

## **Speaker Notes: Qualitative Methods in Dissemination and Implementation Research**

### **PART 3: DISSEMINATION CASE STUDY**

#### **Slide 1:** Dissemination Case Study

Welcome to Qualitative Methods in Dissemination and Implementation Research. I'm Dr. Joan Cates, a Senior Lecturer in UNC's School of Journalism and Mass Communication. This narrated power point is the third in a series of presentations and provides an overview of a case study using qualitative methods in dissemination research. The presentation is offered to you by the Translational and Clinical Sciences Institute of the University of North Carolina at Chapel Hill.

**Slide 2:** "Addressing Racial and Gender Disparities in HPV Vaccine Acceptability: African American Caregivers of Adolescent Boys."

The title of the case study is "Addressing Racial and Gender Disparities in HPV Vaccine Acceptability: African American Caregivers of Adolescent Boys."

The study was funded in Round 1 of the NC TraCS \$10,000 pilot projects for the cycle in 2009-2010. Findings from the study ultimately helped us to secure an NIH R21 dissemination research grant for 2012-2014 entitled, "Optimizing HPV Vaccination: Parents, Providers and Pre-teen boys." The NIH grant funded a social marketing intervention to motivate parents of preteen boys and health care providers to pursue HPV vaccination. The motivating messages for the intervention were developed through the qualitative research described in this case study.

**Slide 3:** Why is this research important?

First of all, why is the topic of HPV vaccination of pre-teen boys important? HPV stands for human papillomavirus . It can be transmitted through sexual activity and is associated with genital warts and certain cancers in both females and males.

We know that African Americans and other racial/ethnic groups are at disproportionately higher risk for sexually transmitted infections and HPV-attributable cancers than are Whites.

The good news is that a vaccine against HPV is available for both females and males. HPV vaccine for females has been routinely recommended for females ages 11-12 since 2006. HPV vaccine for males was routinely recommended for males ages 11-12 in late 2011. A routine vaccine recommendation by the CDC means that health care practitioners are expected to recommend vaccination to parents and boys at the ages of 11-12, when it could be most effective before sexual activity begins. Thus, HPV vaccine for males is a medical innovation that offers a rare opportunity to reduce racial disparities in sexually transmitted infections and their consequences. We anticipated that recommendations for vaccination of males would ultimately be issued by CDC , so started formative research on how parents might respond. We were also mindful that a recommendation on HPV vaccine for males would be introduced in the context of fairly widespread public education about HPV vaccine for females and prevention of cervical cancer through media advertising by the vaccine manufacturer. This was a major dissemination

challenge and one which required identifying what messages would resonate with parents of preteen sons.

**Slide 4:** What were the specific aims?

We had two main aims for this phase of the research:

We wanted to identify key reasons for African American caregivers' interest in having their male dependents vaccinated against HPV.

This means we wanted to hear from parents, grandparents, or guardians of boys ages 9-13 about what might motivate them to get their sons vaccinated against HPV.

We wanted to identify culturally relevant content to be used in media and interpersonal communication strategies to optimize uptake of the HPV vaccine in African American adolescent boys.

This means we wanted to craft messages that would persuade African American parents to seek HPV vaccination for their sons.

**Slide 5:** What conceptual framework did we use?

For a conceptual framework to design the study we used both a health behavioral model and concepts from message design studies:

(1) Health Belief Model and factors that influence perceptions of risk for getting a disease (susceptibility, severity, benefits of and barriers to vaccination, self-efficacy, cues to action)

(2) Message design concepts (framed as gain or loss, emotional relevance)

**Slide 6:** How did we collect the data?

From August, 2009 to February, 2010, we held five focus groups with African American caregivers ( $n=29$ ) of 11-12 year old boys in 3 African American churches and a middle school in rural Sampson County

Sampson County health Department helped to introduce our research team to possible locations for the focus groups.

Discussion guide asked about their interest in having their sons vaccinated against HPV, their preferred information sources, and responses to messages about vaccination

**Slide 7:** How did we analyze the data? (1)

We analyzed transcripts from the first 2 focus groups to code common themes to inform message development. For example, We asked participants whether they thought their sons were susceptible to getting a sexually transmitted infection as they were growing up. We touched on all the components of the health belief model including:

susceptibility, severity, benefits, barriers, self-efficacy, cues to action

Also to refine the message about HPV vaccination, we posed what we called “headline” messages as either gain or loss for a decision about vaccination. For example, a gain frame would say “Get your son vaccinated against HPV to protect against cancers later on.”

By comparison, a loss frame would say “if you don’t get your son vaccinated, he may get cancers later on.”

message type (gain or loss)

From transcripts, we created headline messages and accompanying images to put on posters.

#### **Slide 8:** How did we analyze the data? (2)

Asked the last 3 focus groups for feedback on these preliminary message design concepts.

Examples:

Which headline message did they find most or least motivating?

Which image design did they find most or least motivating?

#### **Slide 9:** Sample Headlines

These are the six headlines we developed from the transcripts.

1. He’s growing up fast. You’ve protected him from the beginning. Don’t stop now.
2. Sooner or later your son is going to become sexually active. If you don’t protect him now, he could be at risk for HPV and certain cancers later.
3. One in two people will get HPV, which can lead to genital warts and cancer. Learn the facts.
4. Girls aren’t the only ones affected by HPV.
5. Protect their lives and future wives.
6. There will be many things in your son’s life that you can’t control. But you can control whether he gets HPV.

#### **Slide 10:** Sample designs

And these are the design features we showed the participants and asked for their reactions.

Eight designs featured a pre-teenage boy, varied by the race of people depicted (black only and black with other ethnicities), with one or both parents with other people (friends, future wife), setting (outdoors, church, retail) color scheme (blue and green, brown and yellow, or black).

One design featured only an influential figure (doctor, nurse, clergy) prominently advocating HPV vaccination.

**Slide 11:** Print Ad/Poster #3

**One example of headline and image together:**

**Health Belief Model:**

- Perceived severity and perceived susceptibility
- Increase knowledge about HPV
- Increase perceived severity and susceptibility

**Slide 12:** Print Ad/Poster #2

**Another example of headline and image together**

**Health Belief Model:**

- Perceived severity, susceptibility and barriers, self-efficacy
- Lack of control over son's sexual behavior
- Ability of caregivers to protect their son

**Slide 13:** What were the results?

What parents told us that they wanted:

- Images with parents and sons close together (not just sons hanging out with their friends)
- Images with multiple races and ethnicities, (not just focused on one race)
- Messages about their son's risk of getting HPV
- Messages about how parent could protect their son from HPV disease

Parents said they would:

- Talk to son's doctor
- Find out more information

**Slide 14:** "Protect Him" poster

This is the final version we are using in the protecthim.org intervention. Images of parents and sons are rotated by racial/ethnic group in the design.

Posters Main messages are:

- HPV is the most common sexually transmitted infection
- Half of all sexually active males and females will get HPV at some point in their lives
- HPV vaccine is most effective before boys and girls become sexually active
- approved for males and females 9-26
- available at little or no cost through insurance and other programs
- safe and effective

- Learns the facts
- Talk to your family doctor
- Protect him
- Get your son vaccinated

**Slide 15:** How did we publish the results?

*Published in Perspectives in Sexual and Reproductive health –*

*Formative research for NIH R21 Optimizing HPV Vaccination: Parents, Providers and Pre-teen Boys*

This project uses dissemination strategies to stimulate communication about HPV vaccine among parents, healthcare providers and pre-teen boys at a critical time when the vaccine is new to both parents and clinical practice. The intervention in a 13 county region in North Carolina includes (1) a social marketing campaign for parents with radio announcements, posters and brochures, and (2) collaboration with healthcare providers of pre-teen boys using posters and brochures to stimulate parent awareness of HPV vaccine for males. The *overall objective* is to assess the extent to which parents and providers respond to dissemination strategies by deciding on HPV vaccine for pre-teen boys.

**Slide 16:** Thanks You!

- This concludes Part 3 in this series of presentations. Part 4 is a case study illustrating how qualitative methods were used to study the implementation of a federally funded national provider based research network.
- Staff from the TraCs Institute are available for consultations. In order to become a member and request a consultation, please call us at 919-966-6022, email us at [nctracs@unc.edu](mailto:nctracs@unc.edu), or visit our website at [tracs.unc.edu](http://tracs.unc.edu).