

# No Time for COMPLACENCY

## POLICY REVIEW

2006 FALL ISSUE

## Most California parents support HPV vaccination for daughters



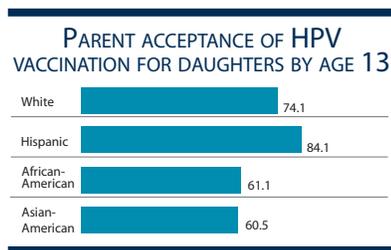
A new study by the Public Health Institute's Center for Research on Adolescent Health and Development has found strong support among California parents for obtaining human papillomavirus (HPV) vaccination for their daughters. The new vaccine, with the potential to prevent most cases of cervical cancer, was recently licensed by the FDA and is now available.

subgroup differences were found, majorities of parents from all racial-ethnic groups (see chart), both genders, all income and educational levels, and all religious denominations including evangelical Christians, supported the vaccination.

Of the 18% of parents who were unsupportive, five clusters of reasons emerged: pragmatic concerns about effects on sexual behavior, specific HPV vaccine concerns, moral concerns about sexual behavior, general vaccine concerns, and denial of need. These reported reasons for non-acceptance have implications for policy and educational planning decisions in this area.

In this study by PHI scientists Norman Constantine and Petra Jerman, several questions about support for HPV vaccination were asked of parents with daughters aged 18 years or younger as part of a statewide random-digit-dial telephone survey of 802 California parents. Because of their immediate public health implications, study results were released early on the web site of the *Journal of Adolescent Health* in the "Articles Online First" section (<http://jahonline.org>), and will be published in the February issue of the journal.

Overall, the researchers found that 75% of parents supported HPV vaccination by the recommended age of 13, and 82% supported vaccination by age 16. Although some



Asian-American and African-American parents were least likely to endorse HPV vaccinations before age 13. This is particularly important in the case of Asian-American parents, because Asian-American women in California are least likely to have cervical cancer screening, and Vietnamese and Southeast Asian-American women also have higher invasive cervical cancer incidence rates than do most other racial and ethnic groups.

The challenge now will be to achieve the high levels of vaccination of girls and young women necessary to realize the vaccine's full promise. This will require successful outreach and education to parents, together with achieving high levels of support for timely vaccination across parents of all racial, ethnic, income, and other backgrounds.

### HPV Vaccination Facts

- A majority of U.S. women become infected with the human papillomavirus (HPV) at some point during their lifetime.
- Although most HPV infections do not persist, some do progress and if untreated, they will eventually cause cervical cancer.
- It is estimated that in 2006 in the United States, 9,700 women will be diagnosed with invasive cervical cancer and 3,700 women die as a result.
- Last June, the Food and Drug Administration (FDA) licensed the first HPV vaccine, Gardasil, for use in females aged 9-26 years.
- If fully implemented, this vaccine would be expected to prevent more than 70% of cervical cancer cases.
- The CDC's Advisory Committee on Immunization Practices (ACIP) voted in June, 2006 to recommend the three-dose HPV vaccine for routine administration to all females 11-12 years of age, as well as all 13-26 year olds who have not previously received the vaccine. These provisional recommendations are expected to be finalized by January, 2007.
- The vaccine's ultimate success will depend on achieving high levels of vaccination among girls and young women prior to sexual activity.
- Challenges include the expense of the vaccine (approximately \$360) and the specific recommended age window for vaccination.

For more information from the Centers for Disease Control and Prevention (CDC) about HPV and the HPV vaccine, go to <http://tinyurl.com/edaxa>. For an article from the latest issue of the *Guttmacher Policy Review* on the need for universal HPV vaccination and some of the barriers to achieving this, go to <http://tinyurl.com/y8eyhv>.

## Position statements on human papillomavirus vaccination

The Society for Adolescent Medicine (SAM) recently published a position statement on the HPV vaccine (<http://tinyurl.com/vfq4s>).

*The Society for Adolescent Medicine fully endorses the ACIP recommendations for the three-dose HPV vaccine, and supports coverage of vaccination costs by third-party payors as well as federal and state programs that finance vaccination for low-income children. The Society for Adolescent Medicine supports the ACIP recommendation for continued Pap testing after vaccination. The Society for Adolescent Medicine also supports the current vaccine efficacy trials among males.*

A statement released by the American College of Obstetricians and Gynecologists (ACOG) also endorsed the ACIP recommendations (<http://tinyurl.com/yb9gdm>). In the statement, ACOG President Douglas W. Laube commented, "We must be prepared both to administer the vaccine and to answer patient and parent questions that will arise. ... Ob-gyns will play a critical role in the vaccine's widespread use in girls and women and we should discuss vaccination with our patients. Additionally, ob-gyns should stress the importance of continued cervical cytology screening regardless of vaccination status."

## Legislative review: Governor vetoes SB 1471

In October, Governor Arnold Schwarzenegger vetoed SB 1471, the *California Community Sexual Health Education Act* (<http://tinyurl.com/ta193>). This bill, which passed both houses by comfortable margins, would have required all state-funded and state-administered teen pregnancy and STI prevention programs to present only medically accurate, current, complete, and unbiased information. In his veto message, the Governor stated, "I am unable to support Senate Bill 1471 because it imposes new restrictions on California's community-based pregnancy prevention programs and their funding, thereby encroaching on local decision making." (<http://tinyurl.com/y9ewhv>).

Planned Parenthood Affiliates of California (PPAC) responded that "one should not view a requirement that publicly-funded programs be medically accurate and objective as a restriction. Such requirements should be the standard and are needed to prevent programs from using tax dollars to spread grossly inaccurate and biased information to students." The full PPAC statement, together with specific examples of bias and inaccuracy in currently state-funded programs, is available at <http://tinyurl.com/y6ans4>.

## New Jersey follows California example to opt out of abstinence-only program

Joining California, Pennsylvania, and Maine, New Jersey recently opted out of the federally funded state abstinence-only-until-marriage grant program, otherwise known as Section 510 of the Social Security Act. This controversial program prohibits discussion of the potential benefits and appropriate use of contraception, in conflict with California Education Code and New Jersey core curriculum content standards.

A related press release by the Sexuality Information and Education Council of the United States (SIECUS) can be found at: <http://tinyurl.com/ykwzxy>.

## Californian Journal of Health Promotion publishes case study of *No Time for Complacency*

An analysis of the strategies and successes of the first two years of the *No Time for Complacency* initiative was published recently in the *Californian Journal of Health Promotion*. This article is freely available at: <http://tinyurl.com/yggnlr>.

## NCPTP takes *No Time for Complacency* approach national

The National Campaign to Prevent Teen Pregnancy recently unveiled *By the Numbers*, a teen birth cost analysis initiative modeled after *No Time for Complacency: Teen Births in California*. This initiative provided a full report with national costs estimates of teen childbearing, together with fact sheets for every state including state-level cost estimates and background information. The *By the Numbers* full report, state-level fact sheets, and other accompanying materials can be accessed at <http://tinyurl.com/tcga5>.

## Forthcoming Policy Reviews

The 2007 Spring *No Time for Complacency* Policy Review will feature an analysis of California parents' opinions on sexuality education, based on a representative random-digit-dial statewide survey. This report will include comparisons of opinions across five geographic regions of the state. The 2007 Fall Policy Review will present incidence and costs of sexually transmitted infections among California youth, by California counties and regions. All Policy Reviews and related material can be found at <http://teenbirths.phi.org/>.



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The *No Time for Complacency* Policy Review is a biannual series of reports on the adolescent sexual health policy environment in California. The series is produced as part of PHI's Adolescent Sexual Health Policy Project. Policy Reviews are issued in the spring and fall of each year.

The Adolescent Sexual Health Policy Project is funded in part by a grant to the Public Health Institute from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs. For more information on *No Time for Complacency* and the Adolescent Sexual Health Policy Project, please go to <http://crahd.phi.org>.