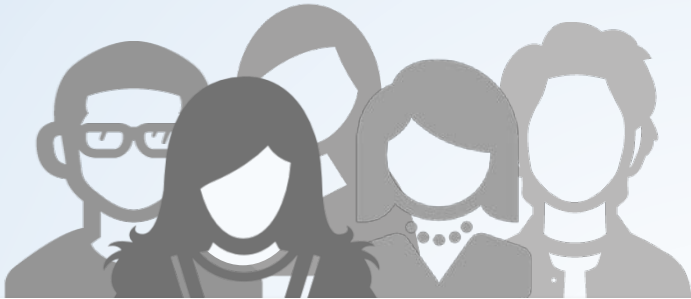


HPV & Our Native Communities

Regional Community Dialogue Summary

Native women in the US are more likely to get cervical cancer than non-Native women. Native women in some regions of the US are also more likely to get high risk Human Papillomavirus (HPV), which causes most cervical cancer. To learn what Native communities know and think about HPV and the vaccine, the National Native Network hosted a series of community dialogue sessions. During these sessions, community members shared what they already knew on the topics, asked questions, and received accurate information.



115 participants in 12 Native communities across Alaska, California, Michigan, and the Northern Plains attended a session.

79% were female

14% were under 18 years of age

51% were 18-50 years of age

36% were 50+ years of age

TOPICS

HPV awareness

Vaccine knowledge

Opinions of youth & parents

Barriers to getting vaccinated

Interactions with providers

Questions and concerns

HPV Awareness before the Discussion

To find out what community members knew before the discussions started, facilitators passed out a survey with questions about awareness, facts about the vaccine, and their experiences with HPV related care. Sixty-eight surveys were collected from participants in Alaska, Michigan, South Dakota, North Dakota, Montana, Nebraska, Arizona and New Mexico.

Have heard of HPV

68%

Know how HPV is transmitted

46%

Talked with provider about vaccine

37%

Talked with provider about HPV

32%

Regional Dialogue Sessions At-a-Glance

California Rural Indian Health Board

Who participated?

- 26 women, 4 men
- Youth under 18: 0
- Adults 18-50 years old: 26
- Adults 50 years old +: 4



Questions from participants

- Can boys get HPV?
- What age should children start the vaccine?
- Will the vaccine encourage sexual activity?
- How is HPV spread?
- Does the vaccine really work?
- What's inside the vaccine?

Suggestions for health programs

- More education about HPV and the vaccine
- Hold community discussions for different age groups, and in different settings
- Create and distribute flyers
- Spread the word through a different commercial or digital storytelling

Great Plains Tribal Chairmen's Health Board

Who participated?

- 19 women, 4 men
- Youth under 18: 0
- Adults 18-50 years old: 12
- Adults 50 years old +: 11



Questions from participants

- How does it get transmitted?
- What's in the vaccine?
- How do people react to the vaccine?
- How does the vaccine prevent cancer?

Suggestions for health programs

- Youth need to be educated about HPV and cancer
- Provide culturally appropriate services so patients feel heard and safe
- Offer incentives for coming to appointments
- Hold community meetings in clinics and schools

Inter-Tribal Council of Michigan

Who participated?

- 30 women, 14 men
- Youth under 18: 14
- Adults 18-50 years old: 13
- Adults 50 years old +: 19



Questions from participants

- Does the vaccine prevent cancer, STDs, or both?
- Is the vaccine safe?
- Is the vaccine necessary?
- Completing the series can be difficult
- HPV mostly affects girls, right?

Suggestions for health programs

- Support transportation
- More outlets for trusted information
- More information about HPV and the vaccine from physicians
- More information about finishing the series
- Spread information through a variety of media

Southeast Alaska Regional Health Consortium

Who participated?

- 16 women, 2 men
- Youth under 18: 2
- Adults 18-50 years old: 9
- Adults 50 years old +: 8



Questions from participants

- What is HPV?
- Who's at risk for HPV?
- What diseases does HPV cause?
- Who is eligible for the vaccine?
- What are the vaccine's possible side effects?

Suggestions for health programs

- Post awareness flyers around town
- Send reminder letters about the next booster
- Talk to youth in schools, and PTA groups
- Require providers to talk to parents about the vaccine
- Don't rely on social media, not everyone has internet access in the community

The HPV Vaccination Journey: Be aware. Seek care. Complete the series.

How do community members learn about HPV and the vaccine?



HPV vaccine commercials



Social Media



Schools



Medical professionals



The Internet

Community members understood the following about HPV:



There are many strains of HPV. Some cause cancer, others warts. Symptoms may not show up at all.



HPV is sexually transmitted. Anyone can contract it: all genders, any age.



11 or 12 is too young to get vaccinated for this disease because they aren't sexually active. They already get a lot of shots at this age.



Talking about sex is taboo. Will the vaccine encourage teens to be sexually active?



The vaccine schedule is unclear. Why does the vaccine have to be a series? Can you restart the series?



What's in the vaccine? Is it safe? What are potential side effects or allergic reactions?



Is the vaccine necessary? Does the vaccine really work? How well does it prevent cancer?



Do all children need the vaccine?



Transportation barriers: teens sometimes need to get themselves to appointments



Available sex education isn't enough. More information is needed about sexual health and HPV.

Start the vaccine series before age 15, ideally at age 11 or 12

Get the second dose 6 to 12 months after the first dose

3 doses are needed for anyone starting the series age 15 to 26



Community members who shared what they knew about the vaccine or what they learned during the session, said:

HPV affects all genders, all children should get vaccinated.



The vaccine is important, and will protect children later in their life.



It is important to complete the entire vaccine series.



Prevention is important. HPV is preventable. The vaccine can reduce the chance of getting HPV. You want to prevent it early.



Tribal health clinics offer the vaccine.



The vaccine can protect the health of future generations.

Native Communities and HPV

Across regions, community members shared reflections about HPV, healthcare, and needs of Native people.



Are Native people more at risk, less at risk? Or at the same risk as others?

Across the groups, there were different understandings of the risk level for Native people. Some felt the risk was lower, others higher, and a few the same as other groups. Groups attributed higher risk to a lack of knowledge about HPV and the vaccine, taboos about sex, a higher risk for other diseases, living in a small community, lack of medical care and education, the effects of poverty, and mistrust of non-Native people.



More information is wanted about HPV, the vaccine, and effects on Native communities.

When asked about risks or needs of Native people for HPV and cervical cancer, groups wanted more information, including culturally tailored, more accessible, and more widely shared information in care settings and the community. Groups shared concerns about what was in the vaccines, possible side effects such as allergic reactions, and the actual effectiveness of the series.



Barriers to health care can make completing the vaccine series difficult.

Groups said provider turnover, environmental barriers, perceived lack of anonymity at clinics, transportation, and a lack of outreach from providers, were limiting access to care. Some groups described health care that felt rushed, and unresponsive to cultural needs. Groups had concerns about providers' lack of knowledge about the vaccine and the specific needs of Native people. Some participants worried about Native people being "guinea pigs" for the vaccine.

About the National Native Network

The National Native Network (NNN) is a network of tribes, tribal organizations, and AI/AN health programs across the U.S. working with partner agencies and communities to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives. We offer training, technical assistance, culturally relevant resources, and a place to share up-to-date information and lessons learned as part of a community of tribal and tribal-serving public health programs.

The strength of our Network lays in partnerships between tribes and tribal, national, state, and local organizations across Indian Country. The National Native Network is jointly funded by the CDC Office on Smoking and Health (OSH) and Division of Cancer Prevention and Control (DCPC). The Network is administered by the Inter-Tribal Council of Michigan, directed by a board composed of three partner tribal organizations (shown below), and evaluated by MPHI. For more information, please visit www.keepitsacred.org.



For resources and tools, please visit www.keepitsacred.org or email NNN@itcmi.org