

Barriers and Facilitators to the Implementation of the HPV School Entry Vaccine Requirement in Puerto Rico: A Consolidated Framework for Implementation Research Analysis

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INTRODUCTION

- In 2018, Puerto Rico (PR) enacted a Human papillomavirus (HPV) vaccine school-entry requirement for student's ages 11 to 14 years.
- Using the Consolidated Framework for Implementation Research (CFIR), we aimed to identify potential barriers and facilitators, and understand multiple contexts that may influence implementation.

OBJECTIVE

- Document the factors that facilitate or impede a successful HPV vaccine school-entry implementation in PR

METHODS



- 46 KI interviews were performed since July 2018 to January 2020



- Data were codified by 2 researchers using the CFIR
- A preliminary analysis of 20 KI interviews from 4 groups (Department of health, schools, health providers and organizations in favor and against the policy) were analyzed in Atlas.ti



- Themes most cited under the CFIR domains and additional codes were selected from the group of implementers and from the group against the policy

RESULTS

Fig. 1: Barriers & Facilitators from the perspective of implementers

✗ Barriers ✓ Facilitators

Implementation characteristics	<ul style="list-style-type: none"> ✗ Complexity to follow-up the completion of doses in schools ✗ Perceived increase in exemptions (religious) after requirement ✗ Lack of evidence strength about the security of HPV vaccine ✗ Vaccine design marketing affected acceptance
Inner Setting	<ul style="list-style-type: none"> ✓ Readiness by school nurses to offer orientation ✓ Leadership engagement of implementers ✗ Lack of school nurses ✗ HPV immunization in adolescents is not viewed as a health priority
Characteristics of Individuals	<ul style="list-style-type: none"> ✗ Lack of knowledge of the vaccine/requirement by school administrative staff ✗ Inconsistency about the requirement information provided
Outer Setting	<ul style="list-style-type: none"> ✓ Implementers are aware of the needs/resources of parents ✗ Lack of communication between implementers ✗ Negative influence of social media affects parent's acceptance ✗ Difficult access to vaccination in private insurance clients
Process	<ul style="list-style-type: none"> ✓ School nurses and VOCES (coalition of vaccination) were champions in guiding and educating people. ✗ Statistical information 'untrustable' to assess the requirement effectiveness

Fig. 2: Barriers from the groups against the policy

Additional codes

- Excessive government interference
- Right to be informed
- Unawareness about the vaccine and the policy
- Recommendations to improve policy



"I do not believe that the state is under any circumstances able to force me to get this vaccine"



"...we value the rights of people, so if you are going to get into my privacy, my being, my body, because the least I expect from the state is that they protect that, and the public policy of the country does not promote that."

DISCUSSION

- In this preliminary analysis, the principal barrier encountered was lack of knowledge about HPV vaccine and its requirement by school administrative staff in the public and private sector.
- More training is needed to educate (particularly among the forefront team in executing the implementation) about the importance of HPV vaccine and support this with facts about security and effectiveness.
- While, the principal facilitator mentioned was the leadership engagement of the school nurses and external change agents like VOCES (Coalition of Vaccination) in educating the community about the benefits of vaccination.
- The role of clinical and school nurses is crucial to recommend with their knowledge, personal beliefs, and experiences. This creates an impact for people's decision making.
- The principal concern about the group against the policy was the excessive interference of the government to decide what is the best for their youths.
- Most of the recommendation gave by all the KI was to (1) inform about the vaccine (pros and cons) to parents, (2) use more social media as a channel of information, (3) capacity to school staff and (4) identify a key person by school to follow-up the completion of doses and guide the parents.

REFERENCES AND ADDITIONAL INFORMATION

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