



Program Manual



Acknowledgement

This program manual is a resource for organizations, agencies or clinics planning to implement the ***For Our Children*** program. This manual establishes guidelines and procedures necessary to implement and deliver the program effectively and with fidelity.

This program was developed by the University of Texas Health Science Center at Houston (UTHealth) School of Public Health with funding from the Cancer Prevention and Research Institute of Texas (CPRIT).



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Contents:

Human Papillomavirus	1
• What is HPV?	1
• Why is HPV vaccination important?	1
• Who can get the HPV vaccine?	2
The <i>For Our Children</i> program	2
• What is the <i>For Our Children</i> Program?	2
• How does the <i>For Our Children</i> program work?	2
• Tailored Interactive Multimedia Intervention (TIMI)	3
• Fotonovela	3
• How was this program developed?	3
Delivering the <i>For Our Children</i> Program	3
• Training	4
• Collaboration and recruitment	5
• Educating parents	5
• Navigation and follow-up	6
• Program evaluation	6
Appendix A: Protocol for Educating Parents	7

HUMAN PAPILOMAVIRUS

- What is HPV?

Human Papillomavirus (HPV) is a common virus that causes genital, oral and skin infections. There are more than 100 types of HPV. Most of them are harmless and do not cause symptoms or health problems. The body's immune system will clear the majority of HPV infections on its own with no treatment. When HPV does not go away, it can cause health problems including:

- Cervical, vaginal and vulvar cancer in women
- Penile cancer in men
- Oropharyngeal cancers in men and women (cancers of the throat including tongue and tonsils)
- Anal cancer in men and women
- Genital warts in men and women.

HPV is the most common sexually transmitted infection in the United States. About 79 million Americans are currently infected, and another 14 million become newly infected each year. Most people will be infected with at least one type of HPV in their lifetime. People of all genders get HPV and can spread it to others without realizing they have the virus. HPV infection is most common in the late teens and early 20s or shortly after they become sexually active.

In the United States, 31,000 men and women are diagnosed with a HPV-related cancer every year. The good news is that many of these cancers can be prevented through vaccination. The HPV vaccine is safe, effective and provides long lasting protection against HPV types that can cause cancer and genital warts.

- Why is HPV vaccination important?

HPV is the leading cause of cervical cancer, as well as some cancers of the anus, vagina, vulva, penis and oropharynx (back of throat). Most of these cancers can be prevented by HPV vaccination. Although the HPV vaccine is safe and effective, vaccination rates in the United States remain low.

The Centers for Disease Control and Prevention (CDC) routinely recommends HPV vaccination for girls and boys aged 11 or 12 years. Parents usually decide if their child will receive the HPV vaccine. Some parents may be interested in vaccinating, but have questions or concerns about the HPV vaccine.

Healthcare professionals play an important role in educating members of the community about important health issues including HPV and the vaccine. Parents who receive a strong recommendation from a healthcare professional are more likely to vaccinate their child.

- Who can get the HPV vaccine?

The CDC recommends routine vaccination for girls and boys aged 11 or 12 years to protect against cancers caused by HPV. It is standard practice to vaccinate people before they are exposed to a virus. Ideally, the HPV vaccine should be administered before potential exposure to the HPV virus through sexual contact. Providing the vaccine before a person starts any type of sexual activity provides the best protection against HPV. Another reason to vaccinate adolescents at this age is that younger teens produce a higher immune response to the HPV vaccine than older adolescents and young adults.

Older adolescents or young adults not vaccinated when younger should start the HPV vaccine as soon as possible. Even if a person is already sexually active, the HPV vaccine can protect against HPV types to which they have not been exposed. Young women can be vaccinated through age 26 and young men through age 21. The HPV vaccine is also recommended through age 26 for gay and bisexual men, young transgender adults and young adults with compromised immune systems (including HIV).

THE FOR OUR CHILDREN PROGRAM

- What is the *For Our Children* Program?

For Our Children is a theory-based program designed to educate Hispanic parents about HPV, and motivate them to vaccinate adolescent children (11-17 years) to protect them against cancer caused by HPV. The program features bilingual resources, which health professionals can use to educate parents about HPV, and address common concerns about the HPV vaccine.

Developed by the University of Texas Health Science Center at Houston School of Public Health (UTHealth) with funding from the Cancer Prevention and Research Institute of Texas (CPRIT), this program has been effective in increasing HPV vaccination rates among Hispanic adolescents and is appropriate for use in community and clinical settings.

- How does the *For Our Children* program work?

To deliver this program, a trained Facilitator [community health worker (CHW), lay health worker or other health professional] delivers a single education session to parents with adolescent children aged 11 through 17 years who have not started or completed the HPV vaccine series.

Facilitators can use the bilingual resources provided to educate Hispanic parents about HPV, and motivate them to vaccinate their adolescent children. The program features two educational resources as described below.

- Tailored Interactive Multimedia Intervention (TIMI)

The TIMI is an interactive web-based application (app) that provides parents with tailored information about HPV, HPV-related cancers and the vaccine. The TIMI follows the story of a mother as she decides to vaccinate her adolescent child against HPV. It uses soap opera style videos and presentations from health professionals to facilitate decision-making, and encourage HPV vaccination behavior. During the TIMI, parents answer a series of questions about their knowledge, attitudes and beliefs towards HPV and HPV vaccination. Based on their responses, the TIMI generates tailored information to address concerns about HPV vaccination.

- Fotonovela

The fotonovela is a traditional print medium commonly used in Hispanic communities. The fotonovela uses a story-telling approach, which makes it appropriate for parents with low-literacy skills. Research shows that messages delivered through a narrative format can be powerful, particularly among Hispanic communities. It presents the same story as the TIMI in a simplified format and encourages parents to talk to their doctor about HPV vaccination. It addresses common parental concerns about HPV vaccination and models vaccination behavior.

- How was this program developed?

UTHealth adapted the *For Our Children* program from an earlier intervention funded by CPRIT that aimed to increase HPV vaccination rates among Hispanic adolescent girls. As part of the original research study, UTHealth conducted a randomized control trial in 29 Houston-based community health clinics to test the effectiveness of the TIMI and fotonovela. Hispanic parents who participated in education sessions were more likely to vaccinate their children against HPV.

Using Intervention Mapping, a systematic framework for developing theory and evidence-based interventions, we expanded the original program to include information for parents with adolescent boys. The *For Our Children* program addresses factors influencing HPV vaccination uptake identified during focus groups with Hispanic parents including attitudes, beliefs and perceived barriers.

DELIVERING THE FOR OUR CHILDREN PROGRAM

This section provides a step-by-step guide on how to deliver the *For Our Children* program effectively and with fidelity. The program is appropriate for use in community or clinical settings. As a first step, it is important to identify who will be involved in program delivery and ensure that the resources required to deliver the program are available. To deliver the program effectively organizations need to:

1. Appoint Facilitators (CHWs, promotoras, or other health professionals) to deliver education sessions to parents.
2. Appoint a Program Coordinator to oversee program delivery and evaluation.
3. Download training and program materials from the ***For Our Children*** website.
4. Schedule a training session for facilitators and Program Coordinators.
5. Allocate needed resources including:
 - Tablet, PC or smartphone to view the TIMI
 - Internet access to download the app or view the TIMI online
 - Copies of the printed fotonovela in Spanish and English.

Once staff and resources have been allocated, follow the five steps outlined below to deliver the program:

1. Training

Delivering the ***For Our Children*** program requires training. To help organizations implement the program effectively and with fidelity, UTHealth developed a training package. The training ensures Facilitators and Program Coordinators delivering the program are familiar with program materials, and have a good understanding of HPV, HPV-related cancers and the vaccine. Training must be completed prior to delivering the program.

Applying adult education principles, the training uses didactic teaching strategies to build HPV knowledge, as well as develop the communication skills required to educate parents and motivate them to vaccinate their children. Training can be delivered by a certified CHW trainer or qualified educator using training materials available for download on the program website including:

- Standardized presentation slides and scripts
- Case studies, group discussion questions, role-play instructions and FAQs.
- HPV resources for health professionals and parents
- HPV quiz and course evaluation

The training is divided into two sections:

a. HPV knowledge

Section 1 includes information on HPV, HPV-related cancers and HPV vaccination. It explores common parental concerns about HPV vaccination, and the trainer demonstrates how to address questions frequently asked.

b. Communication skills and practice

Section 2 provides step-by-step instructions on how to deliver the program and focuses on building communication skills required to educate parents about HPV vaccination. The trainer demonstrates how to use the educational materials, and participants practice delivering an education session.

The Texas Department of State Health Services (DSHS) Continuing Education Course certified the training curriculum for 4 hours of Continuing Education Credits (CEU) for CHWs. For CHWs to be awarded CEUs, the training must be delivered by a DSHS-certified CHW instructor. If delivered by a non-certified instructor, CHWs are entitled to four non-certified DSHS hours, which contribute towards annual CHW certification renewal requirements. For more information about the DSHS Community Health Worker Training and Certification Program visit http://dshs.texas.gov/mch/chw/Community-Health-Workers_Program.aspx.

2. Collaboration and recruitment

Health promotion programs are only effective if they reach their intended audience, in this case Hispanic parents with adolescent children aged 11 through 17 years who have not started or completed the HPV vaccine series. Collaborating with community partners who already work with, or provide services to Hispanic parents, can be an effective way of reaching and recruiting eligible parents. When delivering the program, consider collaborating with:

- Community and Federally Qualified Health Centers
- Neighborhood and community centers
- Churches and religious organizations
- Cultural and community groups
- Schools and universities
- Community and religious leaders
- County and Metro Health Departments.

Below are examples of communication strategies to promote the program and recruit parents:

- Posting flyers in clinics, community centers, schools, and other places visited by parents
- Posting information online (websites, forums and social media sites)
- Including editorial content in community newspapers and partners newsletters
- Attending community events (health fairs, back-to-school events, cultural days)
- Working with community champions or religious leaders to encourage participation
- Collaborating with local community health clinics to identify and recruit eligible patients
- Collaborating with the County Health Department to identify and recruit parents.

3. Educating parents

A key component of this program is educating Hispanic parents about HPV, and motivating them to vaccinate their children. Program facilitators (CHWs, lay health workers or other health professionals) are trained to deliver a single education session to parents using the program resources provided (TIMI and fotonovela).

At the beginning of each session, the facilitator should establish how much time the parent has available. If the parent is available for more than 20 minutes, the facilitator should use the TIMI to deliver the education session and provide parents with a copy of the fotonovela to take home. If the parent has less than 20 minutes available, the facilitator should use the fotonovela to deliver the education session and encourage parents to view the TIMI at home. A step-by-step guide on how to deliver an education session can be found in **Appendix A**.

4. Navigation and follow-up

In some cases, parents may require additional support to locate and access HPV vaccination services. As part of the program, facilitators are encouraged to navigate parents to local health clinics that offer the HPV vaccine. When being delivered in a clinic that provides HPV vaccination, facilitators should assist parents to schedule a vaccination appointment.

Where possible, facilitators should follow-up with parents to ensure that their child initiated and/or completed the HPV vaccine series. It is important to remind parents that their child will require 2 or 3 shots of the vaccine depending on how old they are when they start the vaccine series. Healthcare providers can advise parents about how many doses are required.

5. Program evaluation

It is important to evaluate health promotion programs and collect evidence about the efficacy of the program, identify ways to improve practice, justify the use of resources, and identify unexpected outcomes. Evaluation determines how well the program is working within the community and can identify aspects of the program that should be changed or adapted to make it more effective.

A template is available to help monitor program reach and effectiveness. It is important that facilitators record and report the number of parents educated, the number of adolescents referred for HPV vaccination, and where possible, follow-up with parents to determine the number of adolescents vaccinated as a result of the program. Program Coordinators are responsible for collating this data to monitor program reach and effectiveness.

Appendix A: Protocol for Educating Parents

1. **Thank parents for participating in the *For Our Children* program.**
2. **Ask the parent (s) how much time they have available for the education session:**
 - If a parent has 20 minutes or more, deliver the education session using the TIMI.
 - If a parent has less than 20 minutes, deliver the education session using the fotonovela.

TIMI (web-based application)

Inform parents they will be watching an interactive video about HPV and HPV vaccination. Inform parents they can view the TIMI in English or Spanish, and choose to hear information about HPV vaccination for boys or girls. During the TIMI, parents will be asked a series of questions and can choose what topics they would like to learn more about. Inform parents the TIMI takes approximately 20 minutes to complete depending on how many questions they have.

Once the parent views the TIMI, ensure they have understood the information and ask if they have any questions or concerns about HPV or the HPV vaccine. If you are not able to answer these questions, refer parents to their healthcare provider. Give the parent a copy of the fotonovela to take home. Encourage them to share this resource with family members and friends.

Fotonovela

Provide parents with a copy of the fotonovela and let them read the story. Offer to read it for them or to read along with them. Some participants may need help and could be afraid to ask. Once the parent has read the fotonovela, review the main points and ask them if they have any questions. If you are not able to answer these questions, refer parents to their healthcare provider. Encourage participants to take the fotonovela home and share it with family members and friends. Provide parents with the website address and encourage them to view the TIMI at home.

3. **Provide handouts and referral information**

Provide additional HPV handouts and a list of local health clinics that offer HPV vaccination services. If you work at a clinic where HPV vaccination is provided, help parents schedule an appointment.
4. **Congratulate parents for taking the first step in protecting their child against HPV-related cancers and genital warts. Remind parents that 2 to 3 doses of the HPV vaccine are required depending on the age of their child.**



This program was developed by the University of Texas Health Science Center at Houston School of Public Health with funding from the Cancer Prevention & Research Institute of Texas (PP160051; PI: Maria E. Fernández). The content is solely the responsibility of the authors and does not necessarily represent the official views of the Cancer Prevention & Research Institute of Texas.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS