

# HPV Immunization in School-Based Health Centers under California's Minor Consent Law: Perspectives from Providers and Students

Megha Shah, MD, MPH, MS  
UCLA NRSA Primary Care and HSR Program  
LAUSD Learning Collaborative Meeting  
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# Agenda

- Background
- Project Overview
- Key Findings
- Implications
- Questions

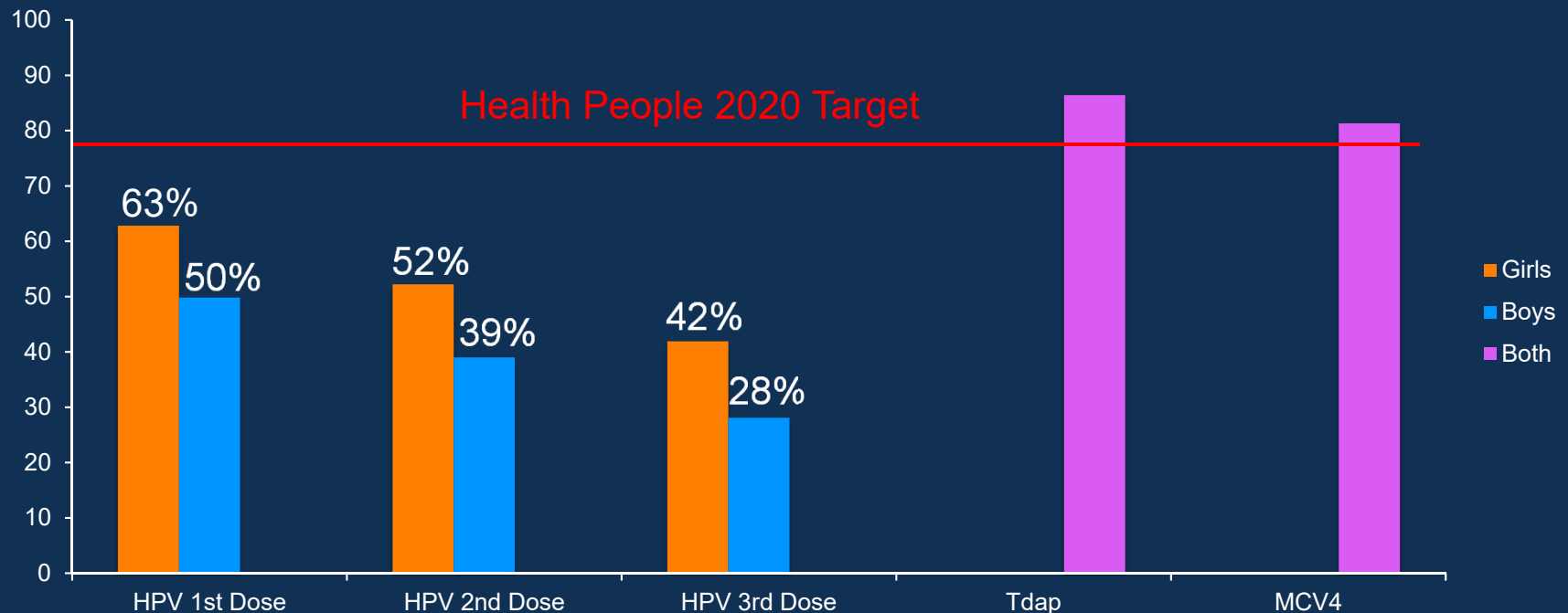
# Background

- Human papillomavirus (HPV) is the most common sexually transmitted infection in the US
- Highest risk for contracting HPV is within the first few months after initiation of sexual activity: **teens are especially at risk!**
- Persistent infection with HPV-16 and HPV-18 is causally associated with several types of cancer
- Infection with HPV-6 and HPV-11 is associated with anogenital warts and respiratory papillomas

# Background

- HPV vaccine can prevent infection, but uptake among adolescents in the US remains low

## 2015 NIS Survey - Teen: Adolescent immunization coverage rates among 13 - 17 years olds

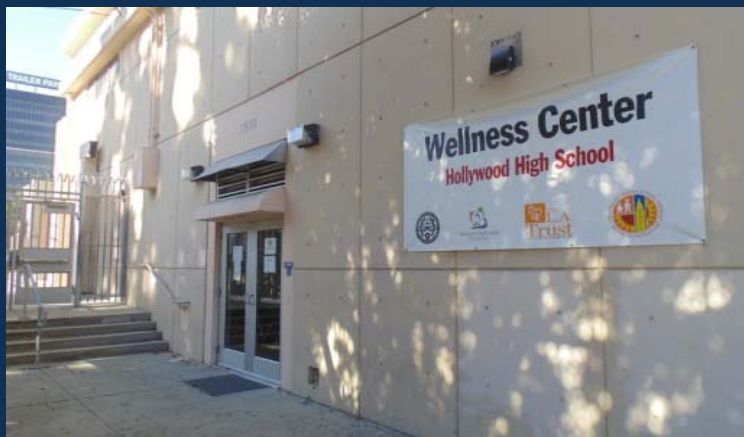


# Background

- Inconsistent access to primary care contributes to low vaccine uptake among adolescents
  - ▣ Teens may access alternative settings, such as school-based health centers (SBHCs) or family planning clinics, for care
  - ▣ Teens may also present for care without their parent/guardian
- In response, experts advocate:
  1. Using alternative sites such as SBHCs for HPV immunization
  2. Allowing minors to consent for HPV vaccine

# Project Overview

- Aim: to explore and understand the process of providing HPV vaccine to teens visiting SBHCs under CA's minor consent law
- Method: Semi-structured interviews with 8 providers and 20 students from HHWC and RHS Clinic



# Key Findings

## Provider Demographics

	n	%
Level of Training		
MD or NP	4	50
Medical Assistant	4	50
Specialty (MDs or NPs Only)		
Pediatrics	2	25
Family Medicine	2	25
Gender		
Female	8	100
Median Total Years in Practice (Range)	9 (1 – 18)	
Median Years in Practice in SBHC Setting (Range)	1.75 (0.1 - 8)	

# Key Findings

## Student Demographics

	n	%
Age in Years		
14 - 15	5	25
16 - 17	12	60
≥ 18	3	15
Race/Ethnicity		
Hispanic/Latino	18	90
Gender		
Female	12	60
Primary Language Spoken at Home		
Spanish	6	30
English	10	50
Both Spanish & English	4	20
Maternal Education		
Some High School or Less	10	50
High School Graduate or Equivalent	5	25
Some College or More	5	25



# Key Findings

- School clinics are a preferred and trusted source of care, especially for confidential reproductive health care:
  - “Well I like coming here because they’re really nice to me and I feel confident talking to them about personal things. If I go to a regular doctor, I don’t feel the same . . . Maybe because they try to understand you and a lot of girls my age come here and so it’s almost like . . . it’s easier for them to understand.” – *Student*
  - “Everyone seems so helpful and positive. There was no judgment. It was really good for me. They were really just trying to, I guess, give the best advice and trying to work around my situation and do what I feel comfortable with . . . It’s all confidential, too. Your parents don’t have to know that you’re here . . . I like that privacy.” -- *Student*

# Key Findings

- Low awareness of school clinics' existence and the full scope of services provided
  - “I had a girl come in to Hollywood Sunset Free Clinic, who comes here [to Hollywood High School]. I was like, “Why didn't you go to the [school] clinic?” She was like, “What clinic?” She was a junior. There's a lot kids in this high school, and I imagine at Roosevelt too, that don't know about it . . . I think it's crazy. This beautiful service is here and nobody is using it.” – *Provider*
  - “The Wellness Center, they mainly encourage birth control and mainly things you need when you're sexually active. You don't really know that they offer physicals and different types of shots. I feel like they don't put it out there that much like they do about birth control.” -- *Student*

# Key Findings

- Baseline knowledge about HPV and HPV vaccine among students is low
- After learning more about HPV and HPV vaccine through the interviews, most students expressed wishing that knowledge about both was more widespread
  - May expressed wanting to learn more about HPV and HPV vaccine through school (i.e., WC staff, teachers, in health class and assemblies, etc.)

# Key Findings

- Most students felt that HPV and HPV vaccine were relevant to their sexual health and thus would decide to obtain the vaccine, with or without parental consent/knowledge
  - “Yeah, I think it [the HPV vaccine] should be given like birth control because that’s our health and I didn’t even know about that. If I get it [HPV], I will be like “What the hell? I didn’t know about this.” – *Student*
  - “It’s important to me that I give the right to take the vaccine because if a parent does find out, just let them know it was for the right reason - ‘I did it for my health. Would you want me to be healthy as well?’ – Things like that. I would explain to my mom why I did it. The confidentiality part, I wouldn’t mind if my mom did find out, but I would, I guess you can say, try to keep it form her.” – *Student*

# Key Findings

- Both providers and students still felt that parents were important stakeholders in the HPV vaccine decision-making process
  - “I’ve had some students say that they are not going to sign or accept the vaccine until their parent approves it . . . It’s just because they have that bond and they feel like they don’t want to break that trust with their parent.” -- *Provider*

# Implications

- Access to clinic and demand for HPV vaccine could potentially be increased with more outreach to:
  - Students
  - Parents
  - Community providers

# Questions?

