



The Use of Provider-directed Communication Techniques to Address HPV Vaccine Hesitancy and Improve Vaccination Rates in the Pediatric Primary Care Setting

Stephanie Carper, DNP, MSN, APRN, CPNP-PC with project mentor Kate K. Chappell, PhD, MSN, APRN, CPNP-PC

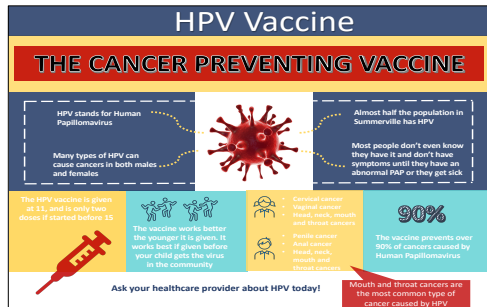
Background

- Human Papillomavirus (HPV) vaccination in the pediatric primary care setting are continually below optimal rates.¹
- Targeted use of communication techniques can combat misconceptions about the vaccine and improve vaccination rates.²

Materials and Methods

Concerted use of communication techniques in the provider's recommendation for the HPV vaccine:

- Motivational Interviewing
- Presumptive Approach communication
- Customized educational handout



Results

Same Day HPV Vaccination Rates

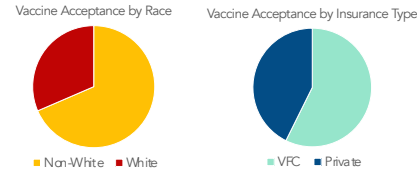
- Increased from 55% (pre-intervention) to 76.4% (post-intervention)

Differences in Vaccination Status by Demographic Factors

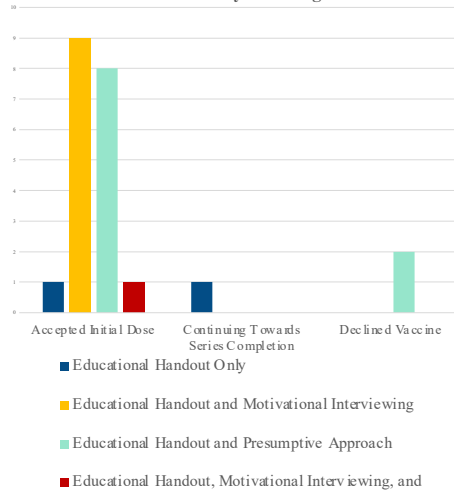
- Race ($p = .005$)
- Insurance type ($p = .007$)

Differences in Vaccination Status by Patient Age

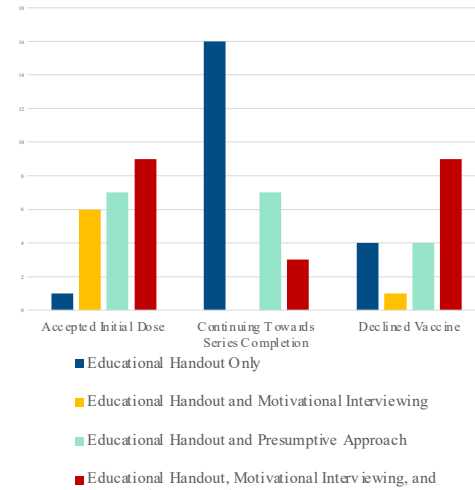
- Communication technique used by patient age
 - Patients 11-years of age ($N = 22, p = .044$)
 - Patients 12-years of age and older ($N = 67, p < .001$)



Same Day Vaccination Status by Communication Technique Utilized for Patients 11-years of Age



Same Day Vaccination Status by Communication Technique Utilized for Patients 12-Years-Old and Older



* p values derived by chi-square testing

Conclusions

- Previously having received a recommendation for vaccination may be the most important factor for the provider to consider when selecting communication techniques to attempt same day vaccination
- Customized educational handouts were clinically more impactful in achieving same day vaccination than other communication techniques alone.

Literature Cited

1. Explore HPV Vaccination in the United States | 2021 Annual Report [Internet]. America's Health Rankings. [cited 2022 Nov 4]. Available from: <https://www.americashealthrankings.org/explore/annual/measure/immunize HPV/stat>
2. Bowden M, Yaun J, Bagga B. Improving Human Papilloma Virus Vaccination Rates. Pediatric Quality and Safety. 2017;2(6):e048.

Acknowledgements

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