



Short communication

Physicians' current use and preferences for male HPV vaccine-related patient education materials

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ABSTRACT

Understanding physician preferences for educational materials to support male HPV vaccination is critical to improving vaccine uptake. Pediatric (Peds) and Family Medicine (FM) physicians in Florida completed a survey from May–August 2014 assessing current use of male-specific HPV vaccination patient education materials, and preferences for materials to increase HPV vaccination uptake. Peds and FM responses were compared with chi-squared or nonparametric tests. Most participants were FM (53.2%), White (66.6%), non-Hispanic (74.1%), and provided male patients/parents with HPV educational materials (59.1%). More than half (55.5%) provided a CDC factsheet for parents. Peds were more likely to indicate they provide educational materials ($p < 0.0001$) than FM. The preferred source was the CDC (77.8%). Peds preferred using a factsheet as the medium of information more often than FM (85.6% vs. 68.0%; $p < 0.0001$). When asked about preferences for targeted materials, 74.8% of providers indicated they would prefer materials targeted towards patients, 63.2% preferred information targeted towards parents, and 20.7% indicated they prefer non-targeted materials. Future research should focus on the development and testing of new HPV vaccine-specific materials and communication strategies for Peds and FM physicians.

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1. Introduction

The Advisory Committee on Immunization Practices (ACIP) currently recommends routine human papillomavirus (HPV) vaccination of all males ages 11–12 years, catch-up vaccination for males ages 13–21 years, and vaccination for men who have sex with men ages 22–26 [1]. However, in 2015, HPV vaccine initiation rates for males aged 13–17 was approximately 49.8% nationally and 45.3% in Florida. Three-dose series completion for males in this group was 28.1% nationally and 19.8% in Florida [2]. While 2015 vaccination rates are higher than in 2014, the gap between male vaccination rates in Florida and the national average increased [3]. Provider recommendation is critical to vaccine uptake [4–6]. Some studies suggest that adequate, clear, and accessible information for parents may enhance acceptance of a provider's recommendation and improve confidence and trust in the system [7–9]. However,

little is known about physicians' current use of or preferences for educational materials regarding HPV vaccination. As part of a larger study of physician recommendation of HPV vaccination for males, this sub-study used survey data from Pediatric (Ped) and Family Medicine (FM) physicians in Florida to assess: (1) current use of educational materials regarding male HPV vaccination, and (2) preferences for HPV vaccination patient educational materials.

2. Methods

Participant recruitment and the survey are detailed elsewhere [10,11] and briefly summarized below.

2.1. Recruitment and study population

A mailing list of Florida-based Peds and FM physicians was obtained from the American Medical Association Physician Masterfile. Physicians were randomly selected based on proportional representation in the Florida physician primary care workforce ($n = 770$). After receiving institutional review board approval, a six-wave mailing recruitment approach occurred between May

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and August 2014. After accounting for undeliverable surveys (n = 36), ineligible respondents (n = 10), the overall response rate was 50.7%; 367 surveys were returned. After excluding physicians who did not list (n = 5) or indicated “other” for specialty (n = 21), or indicated they did not provide care for males ages 9–26 (n = 12), 329 surveys were included in the final analysis. There were no statistically significant differences between responding physicians compared to the population of physicians in Florida regarding age, sex, and clinical specialty (all $p > 0.05$) [10,11].

2.2. Measures

The full survey contained 49 questions assessing physicians’ current use of patient educational materials regarding HPV vaccination for males, their current preferences for educational materials regarding HPV vaccination with respect to format, informational source, and targeting.

2.3. Data analysis

Responses to questions regarding current use of and preferences for educational materials were described using frequencies. Chi-squared tests or Fisher’s exact tests were then used to compare use and preferences for educational materials between Peds and FM physicians.

3. Results

3.1. Sample description

As shown in Table 1, 46.8% (n = 154) of participants were Peds and 53.2% (n = 175) were FM physicians. The majority identified as White (66.6%) and non-Hispanic (74.1%). Almost half (47.7%) were VFC providers and were in practice an average of 17.1 years (range: 0–38 years). Table 2 provides the exact wording, response options, and results for current use of and preferences for educational materials.

3.2. Current use of educational materials for males

Overall, most (59.1%) reported providing their male patients/parents of male patients with HPV vaccination educational materials. Peds were more likely to indicate they provide their

male patients/parents of patients with educational materials than FM (83.6% vs. 37.4%; $p < 0.0001$). The majority (90.1%) provided those materials during the patient visit. The largest portion (55.5%) provided their male patients and/or parents with a factsheet for parents from the Centers for Disease Control and Prevention (CDC). Peds were also more likely to report providing their patients/parents with a CDC factsheet (70.2% vs. 40.7%; $p < 0.0001$). FM physicians were significantly more likely to use information from a professional organization than Peds (6.0% vs 0.0%; $p = 0.002$) or another resource (9.3% vs. 3.3%; $p = 0.035$).

3.3. Preferences for educational materials for males

The most preferred medium for information was a factsheet (76.3%) and the least was a video (3.7%). Peds preferred using a factsheet more often than FM (85.6% vs. 68.0%; $p < 0.0001$). Most physicians indicated the CDC was the preferred source of patient education materials (77.8%) followed by a professional organization (59.1%). This varied by specialty, and a larger proportion of Peds than FM indicated their preferred information source was the CDC (85.0% vs. 71.5%, respectively; $p = 0.004$), but FM still preferred information from the CDC more than from other professional organizations (60.5%). When asked about preferences for parent- or patient-targeted materials specific to gender, age, race, or ethnicity, most (74.8%) indicated they would prefer materials targeted towards male patients and 63.2% preferred information targeted towards parents. Only 15.8%, 14.6%, and 16.1% preferred materials targeted towards Black, White, and Hispanic patients respectively. FM preferred materials targeted specifically towards male patients compared to Peds (92.3% vs. 83.9%; $p = 0.032$). Similarly, FM more frequently indicated preferences for materials targeted by race and ethnicity with 28.8% ($p = 0.013$), and 28.9% ($p = 0.013$) of FM physicians preferring materials that are targeted towards Black and Hispanic patients, respectively. The majority indicated they would like materials targeted to 13–17 and 18–21 year old patients (55.6% and 59.3% respectively). About one-fifth (20.7%) prefer non-targeted materials and 43.2% prefer evidence-based materials.

4. Discussion

Over three-quarters of physicians in our study indicated they preferred using a factsheet as a resource when talking to their male patients/parents of male patients about HPV vaccination. While this was the resource that was most preferred, recent systematic reviews examining ways to increase HPV vaccine uptake show studies that use factsheets alone do not facilitate an increase in HPV vaccination intent or uptake [12,13] and therefore are not recommended to be used in isolation by the Community Preventive Services Task Force [14]. Therefore, vaccine uptake may increase if physicians are provided with other strategies or materials to use in conjunction with fact sheets, such as client and provider reminders [14]. However, as previously reported, only 31% of providers in the current study indicated using any reminders, suggesting a substantial area for improvement [10]. Furthermore, most physicians in our study (regardless of specialty) indicated a preference for CDC materials in stark contrast to the very low preferences for materials from professional organizations. This difference may stem from the familiarity with and availability of Vaccine Information Statements produced by the CDC that have been required to be distributed to parents before administering each dose of the vaccine as part of the National Childhood Vaccine Injury Act [15]. In contrast, toolkits to improve HPV vaccination rates from

Table 1
Sample characteristics (N = 329).

	n (%)	Mean (range)
Age		48.7 (30–65)
Gender		
Male	159 (48.9)	
Female	166 (51.1)	
Race		
White/Caucasian	213 (66.6)	
Black/African American	22 (6.9)	
Asian	37 (11.6)	
Other	48 (15.0)	
Ethnicity		
Non-Hispanic	238 (45.1)	
Hispanic	83 (25.9)	
Years practicing medicine		17.1 (0–38)
Clinic specialty		
Pediatrics	154 (46.8)	
Family medicine	175 (53.2)	
VFC Provider		
Yes	157 (47.7)	
No	139 (42.2)	
I don't know	33 (10.0)	

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