Working out what works: a participatory project with Turkish and Moroccan communities in the Netherlands to improve HPV vaccine uptake

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Background and objective

High-risk strains of Human Papilloma Virus (HPV) have shown causal relationships with cancers in women and men [1-4]. In the Netherlands, HPV vaccine uptake among Turkish and Moroccan adolescents is much lower than in the general population [5]. Improving HPV vaccine uptake in these groups is important.

Health system barriers to vaccination for these groups were investigated in the RIVER-EU project*. They include insufficient delivery of information, lack of awareness raising initiatives, insufficient training of health professionals, language difficulties and limited access to vaccination services.

This study aims to assess transferability of promising evidence-based HPV interventions to tackle the health system barriers in collaboration with community members and various stakeholders to improve HPV vaccine uptake.

Methods

Three promising intervention approaches were investigated for transferability:

1. Trained and trusted community members as health promoters to support HPV vaccination. Components include education, navigation and access [1-2].
2. School-based vaccination combined with an educational campaign [3].
3. Health professional education, either with a directive or an indirective, culturally adaptive style for communication with patients [4,6].

Based on a participatory action research (PAR) approach, 8 interviews and 3 focus groups were conducted with stakeholders from the community, policy and healthcare. Transferability was analysed with the population (P), intervention (I), environment (E) and transfer (T) models of transferability (PIET-T) [7].

Results

Various barriers and facilitators for transferability of the interventions were expressed by parents, adolescents, health professionals and policy makers (see figures 1-3).

Only the health promoter intervention and training of health professionals have a potential to be effective in the Turkish and Moroccan communities, while many proposals for adaptations and tailoring to the Dutch context were made.

The main barriers for the school-based intervention are refusal from parents, organisational and resource-related limitations. The intervention was not chosen.

Conclusion

Understanding context is key to tackle health system barriers to vaccination.

Involving community members and key stakeholders from policy and practice is essential: Participating in decisions about the interventions and taking a key role in shaping their content from the beginning helps to best meet the needs of the Turkish and Moroccan communities in the Netherlands.

We were able to identify transferable evidence-based HPV vaccination interventions and the need to adapt them to the Dutch context. This is the basis for their following implementation and changes in the health system.

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Figure 1: Health promoter intervention

Figure 2: School-based intervention

Figure 3: Health professional education

References