

## **HPV Uptake in Métis Chartered Communities across BC.**

This report was developed by the Urban Public Health Network (UPHN) and the Métis Nation British Columbia to be included in the Solutions to Increase Youth HPV Immunization in Canada Project final report to the Canadian Partnership Against Cancer (CPAC).

With the understanding that Métis have distinct perspectives, priorities, and challenges in accessing HPV immunization, a tailored engagement plan was developed between MNBC and the Métis Chartered Communities throughout BC. UPHN worked collaboratively with MNBC to identify the engagement strategies that would be most beneficial in the region.

Collaboration with the MNBC began in Summer of 2021, data collection was carried out from September 2022 - February 2023. Focus group guides, key informant interview guides, and survey materials were developed by UPHN after initial consultation and were reviewed and adapted by MNBC. This was done to ensure they were relevant and appropriate for the community members being engaged, as well as value-added to ongoing work being carried out by the Immunization Program.

All research materials were reviewed and received approval from the University of Saskatchewan Research Ethics Board. Written consent was obtained prior to participation and confirmed during the interview/focus group.

The next phase of the project will move into 2023 and focus on implementation efforts. This will be directed and informed by community voice (survey data). Considerations will include KTE & educational materials, ongoing engagement and continuing to report findings back to community partners, a crucial component of the work.

### **Identified barriers to HPV Immunization**

The perceived barriers of parents/guardians, youths/young adults and healthcare providers are listed below:

- Lack of education and awareness
- Lack of communication and opportunities for information sharing
- Gendered campaigns and educational information
- Concerns about vaccine safety and side-effects
- Lack of trust / trustworthiness of the healthcare system due to systemic racism:
  - Participants shared negative experiences they had when accessing healthcare. These experiences impact trust, and create barriers in building relationships with healthcare providers.
- Lack of accessibility and availability
  - *“The main concerns about the HPV vaccination were the cost, lack of availability and access to the vaccine.”*
- Cost: Cost is not a barrier for children and youth who begin their vaccine schedule while in school, as well as groups identified as high-risk as outlined by British Columbia public health policies. However, for those who missed vaccination in-school and are ineligible for catch-up programs, the cost of a full HPV schedule is a significant barrier.
- Lack of People-specific data
- Stigma:
- There is stigma regarding the HPV vaccine due to the perception that getting the vaccine is associated with sexual activity.

### **Identified facilitators to HPV Immunization**

The identified key facilitators are listed below:

- Affordability:
  - Ensuring that the vaccine is free has been highly effective at increasing uptake
  - Extended coverage and catch-up programs have built on this success and supported those who missed immunization in school

- Some individuals are still missing the opportunity to receive the vaccine before 26 yrs due to various barriers. MNBC participants suggested that broader coverage would ensure that all individuals who fit current recommendation guidelines would have access to HPV vaccines (those over 26 yrs)
- Ensure the vaccine is accessible and available:
  - Community members can readily access the vaccine at clinics, pharmacies etc.
  - Expand on the success of school-based programs by bringing vaccines to trusted community spaces
- Increase education and awareness:
  - Provide resources across multiple forms of media that are clear and consistent
  - Provide resources in multiple languages
  - Use gender inclusive language
- Knowledge Sharing
  - Opportunities for open conversation and questions
  - Opportunities to build relationships and trust with the healthcare system
- Reframe how the vaccine is discussed
  - Increase awareness that this is a cancer preventing vaccine for all people
- Trusted sources recommend the vaccine
  - Family, friends, healthcare providers
- Increase access to healthcare providers, and specifically:
  - Métis healthcare providers
  - Culturally safe care

Continuity of carer, with time for questions and opportunities for relationship building

## Recommendations

### 1. Increase Education and Awareness:

Increased education and awareness was identified as a key recommendation by both community members and healthcare providers. Many participants had limited knowledge about HPV and the HPV vaccine, and were unsure of their own vaccine status. Improving education and awareness raises vaccine receptivity in individuals and additionally increases the likelihood of community discourse and peer-to-peer recommendations. Increase education and awareness is identified as an important intervention in previous research<sup>1</sup>. Based on community member and healthcare provider feedback, education and awareness should be:

- **Community Specific:**  
Develop and expand on existing community specific HPV, vaccine, and cervical cancer educational materials, to ensure that educational materials are appropriate and relevant<sup>2,3</sup>.
- **Targeted at youth, parents, and healthcare providers:**  
While healthcare providers hold knowledge and information about the vaccine, an awareness campaign in this group could increase the likelihood that patients receive a recommendation for the vaccine when accessing other health services, which is shown to increase uptake<sup>4</sup>.
- **Multimedia and relational:**  
Information should be available through various forms of media (websites, social media campaigns, television / radio ads, paper resources), working directly with community groups helps ensure the reach of media campaigns. While media campaigns are invaluable in raising awareness, engaging communities in relational ways such as intergenerational knowledge sharing events can increase opportunities to address concerns and build trust. Indigenous communities

have voiced that public health and clinicians have overly relied on written messaging and need to engage further in oral discourse and knowledge sharing<sup>1</sup>.

- **Gender-neutral:**

While school-based programs are now gender-neutral, and catch-up programs have expanded coverage, there remains disparities in vaccine awareness. Specifically, education and awareness materials often specifically use gendered language (women/girls) and focus on cervical cancer. This creates inequities in HPV immunization rates for Two Spirit, trans, non-binary people, and cisgender men who may not know they are eligible and seek out the HPV vaccine<sup>3</sup>. Further, vaccine campaigns that emphasize that HPV vaccines are important for everyone may serve as reminders to healthcare providers to recommend it to all patients accessing care for other reasons. Straight cisgender men are less likely to access healthcare than all other groups and are therefore most likely to be missed by catch-up programs<sup>5</sup>.

- **Reframed as Cancer Preventing:**

Educational efforts should focus more on HPV immunizations as a cancer preventing intervention for all people.

**2. Improved Accessibility:**

Improving accessibility and increasing access points was identified as a key recommendation by community members and healthcare providers. Current school-based programs have been highly successful in many ways, but increasing access to vaccination outside of school-based programs would improve uptake for those who miss vaccination due to pandemic closures or absenteeism, as well as those who do not feel safe or comfortable getting vaccines in school for multiple reasons including needle phobia, vasovagal responses and vaccine hesitancy or mistrust. This is especially important to take into consideration for Indigenous populations, who may view school-based health programs as untrustworthy due to medical-violence enacted in residential schools, as well as ongoing medical racism within the healthcare system. Improved accessibility can include:

- **Health Buses:** services that go directly to underserved populations and community events decrease access barriers and increase opportunity for relationships building and increasing education and awareness.
- **Partnerships with Community Organizations:** bringing vaccine delivery to locations that community members are already accessing and which have built trusted relationships decreases access barriers and creates opportunities to build/demonstrate trustworthiness<sup>7</sup>. Examples include but aren't limited to teen drop-in programs, food banks, community events. Working with community partners is key in identifying which spaces and events are more utilized by the specific under-served subpopulations a program is hoping to reach.
- **Indigenous-led, Community-specific Vaccine Programs:** Ensuring that First Nations, Inuit, and Métis communities have a leadership role in development and implementation of HPV vaccine programs within their communities is essential in creating programs that are culturally safe, meaningfully engage communities, build on existing strength, and address community-specific barriers and access needs<sup>3,7</sup>.

**3. Building Trustworthy Relationships:**

With the understanding that historic and ongoing medical racism have created the current mistrust or distrust in the healthcare system expressed by many First Nations, Inuit, and Métis people<sup>6</sup>, it is essential to take intentional steps toward building trustworthy relationships in order to achieve equity in HPV vaccination and other areas of healthcare.

- **Indigenous-led, Community-specific Vaccine Programs:**  
Moving the locus of control to Indigenous communities and supporting self-governance over the design and implementation of vaccine programs is an important step in addressing issues of trust and increasing trustworthiness of such programs. In order to create sustainable programs, there needs to be appropriate and ongoing funding for Indigenous-led health centres and Indigenous-led health service partnerships. These models are shown to improve health outcomes for First Nations, Inuit and Métis people<sup>3,7</sup>.
- **Intergenerational Community Engagement:**  
Intergenerational knowledge sharing events that involve youth, parents/guardians, extended family, Elders, knowledge keepers, and healthcare providers provide opportunities to engage in open dialogue, have questions and concerns addressed, and build relationships<sup>1,3</sup>.
- **Increased Access to Primary Healthcare Providers:**  
Access to primary healthcare providers is an issue for communities across Canada, and compounded in Indigenous communities that experience unique and community-specific access barriers. A lack of continuity of care is linked with poorer health outcomes and increased experiences of racism and discrimination within the healthcare system<sup>6</sup>. Further, continuity of carer (one healthcare provider, or a small sustained team) is essential to ensuring continuity of care, building trusting relationships, and demonstrating trustworthiness.
- **Increased Access to Female Identifying Healthcare Providers:**  
Community members have expressed the need for increased access to female identifying healthcare providers as an important component of increasing feelings of safety when accessing HPV vaccines.
- **Increased Access to Indigenous Healthcare Providers:**  
Community members have expressed the need for increased access to Indigenous healthcare providers as an important component of increasing feelings of safety when accessing HPV vaccines. Increased access to Indigenous healthcare providers reduces experiences of medical racism, improves trust, and improves outcomes. This recommendation is in alignment with Action 23 as laid out by the Truth and Reconciliation Committee<sup>8</sup>.
- **Increased Cultural Safety and Anti-racism Training for Healthcare Professionals:**  
Increased education and awareness of how racism, and specifically anti-Indigenous racism, is enacted and upheld within the Canadian healthcare system is essential in building a safer healthcare system. When anti-Indigenous medical racism is acknowledged and meaningfully addressed it demonstrates trustworthiness, and helps to build relationships. This recommendation is in alignment with Action 23 as laid out by the Truth and Reconciliation Committee<sup>7,8</sup>.
- **Adequate Time:**  
Time is a limited resource within the healthcare system. Current healthcare models, based on fee for service practice, only allow time to discuss and address one issue. This does not create adequate time to check vaccination status, recommend vaccines, build relationships, address questions and concerns, or have meaningful informed choice discussions. This is a missed opportunity to promote vaccines and other preventative healthcare, and build trustworthy relationships. Additionally, First Nations, Inuit, and Métis communities have expressed that one issue per visit appointments are not in alignment with a holistic approach to health and wellness. Time, reciprocity, and respect are fundamental to building trust and reconciliation<sup>10</sup>.

#### 4. **Expanded Coverage Eligibility:**

Communities are requesting that vaccine coverage be expanded to all individuals that the vaccine is recommended for. Cost is not a barrier for children and young adults. However, for those who are no longer eligible for catch-up programs, the cost of a full HPV vaccination schedule is often insurmountable (\$600-\$1000). First Nations, Inuit and Métis communities face increased and unique barriers that may make it more challenging to access vaccines in school-based and catch-up programs. Alongside improving current programs, increasing access points, and developing Indigenous-led programs, expanding current age limits on coverage eligibility is an important step in addressing current HPV vaccine inequity.

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# UNDERSTANDING PEOPLE-SPECIFIC FACILITATORS AND BARRIERS TO HPV IMMUNIZATION UPTAKE: A CASE STUDY WITH MÉTIS NATION BRITISH COLUMBIA

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## INTRODUCTION

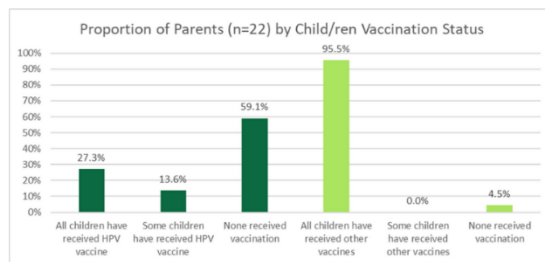
To support the Action Plan to Eliminate Cervical Cancer in Canada by 2040, the Canadian Partnership Against Cancer (CPAC) has commissioned the Urban Public Health Network to assess the landscape of HPV immunization coverage, barriers, and opportunities at a sub-jurisdictional level. This work has involved qualitative research in partnership with First Nations, Inuit, and Métis Organizations and Communities across Canada. Specific findings from community-engaged work with Métis Nation British Columbia (MNBC) is highlighted here as a case study.



## METHODS

With the understanding that Métis have distinct perspectives, priorities, and challenges in accessing HPV immunization, this project took a collaborative, community-engaged approach to data collection, analysis, and reporting. A tailored engagement plan was developed between MNBC and the Métis Chartered Communities throughout BC. Data collection methods included focus groups, key-informant interviews, and surveys with Métis Citizens across British Columbia.

Five focus groups and twelve key informant interviews were held across five regions, representing a total of 60 participants. A survey was shared with MNBC community members through email and social media, the survey received 55 responses, representing 105 individuals (parents responding for children).



## BARRIERS TO IMMUNIZATION

- Lack of awareness and information
- Lack of opportunities for relationship building and knowledge sharing
- Vaccine accessibility and availability
- Lack of trust / trustworthiness of the healthcare system
- Vaccine hesitancy
  - Concerns about HPV as a "new" vaccine
- Fear of needles
- Cost
  - The HPV vaccine is covered for children and young adults only

*There was some hesitancy, more so because of the lack of knowledge and their awareness around the vaccine. Many folks assumed it was developed in the last decade and there's not enough information on the successes or failures or even what the vaccine does. Because of the history in regard to forced sterilization within the healthcare setting - this vaccine brings up past trauma - trust has been broken.*  
- BC, PG, MN, FG02.

## FACILITATORS TO IMMUNIZATION

- Ensure the vaccine is accessible and available
  - Community members can readily access the vaccine at clinics, pharmacies etc.
  - Bring vaccination events to communities
- Increase education and awareness
  - Provide resources across multiple forms of media that are clear and consistent
  - Provide resources in multiple languages
  - Use gender inclusive language
- Knowledge Sharing
  - Opportunities for open conversation and questions
  - Opportunities to build relationships and trust with the healthcare system
- Reframe how the vaccine is discussed
  - Increase awareness that this is a cancer preventing vaccine for all people
- Trusted sources recommend the vaccine
  - Family, friends, healthcare providers
- Increase access to healthcare providers, and specifically:
  - Métis healthcare providers
  - Culturally safe care
  - Continuity of carer, with time for questions and opportunities for relationship building

## DISCUSSION

Within this work, we have seen that opportunities for community to come together, share questions and concerns, and have them addressed from a trusted source, increased interest in the vaccine. All participants left the focus groups and interviews open to being vaccinated and recommending it to family.

Participants expressed that there needs to be more information available about the HPV vaccine, clearer communication about who the vaccine is recommended for and benefits of the vaccine. Specifically, male participants were not aware that the vaccine was recommended for them, and identified that educational materials should feature gender inclusive language. Highlighting that this is a cancer preventing vaccine may decrease stigma and increase vaccine acceptance.

Participants also highlighted how historical and ongoing medical racism has impacted relationships with healthcare providers and trust in the healthcare system, and that significant work needs to be done to build relationships, and increase access to culturally safe care.

While current school-based immunization programs have been effective in some areas, identifying and implementing strengths-based People-specific interventions and approaches can increase uptake of HPV immunization. In alignment with article 25 of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), Indigenous Peoples have the right to determine and develop their own health priorities and strategies, and provide leadership and direction in administering such programs.



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