Developing a Health Advocacy Campaign

Student

Walden University

NURS 6050, Section 5, Policy and Advocacy for Improving Population Health

Today’s Date
Developing a Health Advocacy Campaign

In the United States, the human papillomavirus (HPV) has become the most common sexually transmitted disease (Centers for Disease Control and Prevention, 2014c). With the development of an HPV preventive vaccine, coverage for exposure to strands of the virus has become a possibility (Centers for Disease Control and Prevention, 2014b). Though efforts have been made to increase awareness of the vaccine, lack of education and lack of mandated administration act as reasoning for refusal. The purpose of this paper is to discuss the possible course of a public policy mandating the administration of the HPV preventive vaccine, while incorporating holistic responses to legal and ethical dilemmas through effective advocacy programs and supportive lobbyists.

Population and Health Issue

Human papillomavirus is a sexually transmitted virus currently infecting nearly 20 million individuals in the United States (Centers for Disease Control and Prevention, 2014c). Strands of HPV can progress into cervical, vaginal, and vulvar cancers in women as well as anal, mouth, and throat cancers in both men and women (Centers for Disease Control and Prevention, 2014c). Warts in the throat, mouth, and genital area are also a possible progression from HPV (Centers for Disease Control and Prevention, 2014c). Each year in the United States, 12,000 women are diagnosed with cervical cancer, with nearly a third presumed to die from it, making this a significant health issue that needs immediate attention (Centers for Disease Control and Prevention, 2014c).

In 2006, a vaccine preventing strands of human papillomavirus was introduced in the United States (Centers for Disease Control and Prevention, 2014c). The vaccine provides coverage of strands 6, 11, 16, and 18, the cause of 75% of cervical cancers and 90% of genital
wart cases (Merck Vaccines, 2014). Administration is approved for both males and females and recommended for individuals ages 9-13 (Centers for Disease Control and Prevention, 2014c). The possibility of a decrease in cancer cases is definite with the administration of the vaccine, but awareness and education must become priority.

**Human Papillomavirus Advocacy Programs**

In regards to administration of the human papillomavirus vaccination, lack of education and access seem to be the common denominator of decreased compliance. Advocacy programs supporting the understanding and importance of the vaccine are making a significant effort towards increased administration. Through individualized, patient-centered care, programs are effective in raising awareness and following through with knowledge development (Ladner et al., 2012).

**The Gardasil Access Program**

The Gardasil Access Program (GAP) provided three low-income counties with free school based administration of HPV prophylactic vaccinations (Ladner et al., 2012). Female students, aged 9-13, were sent home with information packets about the importance of HPV vaccination, offering administration during school hours (Ladner et al., 2012). Consent was signed by each student’s guardian and returned to appropriate faculty. Throughout three designated weeks during the school year, the qualified school nurse completed vaccine administration for the consented children. Of the 87% that received three complete doses, a higher completion of administration was seen in the school-based program compared to that of health facility based programs (Ladner et al., 2012).

Location was the most important part of making the Gardasil Access Program successful. The preventive vaccine is specific to school age males and females, making the school an ideal
choice for program location. The school’s location avoids disrupting any routine in the child’s parent schedule and removes the child from class for a minimal amount of time. Parents do not have to take off from work for a scheduled doctor’s appointment and children do not miss significant school time. The school nurse ensured that each child received the three-dose administration, following through with thorough completion. The nurse too aided in the program’s success by acting as a resource to educate parents and students alike.

**The Cameroon Baptist Convention Health Services Program**

The Cameroon Baptist Convention Health Services (CBCHS), a program based out of Africa, received funding for increasing awareness and vaccinating against HPV (Wamai et al., 2012). Six health care workers visited local schools, churches, and clinics to increase knowledge related to HPV and offer consent for administration (Wamai et al., 2012). The campaign was also advertised through radio and television stations to meet a population of individuals without educating them face-to-face (Wamai et al., 2012). For those who consented to the vaccine administration, a mobile clinic as well as six local health clinics acted as locations for patients (Wamai et al., 2012). After the educational program was implemented, a survey was conducted to obtain information about its’ success. Of the 350 individuals who participated in the survey, 90% “…were aware of the use of the vaccine as a preventive measure” (Wamai et al., 2012, p. 917).

The CBCHS program was successful because of the individualized approach to increasing education awareness. The program was promoted through the radio and television; media individuals are exposed to on a daily basis. Health workers too educated at facilities that individuals frequently visit, like church and school, which did not disrupt their daily routine.
Finally, providing the option of administration at both mobile and stationary clinics provides for more chances of compliance related to more location options.

**The Human Papillomavirus Policy Plan**

Programs advocating for HPV prevention are helpful in screening, educating, and vaccinating against the disease. That being said, low compliance rates are still associated with the HPV preventive vaccine, a public health issue that is in certain need of advocacy (Russell, Raheja, & Jaiyesimi, 2013). Two Federal Drug Administration (FDA) approved vaccines are available for preventing strands of the human papillomavirus (Centers for Disease Control and Prevention, 2014b). Though the vaccine does not prevent every strand of HPV, it does provide coverage for strands 6, 11, 16 and 18, two of which progress into a significant number of cervical cancer cases (Centers for Disease Control and Prevention, 2014b). Virginia has made efforts to increase compliance by requiring clinics to offer administration for patients entering the sixth grade, but refusal rates remain significant (Russell, Raheja, & Jaiyesimi, 2013). A proposed public policy mandating administration for rising sixth graders would increase compliance thus decreasing the transmission of genital warts and HPV causing cancers.

**Specifics of the Suggested Policy**

Under this policy proposal, administration of the first of three doses of the human papillomavirus vaccine will be required for admission into Virginia middle school systems. The initial dose will be administered with the required Tetanus Diphtheria and Pertussis (Tdap) vaccine before the child enters the sixth grade. The following two doses can be administered within the recommended six-month time frame, through the child’s primary clinic, health department, or school clinic, respectfully. Before entering the seventh grade, the child should
have completed the HPV administration series. Exceptions are possible through religious exemption or through a medically diagnosed contraindication for vaccine administration.

**Evidence for Policymaker Support**

With nearly 20 million HPV infected individuals in the United States and a projected six million more each year, statistical data will be the strongest influence for policy makers (Centers for Disease Control and Prevention, 2014c). Similar to the efforts brought on by the needle exchange program in Baltimore, Maryland, hard evidence can shift the minds of even the most conservative legislators (Laureate Education, 2012b). As data is collected and specified to individual regions of states, policy makers will recognize the need for advocacy (Laureate Education, 2012b).

**Support From Effective Advocacy Programs**

This policy can become reality with assistance from the successful advocacy programs working to promote vaccine awareness and administration. Firstly, many schools in Virginia offer in-school administration of the Tdap vaccine to children graduating from fifth grade (Virginia Department of Health, 2014). This opens possibility for administration of the HPV vaccine as well. Individualizing the patient and their parent’s care is an important step towards policy success. Providing the option of vaccine administration at more than one location increases the chance for compliance. Similar to the before mentioned advocacy programs, administration can be offered at both mobile and stationary clinics, increasing location options for patients. Promotion of vaccine locations can increase awareness, with options such as television, radio, and social media.

**Development of a Virginia Regulation**
In Virginia, regulations are currently present that encourage awareness of the HPV vaccine. Presently, information about the HPV vaccine must be provided to patients’ parents recommending administration before entering the sixth grade (Virginia Department of Health, 2014). Modifying this Virginia regulation is best for the development and success of this policy. Offering the information to parents is a start, since proper education aids in compliance. Developing this policy into mandated administration is the optimal way to make a significant effort to stop the transmission and progression of HPV.

**Finding Support Through Existing Regulations**

Currently, state laws require the administration of several immunizations for admission into school systems (Virginia Department of Health, 2014). The list of required vaccinations is continually evolving, adjusting as new vaccines are created and recommended. As recently as 2010, the list of recommended vaccines found change, with the introduction of the Rotavirus vaccine for infants (The Children’s Hospital of Philadelphia, 2013). Knowing the dynamics of this ever evolving system, there is significant support for the introduction of a policy mandating the HPV vaccine.

Support can also be found with the newly introduced Affordable Care Act, promoting the health and wellness of individuals with free preventative care. With the new plan, preventive immunizations, including the HPV vaccine, are covered free of charge (U.S. Department of Health and Human Services, 2014). This newly added regulation applied to insurance companies encourages the possibility of this public policy.

**Lobbying For Policy Support**

The success of this policy depends greatly on the possibility of effective influencing from individuals who aim for its’ approval. Professional lobbyists understand the inside networks of
legislation while grassroots lobbyists, motivated by a common cause, encourage the progression of policies (Milstead, 2013). As funding for advertising and publicity of appropriate campaigns joins suit, the possibility of policy completion becomes promising.

**Professional**

Professional lobbyists act as the firsthand networkers for official policy approval (Milstead, 2013). Their influence involves individualized relationships with the legislators who help to make policies successful (Milstead, 2013). In order for this policy to attain triumph, assistance from professional lobbyists is necessary. The American Nurses Association (ANA) supports professional lobbyists with over three million members, knowledgeable on the impact registered nurses can have on legislation (American Nurses Association, 2014). Policy advancement can be achieved through the professional lobbyists supported through the ANA, and also through continued membership of the organization (Milstead, 2013).

**Grassroots**

Because the diagnosis and progression of HPV is a disease process that affects women and men of all ages, support from grassroots lobbyists is a certainty. Influencing the minds of legislation through a volume of numbers acts as a push for policy advancement (Milstead, 2013). Effective communication can come through personal letters, emails, and if possible, face-to-face efforts (Milstead, 2013). Women and men diagnosed with HPV can provide personal stories that aid in influencing policy development. Willing supporters can be found through gynecological offices, health departments, and through social media. For example, with the support of willing clinics, information packets could be handed to diagnosed HPV patients, urging them to write to their legislators for mandated vaccine administration. For exposure to a younger generation, information can be posted on social media feeds to inform users of the need for change. An
increase in advocacy directed towards legislators sparks motivation for follow through (Milstead, 2013).

Money

Funding for the development of this policy is quite possibly the most intimidating factor of the lobbying process. Support through current nursing associations is already considered minimal and introducing a new focus topic seems to be a daunting task (Milstead, 2013). Money plays a vital role in the development of this policy so assistance from women, men, and nurses alike is a necessity.

Initially, finding a group of supporters could aid in production of funding for policy development. The Women in Government (WIG) organization acts a resource for women legislators who are in need of evidence based data and networking possibilities (Women in Government, 2014). Data collected from WIG describes six years of research programs supporting the need for awareness of cervical cancer (Women in Government, 2014). Their original goals included increasing availability and access to screening and education, but they continue to evolve as a resource for HPV and cervical cancer information (Women in Government, 2014). Support from WIG would benefit the production of this policy, as this group understands the significance of the disease process and with a significant history of achievements, financial aid from this organization is a possibility.

Legislative Obstacles

Across the country, public opinion on vaccinating against human papillomavirus diverges from one extreme to the other. As public opinion often influences legislation, this lack of compromise will certainly remain an obstacle for success. Milstead (2013) suggests that “…lack of public support and the weakness of special-interest groups…” (p. 120) is cause for a hole in
communication. Knowing this, educating both legislation and the public is essential to overcoming this obstacle. Data that supports the relevance of HPV accompanying studies that explain the vaccine’s effects, will adjust public opinion.

**Cost of Vaccine**

It is estimated that each single preventive dose of the HPV vaccine costs $100 (World Health Organization, 2010). As there are three doses required for proper coverage, it is obvious that the cost of this vaccine can raise challenges for legislative approval. Initially, argument can be overcome with mention of the support programs available through Merck Vaccines. Merck Company has created monetary support programs for those in need of reduced cost vaccine administration (Merck Vaccines, 2014). Accompanying this is the argument of potential long-term money saved. With administration of the preventive vaccine now, significant funding will be necessary. That being said, the long-term savings for reduced numbers of cervical, vaginal, vulvar, anal, and throat cancers as well as cases of genital warts, will be definite.

**Ethical Dilemmas**

The obvious ethical dilemma involved in mandated HPV vaccinations involves the way the disease is contracted. The vaccine is recommended for females age 11-12 and dosing can begin as early as the age of nine. Ethically, some might argue that introducing this vaccine at such an early age could cause the child to inquire about sexual activity (Vamos, McDermott, & Daley, 2008). Some parents may not be ready to discuss this information with their child. This ethical issue can be resolved by ensuring debaters that this issue does not involve morality, but instead involves transmission of a virus. State laws already require children to vaccinate against Hepatitis B, a disease transmitted through bodily fluids (Centers for Disease Control and
There is little debate associated with the Hepatitis B vaccine, though the transmission occurs the same way.

Debate also arises with argument stating that risks of getting HPV increase with an increase in sexual partners, and those in monogamous relationships have no need for the vaccine. Factually, the risk of contracting HPV does decrease with a lower number of sexual partners, but there is still chance of exposure even with only one sexual encounter (Centers for Disease Control and Prevention, 2014c). Adding to this argument, obtaining a complete sexual history can be challenging, therefore vaccination against the disease will help to cover that possibility.

**Adverse Effects Specific to the HPV vaccine**

Recently, debate has risen related to the possible side effects of the HPV vaccine administration. Reports of serious reactions to Gardasil, one of two FDA approved vaccines for HPV prevention, are flooding online search engines, newspapers, and blogs. Word of mouth is cause for quick spread of these rumors, and sparks an ethical debate needing much attention. According to the Centers for Disease Control and Prevention (CDC), serious side effects, defined as those that lead to “… hospitalization, permanent disability, life threatening illness, or death…” (2014d, para 10), occurred in approximately 7% of 57 million administered doses of Gardasil (2014d). The administered HPV vaccine is not a medical explanation as cause for any cases of death and it is estimated that 90% of the remaining serious side effects can be linked to the patient involved medical history (Merck, 2014). Data supporting this explanation is the strongest argument for this ethical debate yet, unfortunately, rumors are often reason for a struggle in understanding.

**Long-Term Effects Specific to the HPV Vaccine**
Introduced in 2006, the HPV vaccine, Gardasil, was the first FDA approved vaccine to aid in preventing strands of human papillomavirus (Merck Vaccines, 2014). Ethically, there is debate about the seemingly hurried release of the vaccine, and worry comes with the unknown long-term effects of the drug. Approaching this specific ethical dilemma requires the assessment of the risk-benefit ratio of vaccine administration (Laureate Education, 2012a). Initially a comparison to the virtually absent long-term effects of current mandated vaccines acts as a strong argument for success (Centers for Disease Control and Prevention, 2014d). Accompanying this information is the data supporting the coverage of cancer causing viruses, increasing the benefit of administration.

**Vaccinating All Individuals**

Ethical concern can be placed on vaccinating mentally disabled and handicapped individuals. Arguing that vaccine administration is only necessary for sexually active individuals is reasonable, but the mandated administration covers the questioning of possibility. Research shows that mentally disabled youth are at a similar risk for sexually transmitted infection exposure supporting this ethical debate (Mandell et al., 2008). Even with close supervision and education, sexual encounters are possible, enforcing the need for HPV coverage.

**Ethic Laws and Reporting Requirements**

Specific to the state of Virginia, lobbyists, defined as “… any individual employed in any manner … for the purpose of attempting to influence executive or legislative action…” (Commonwealth of Virginia, 2014, para. 1), must annually register through the Commonwealth (Commonwealth of Virginia, 2014). A fifty-dollar fee is required for each subject of interest planned for lobbying efforts (Commonwealth of Virginia, 2014). A description of these efforts,
as well as notification of any employment status related to the mentioned subjects is required upon registration as well (National Conference of State Legislatures, 2014).

In addition to these laws, ethical regulations are applied, as standards can differ from state to state. Located on the National Conference of State Legislatures (2014) website, information on ethical laws and prohibited conduct is provided for lobbyist’s review and understanding. Though this is not mandated for lobbying registration, it is an important subject for participants to become aware of, justifying what is ethically correct.

**Conclusion**

In sexually active individuals, the risk of HPV exposure is increasingly common, aiding to the possibility of worsening progression. With mandated administration of the HPV preventive vaccine, transmission of HPV will decrease and numbers of cancer and genital wart cases will drop (Merck Vaccines, 2014). Though policy development will certainly meet many legislative and ethical obstacles, the success of this regulation is possible as nurses advocate for increased health and wellness of all individuals.
References


