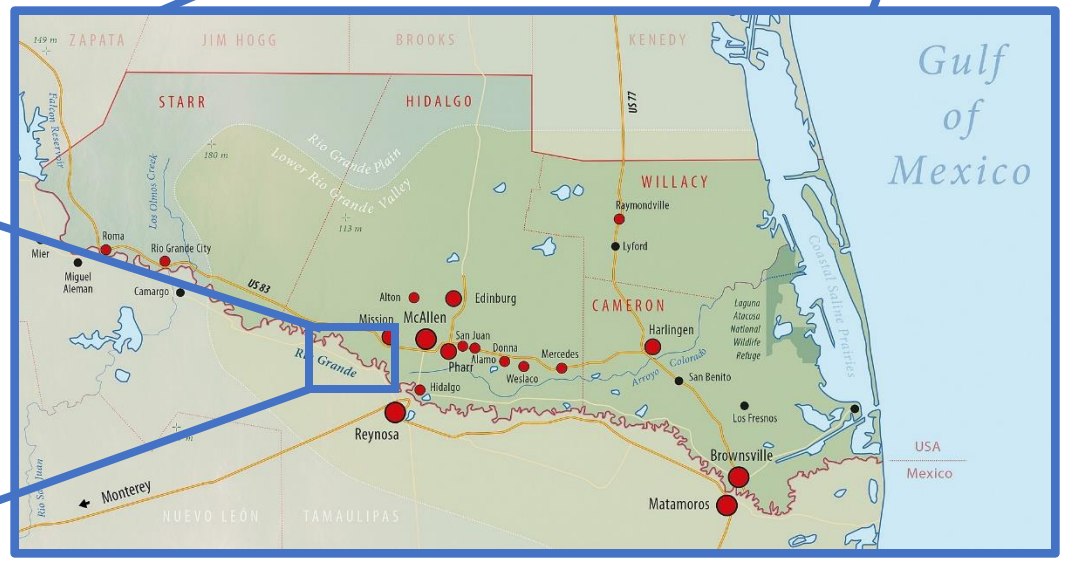
Lower Rio Grande Valley

But many regions have limited access to healthcare services



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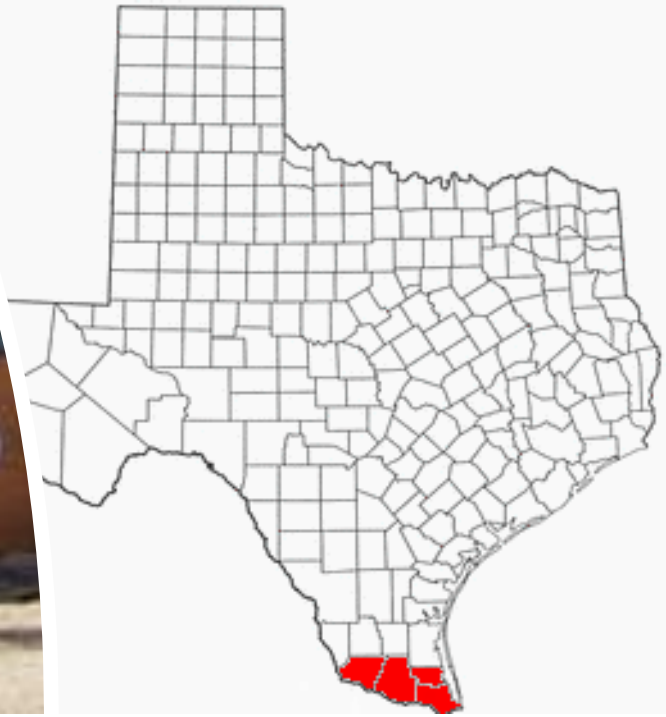
RGV Demographics

Location	% Hispanic or Latino	% Persons in Poverty, 2020	% uninsured age < 65 years
United States	19.1	11.5	11.5
Texas	40.2	14.0	18.9
Rio Grande Valley			
Cameron County	89.8	24.6	30.0
Hidalgo County	92.5	28.8	32.0
Starr County	96.1	31.6	29.0
Willacy County	88.2	34.3	23.1
Zapata County	95.0	28.9	26.3

Source: US Census Bureau Texas and County QuickFacts, 2023



Background

- Historically, HPV vaccines in the U.S. are delivered in clinical settings.

- There is evidence that no-cost, voluntary vaccination in schools are associated with improvements in vaccine uptake.
  - However, few school-based HPV vaccination programs have been implemented in the U.S.

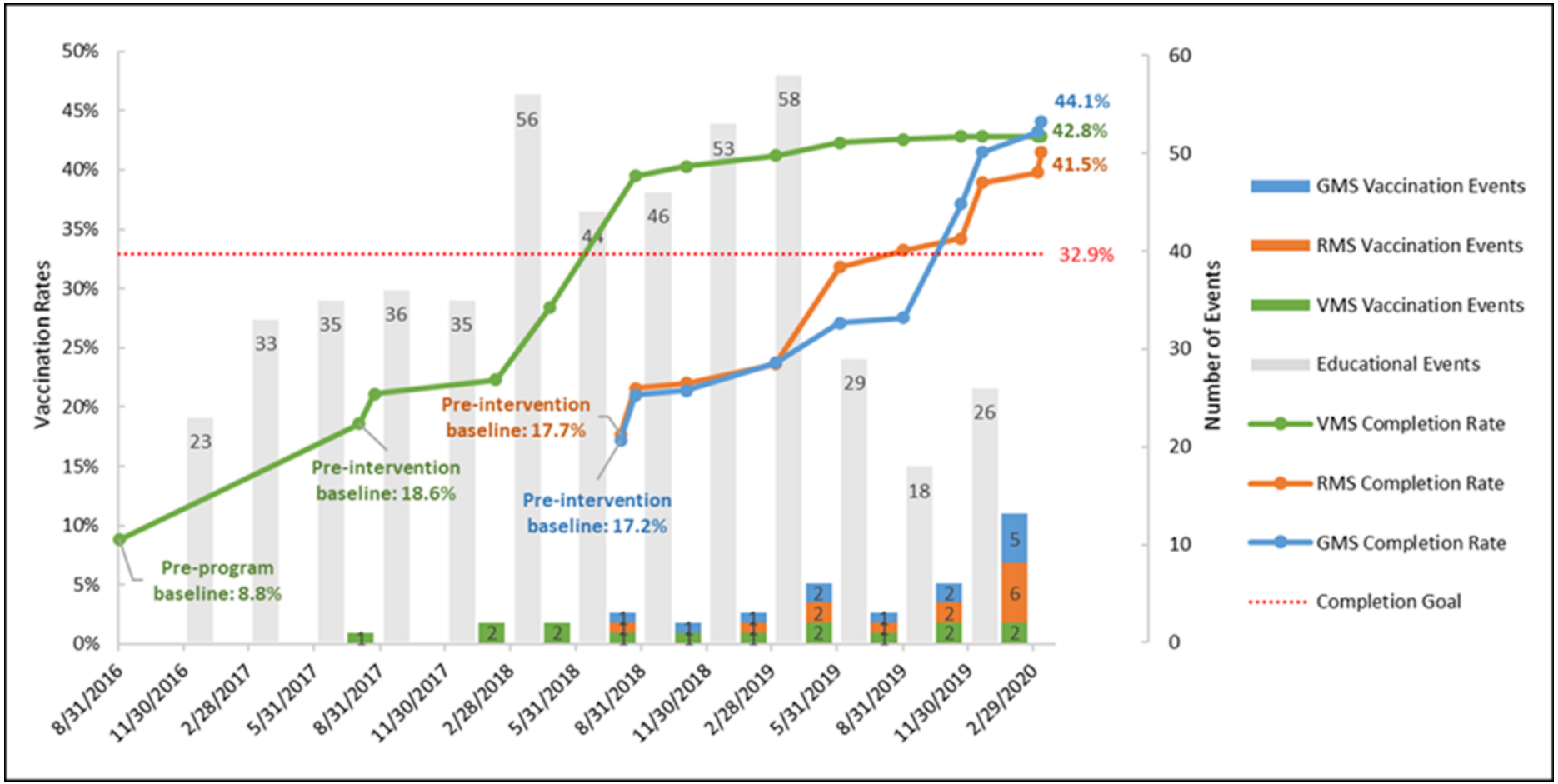
- Adaptations made loosely to global school-based vaccination programs

Multi-Component Intervention

- Partner with school nurses to regularly hold vaccination events at participating middle-schools
  - Vendor administers HPV and *other adolescent-platform vaccines*
  - Vaccines paid by student's insurance or Vaccines for Children program
  - Vaccination data added to school immunization records
- Parent education
  - Educational talks at school events
  - School/School District's social media
- Provider education (for local healthcare providers in the community)

Effectiveness Outcomes:

UTD HPV Vaccination, RGCISD (2016-2020)



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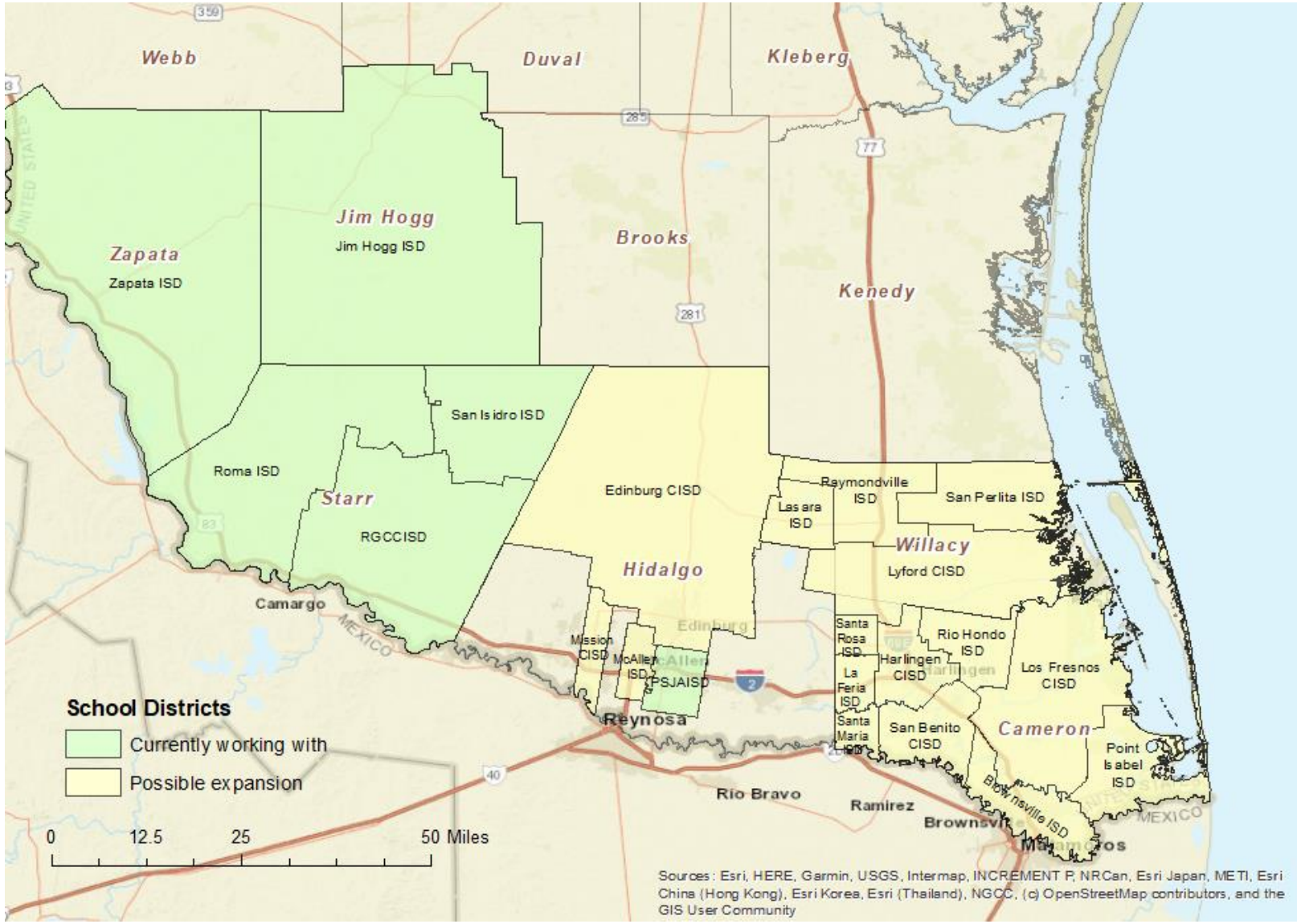
Initial pilot program in RGCISD scaled-up through a phased roll-out to surrounding counties



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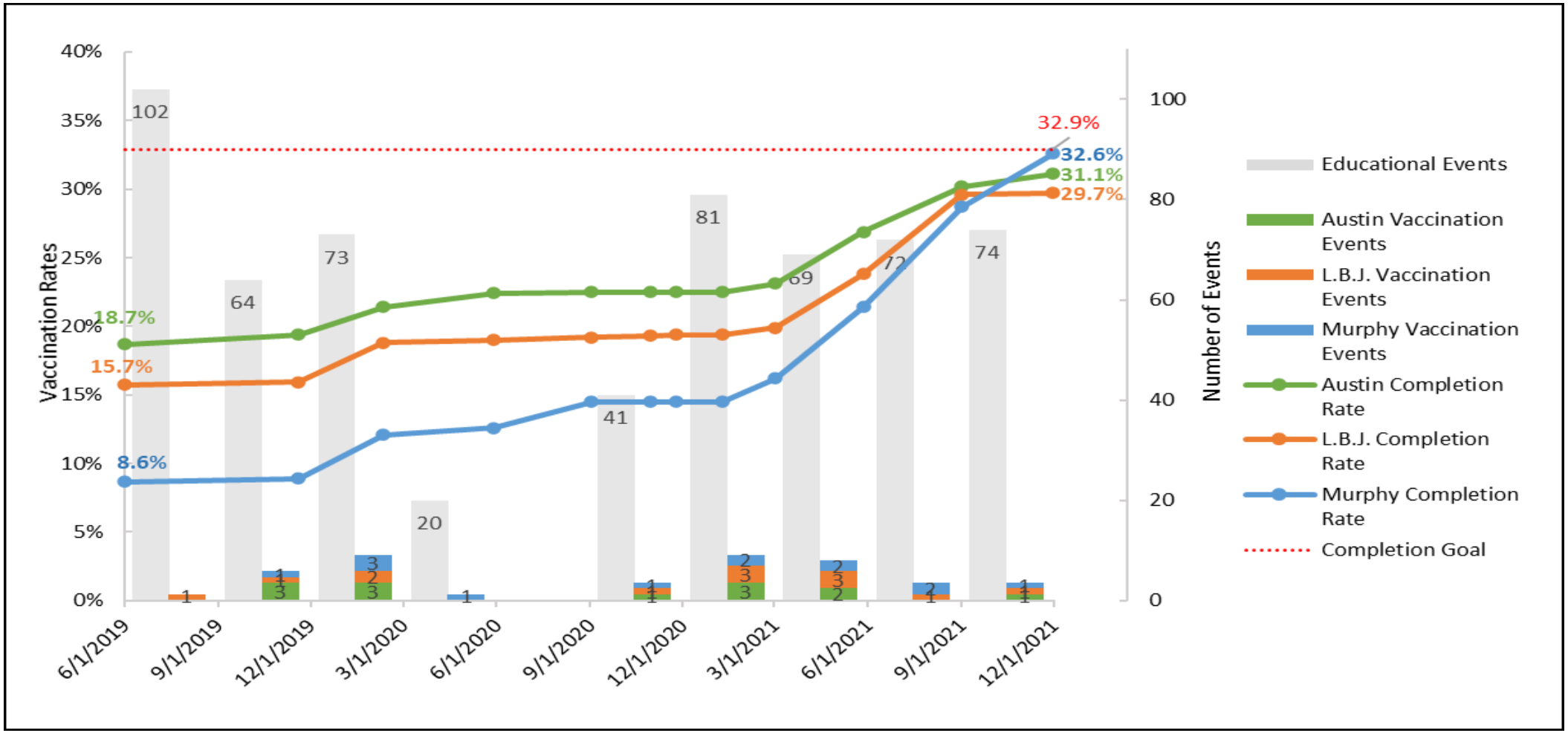
Effectiveness Outcomes:

UTD HPV Vaccination, PSJAISD (2019-2021)



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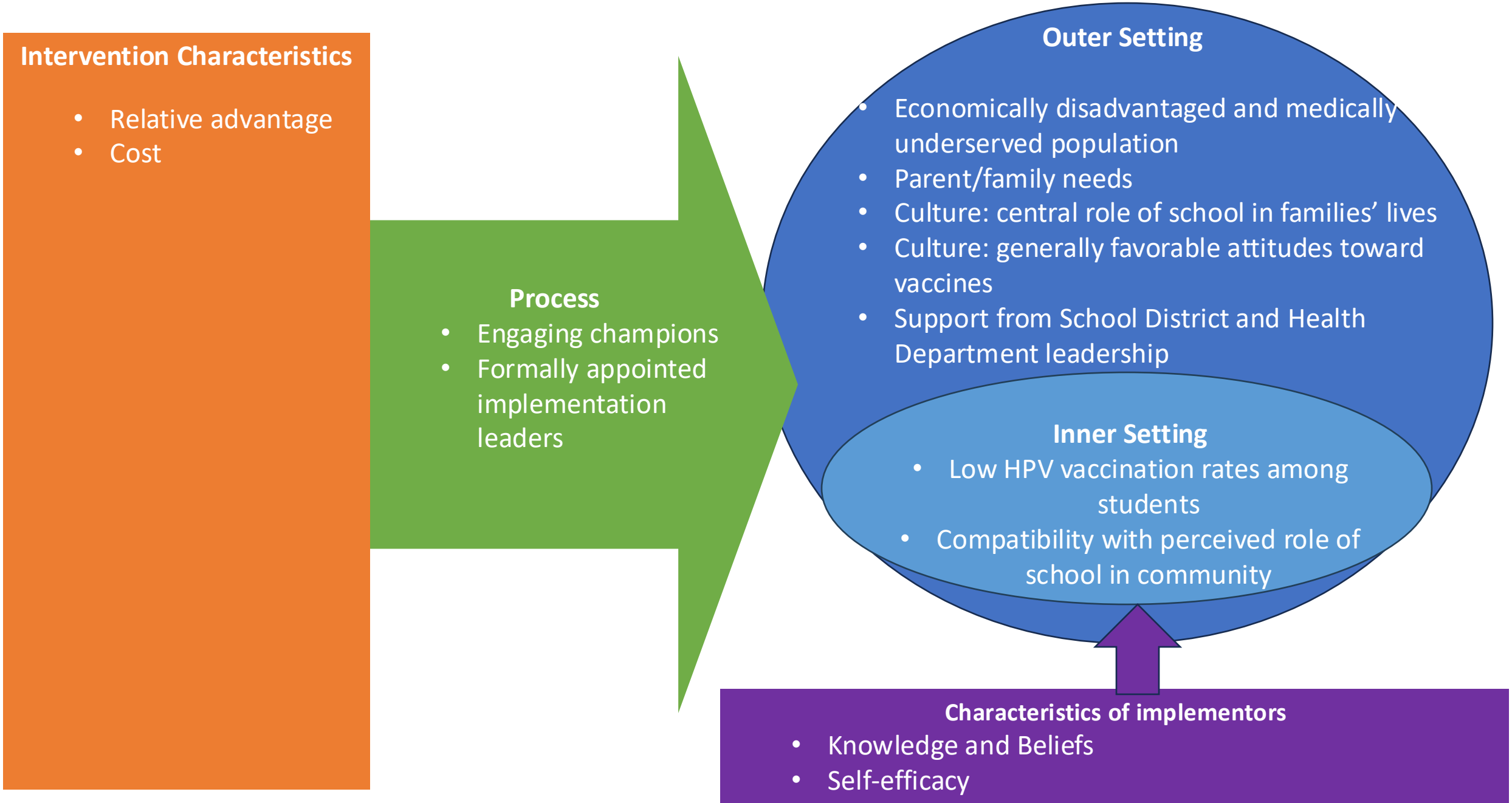
Why is school-based HPV vaccination effective in the RGV?

Implementation Research to identify the contextual factors that influence adoption and implementation of the school-based HPV vaccination program (ongoing)

Methods

- Interview guide developed using the *CFIR Interview Guide Tool*
- Conducted 1 Focus Group with team members and 18 Semi-Structured Interviews with key stakeholders:
  - School district nursing director, school nurses, school principal, parents, project team members
- Interviews digitally recorded and audio files transcribed verbatim in English or Spanish.
- Transcripts coded using CFIR domains and constructs.
- Codes and themes rated for importance and valence
  - Importance
  - Valence

Findings: Facilitators of Implementation



Outer Setting

Parent/Family Needs:

"[The parents] feel like if this program wasn't available for them they probably would not be able to get their child vaccinated, and it might be because of the financial burden, transportation, distance. All of those are different factors."

-School Nurse

"So I can tell you we send them to some of our indigent clinics to get vaccinated, and they'll say 'I have to wait all day, and if I wait all day then I can't go do my housekeeping job, and then I can't pay my light bill or my water bill.' So many times that's the situation for our parents."

-District Level Nursing Director

Inner Setting

Culture: Central role of school in families' lives

"Anything that'll help education-wise for the community, and it doesn't have to be students alone. It's for the families and the communities within our school district. It could be information on maybe assistance with food, a food pantry. It could be maybe assistance with doing their income tax return…. and of course health-wise also"

-School Nurse

Intervention Characteristics

Relative advantage:

"… it's the efficiency of getting the vaccine, no long waits, easy, accessible, and within the neighborhood where their kids already go and I'm sure they visit frequently… again, a familiar place."

-School Nurse

"Le evitan a uno tener que esperar largas horas [en la clínica]…. Es favorable un 200% para mi."

"They let you avoid having to wait long hours [at the clinic]… It's 200% favorable for me."

-Mother of Middle School Student

Conclusions

- For the school-based HPV vaccine program in the RGV, there is high importance of:
  - Parent/family needs
  - Central role of school in families' lives
  - Compatibility of intervention's goals with goals of school leadership
  - Perceived relative advantage and cost of the intervention
  - Generally favorable attitudes toward vaccines
  - Engagement of champions
  - Partnering with school nurses

Empowering and Strengthening Community, Culture, and Connection to Prevent HPV Cancers

Moderated Discussion

Ada Valdes
HPV cancer survivor

Daisy Morales-Campos, PhD
Associate Professor
The University of Texas Health Science Center at Houston
San Antonio Regional Campus

Jane Montealegre, PhD
Associate Professor
MD Anderson Cancer Center

Jesse Nodora, DrPH
Associate Professor
Radiation Medicine and Applied Sciences
UC San Diego Moores Cancer Center

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Closing Remarks

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Empowering and Strengthening Community, Culture, and Connection to Prevent HPV Cancers

Please consider joining us for upcoming seminars in this series.

Empowering American Indian and Alaskan Native Communities: Bridging Gaps in HPV Vaccination and Cancer Prevention

November 6, 2024, 12:00 – 1:15 pm CT

Addressing Health Disparities and Engaging Opportunities: Increasing HPV Vaccination Rates among Black and African American Adolescents and Adults

February 20, 2025, 12:00 – 1:15 pm CT

Evaluation

We hope you enjoyed this seminar, and we would like to ask for your feedback.

Please take a few minutes now to complete a brief evaluation.

St. Jude Children's Research Hospital

HPV Cancer Prevention Program

Empowering and Strengthening Community, Culture and Connection to Prevent HPV Cancers

Vacunación Sin Barreras

Addressing HPV Vaccination Inequities and HPV Cancer Disparities in Hispanic and Latino Communities

October 2, 2024

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