

**Specialized Population Health Campaign  
Proposal:**

***Cervical Cancer Prevention: A Campaign  
to Increase HPV Vaccination Compliance  
among Blackfeet Indigenous Preteen  
Youth (Ages 9-14)***

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COMHLTH 572: Communicating Health to

Specialized Populations

**HEALTH CAMPAIGN PROPOSAL FOR INDIGENOUS BLACKFEET PRETEENS  
IN MONTANA**

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# HEALTH CAMPAIGN PROPOSAL FOR INDIGENOUS BLACKFEET PRETEENS IN MONTANA

## Section 1: Introduction

The National Cancer Institute's most recent publication reports "cervical cancer represents 0.7% of all new cancer cases in the U.S.," putting cervical cancer as the 20<sup>th</sup> most common cancer in the United States. While this report does conclude that cervical cancer is relatively rare, estimates predict 13,960 new cases of cervical cancer in 2023. This number only reflects actual cancer diagnosis. It does not represent the number of women who regularly undergo increased screenings—vaginal exams, tests, colposcopies, and surgeries--due to their high-risk status or previous pre-cancer findings.

New cases of cervical cancer rates are higher for non-Hispanic American Indian/ Alaska Native women, reported as 8.8 out of 100,000 women, compared to All Races at 7.7, and non-Hispanic White at 6.9, respectively. The death rate of Non-Hispanic American Indian/Alaska Native women is 2.9 per 100,000 women, as compared to 2.2 for all races (non-Hispanic White women at 2.0). These statistics show that Native American/ Alaska Native women are disproportionately more likely to be diagnosed with, and die, from cervical cancer, as compared to non-Hispanic white women, or women collectively (NIH, 2023). "Disparities in death rates between AI/AN women and White women living in the same areas were evident across all age groups and regions."

These statistics are particularly grave considering the age when women are more likely to be diagnosed with this disease. "Cervical cancer is most frequently diagnosed among women aged 35-44," with the second largest group at age 20-34 years old (NIH, 2023). The Human Papillomavirus (HPV) is responsible for 99.7% of cervical cancers (Okunade, K., 2019). Revolutionary, vaccines preventing HPV were available in the United States as of 2016. The HPV vaccination series can be up to 97% effective in preventing HPV, if given early (before

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exposure/sexual activity) (cdc.gov), thus preventing the possibility of cervical cancer. If every eligible child (including girls and boys) had been vaccinated against HPV, beginning in 2006, I likely would not be writing this paper. “Appropriate screening and follow-up treatment of abnormalities could reduce cervical cancer incidence and mortality.” (American Public Health Journal, 2014).

### **Section 2: Background**

In 2018, Indian Health Service published a blog to bring attention to cervical cancer screening and prevention. “Although the rate of cervical cancer in American Indian/Alaska Native (AI/AN) women has decreased over time, AI/AN women continue to have 4.2 times the rate of illnesses and deaths due to cervical cancer when compared to non-Native women.” (Apostlou, A., 2018). There are limited cancer prevention health campaigns designed specifically to target indigenous populations, and even fewer on-going directed towards cervical cancer prevention.

Most efforts in cervical cancer prevention encourage women 21-65 years old to get screened via Pap test. A Pap test is a procedure that screens women to see if they already have cervical changes that can lead to cancer, i.e., have already been exposed to HPV, as HPV is responsible for 99.7% of cervical cancers (Okunade, K., 2019).

Screening and treating women post-exposure can produce can successfully prevent, and even cure, cervical cancer, if found early. Dr. Apostlou documents that often American Indian/Alaskan Native women are often diagnosed in more advanced stages, where cure is difficult. Preventing the possibility of cervical cancer through vigorous efforts to vaccinate young girls is energy well spent.

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## Section 3: Behavior Change Theory Employed

The Stop Cervical Cancer campaign is founded in The Health Belief Model. The Health Belief Model's success is driven by the foundational belief that people "desire to avoid illness..." and "the belief that a specific health action will prevent...illness" (Behavior Change Models, 2022). Ultimately, taking the HPV vaccination is encouraged to prevent cervical cancer. Additionally, The Social Cognitive Theory (Behavior Change Models, 2022) is functional in the context of indigenous people in that the prevalence and acceptance of this vaccine can be enhanced by its overall social acceptance. The more parents accept and allow the administration of this vaccine, the more of a social norm it will become to get the vaccine at the recommended age, in the recommended intervals.

## Section 4: Campaign Message

The message of the campaign is *Stop Cervical Cancer*. The intention is to make the problem and the solution direct and simple. The motivation is to save future women, our daughters, nieces, and community members, from suffering both the threat and consequences of a cervical cancer diagnosis. Young people have many threats growing up. Even if a child does not drink or use drugs, they can still be threatened by the behavior of others that do. While raising our youth comes with challenges, here the solution is simple, and well within the power and control of parents and grandparents to provide near complete protection. Cervical cancer can be prevented in most cases, and the way to do it is to vaccinate against HPV early. The focus is not on sexuality or promiscuity; it is about women's health and familial bonds, and the strong drive to protect both.

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## **Section 5: Campaign Design**

See Appendix A, Figure 1-3 are examples of flyers that will be posted and distributed in schools, community centers, and PCP offices. These flyers are formatted for Instagram and will also be posted there.

See Appendix B, Figure 2 for an example of a Facebook post that can also be dually used for that social media platform as well as made into a flyer for additional options to post around the community.

## **Section 6: Campaign Plan**

The goal of the campaign is to increase the health literacy of parents and grandparents such that they seek HPV vaccinations for their youth. This health campaign will focus on increasing awareness of, and encouraging, Indigenous Blackfeet preteens to be fully vaccinated against HPV. Gardasil-9 (9vHPV) is available in the United States and protects against the nine HPV types that most commonly cause cervical cancer, and that can cause some cancers of the vulva, vagina, anus, and oropharynx. They also protect against most genital warts ([cdc.gov](https://www.cdc.gov)). Children 9-14 years of age also need only receive two doses; those over 15 years of age must receive three doses to be fully vaccinated. Thus, it behooves parents to begin this vaccination series early—both to improve efficacy, before exposure, and to reduce the number of shots a child needs to be considered fully vaccinated.

A key strategy for this health campaign will be to partner with the Community Health Clinic to provide opportunity for in-home discussion with tribal family members, based on the evidence that indigenous populations tend to favor intergenerational input. The campaign will additionally provide social media posts directly targeted to young but will also partner with

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schools and clinics in rural areas to increase dissemination of information and overcome possible barriers of access to phone service and Wi-Fi. Flyers will be posted at these locations.

The *Stop Cervical Cancer* campaign associate will partner with Blackfeet Community Health Hospital and schools to seek input and promotional opportunities. Important targets within the services Blackfeet Community Health Hospital provides include the Primary Care Physicians, Pediatricians, OB/GYN, satellite clinics (Heart Butte). These resources will be utilized to deploy information, have discussions with patients, as well as distribute and hang flyers. Campaign researchers, working in conjunction with Community Health resources, will share the responsibility of collecting and analyzing data both at the campaign's initiation, and at the end of the campaign (6 months duration).

The campaign team, including myself, and any individual Community Health and Hospital/ Clinic providers will collaborate to create culturally sensitive materials to be posted throughout the community in areas that are high traffic for families with pre-teens, as well as on most consumed social media platforms: Instagram and Facebook.

### **Section 7: Campaign Dissemination**

1. By May 1, 2023, meet separately with Community Health Program within the Blackfeet Community Hospital, the clinics, and school officials. *Stop Cervical Cancer*, including its goals, objectives, and media content will be presented. This meeting is an opportunity not only to alert the Community Health Program, but also to garner their ideas and participation in campaign promotion. They would be the go-to program for supplying and documenting HPV vaccination administration.

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2. By May 1, 2023, every effort will be made to gather information on community perceptions and receptiveness to the HPV vaccination, including understanding of vaccine benefits and concerns in person. Indigenous people may respond better to one-on-one verbal conversations than fill out paper or electronic questionnaires. That said, paper questionnaires and comment boxes will be left at the school and community clinic for community members to utilize. The survey response boxes will be gathered prior to the campaign start date so that all opinions and ideas can be considered.
3. Pediatricians and Primary Care (Team) Providers will be alerted to the campaign and heighten opportunities for communicating with parents and grandparents as to the importance of HPV vaccination.
4. All campaign partners will be left media flyers to post and hand out to spread awareness of the campaign through physical materials present.
5. Launch campaign materials via social media and post flyers in clinics (Hospital and Outpost), school (Browning and Heart Butte), and in community settings on Sunday, October 1, 2023, Facebook, Instagram, and flyers.
  - Flyers will be posted in the hospital and clinics to alert patrons to campaign and opportunities for vaccination. It is not necessary to direct patrons to where they can physically obtain the vaccination. Community members know Community Health and the Schools provide vaccinations on demand and at no cost.
  - Post 3 times a week on each social media site and monitor engagement, responding to comments and questions as needed. Social media posts can be modified to include Halloween, Thanksgiving, Christmas, Good Friday & Easter as well as: Indigenous People's Day (October 10<sup>th</sup>), Warrior's Day (November 11<sup>th</sup>), Days of the Piikani



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(November 21-22), and All Chief's Day (February 20<sup>th</sup>). Respectful consideration will be given for the Bear River Massacre Commemoration (January 23, 2024).

Nothing new campaign-related will be posted on this day.

### **Section 8: Campaign Dissemination**

While many teens have a presence on social media, physical materials will be used to overcome possible barriers of access to Wi-Fi and phone service and to attempt to reach teens who are not active on social media. Campaign dissemination will be largely conducted in person and via word-of-mouth by community campaign partners (school, clinics, Community Center, etc.) and by flyers being placed in these locations.

### **Section 9: Campaign Design Rationale**

The Blackfeet Community Hospital in Browning, MT has a Community Health Clinic located inside of the hospital. The main responsibilities of the Community Health Clinic are to administer and track immunizations. The Community Health Clinic is also responsible for providing limited healthcare services through home visits for homebound tribal members. The Community Health providers have a unique opportunity when visiting the homes to provide education to tribal members on the importance and benefits of HPV vaccination.

Involving this existing resource will harness the “factors that were reported to facilitate effective cancer communication with Indigenous populations” (Boyd, A., et. al., 2019). The providers coming from this clinic “understand and respect traditional knowledge and beliefs,” “use appropriate [local] terminology,” and “engender trust,” as many of the providers are tribal members themselves or have lived and worked in the community for years. In-home

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communication involves “people from different generations” to maximize overall health literacy and the respect of the family to make autonomous, informed healthcare decisions. Specifically, speaking with the women of the household harnesses their traditional role as caretakers who make emotional and physical decisions for their family (Liddell, J., et. al., 2021).

### **Section 10: Evaluation**

1. The effectiveness of the social media-focused aspect of the campaign will be evaluated through analysis of data extracted from the Electronic Health Record system via the Community Health Program partners. This study will work in collaboration with Community Health, located within the Blackfeet Hospital, to collect baseline data (screen data for total number of 9–14-year-olds in the community as baseline.
  - a. Prior to the initiation of the campaign, all 9-14 year olds in the community will be identified and counted. They will be mapped into categories: never vaccinated, one-injection, fully vaccinated. Numbers will be totaled at prior to the campaign and then again in 6 months, at the conclusion of the campaign. Before and after numbers will be compared. Success will be gauged based on the total number of preteens having received at least one of the injections by the end of the campaign.
2. The campaign will launch October 1, 2023, and will last for a 6-month duration, ending on April 30, 2024. All 9–14-year-olds who receive the HPV vaccination during this time will be counted as “yes,” including those receiving their 2<sup>nd</sup> dose. [Children in this age category only need 2 doses to be considered fully vaccinated, per CDC guidelines].
3. Children under 9 years of age, over 14 years of age, and those who are not able to receive the vaccine due to allergy or other factors as determined by their care providers will be

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excluded in the data analysis. All children over 14 years of age will still be encouraged to receive, and administered, the HPV vaccination per CDC guidelines.

4. The campaign will be considered successful if all eligible, not-previously vaccinated 9–14-year-olds have received at least 1 injection of the HPV vaccination during the campaign period. The rationale for this 100% goal is that there are not anticipated to be many 9–14-year-olds within the community that cannot be personally reached by someone in the campaign. The community is very small and tight knit. Every effort will be made to recognize potential social conflicts between individuals or families such that amiable community members approach families with this invitation.
5. The campaign will still be considered successful if all eligible children and families have received counseling, including having all their questions answered, and an understanding that it is completely acceptable to receive the vaccination in the future.

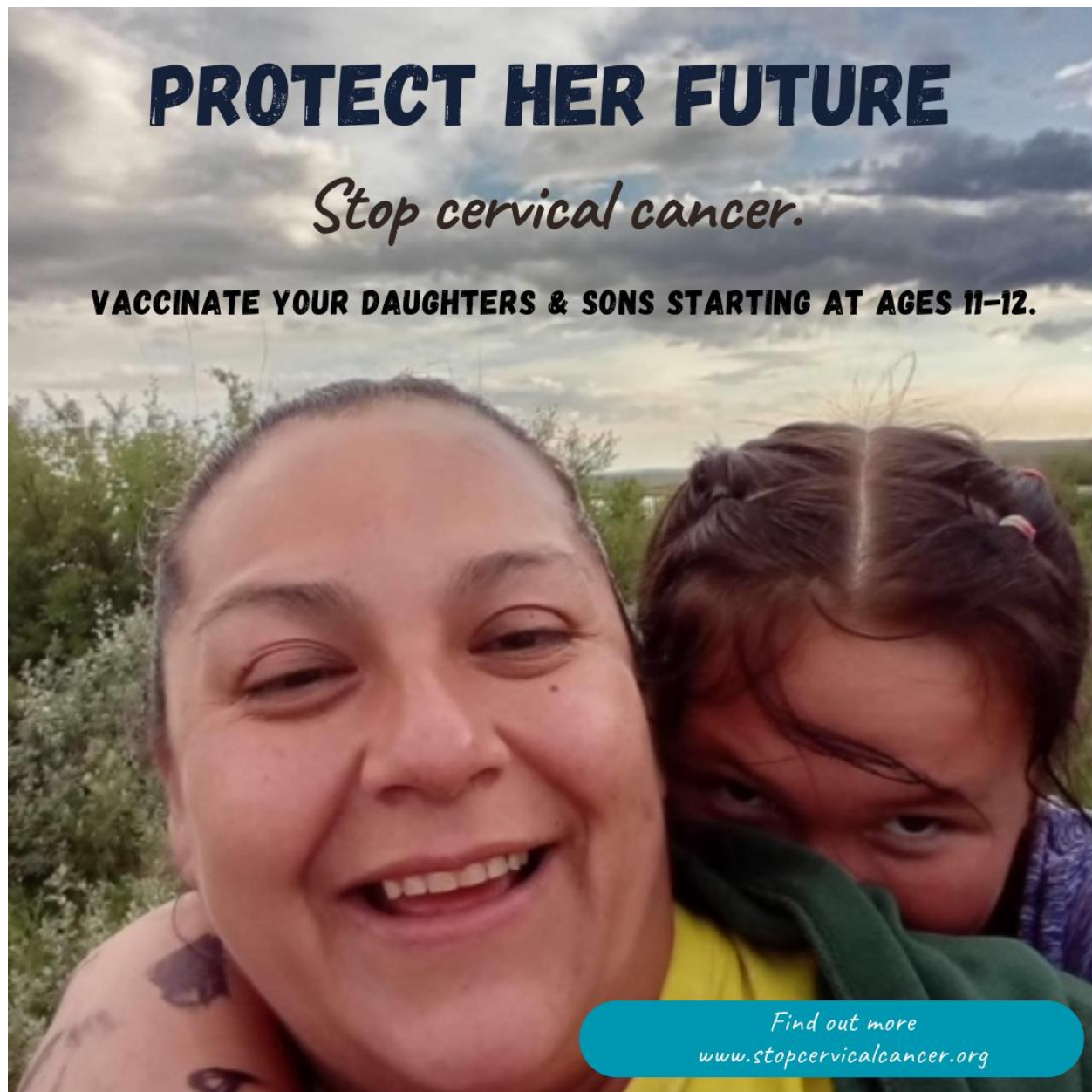
### **Section 11: Limitations**

It is recognized that children who receive the HPV vaccination from Oct. 1, 2023 to April 30, 2024 may have done so regardless of the campaign. An attempt at standardizing the data is made by comparing all children from April 1, 2023 to Sept. 30, 2023 (the six months prior), who did nor did not receive the HPV vaccine without benefit of this social awareness campaign.

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## Section 12: Appendix A

**Figure 1. Potential Instagram [social media] posts (3).**





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Figure 2. Potential Instagram [social media] posts (3).



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Figure 3. Potential Instagram [social media] posts (3).

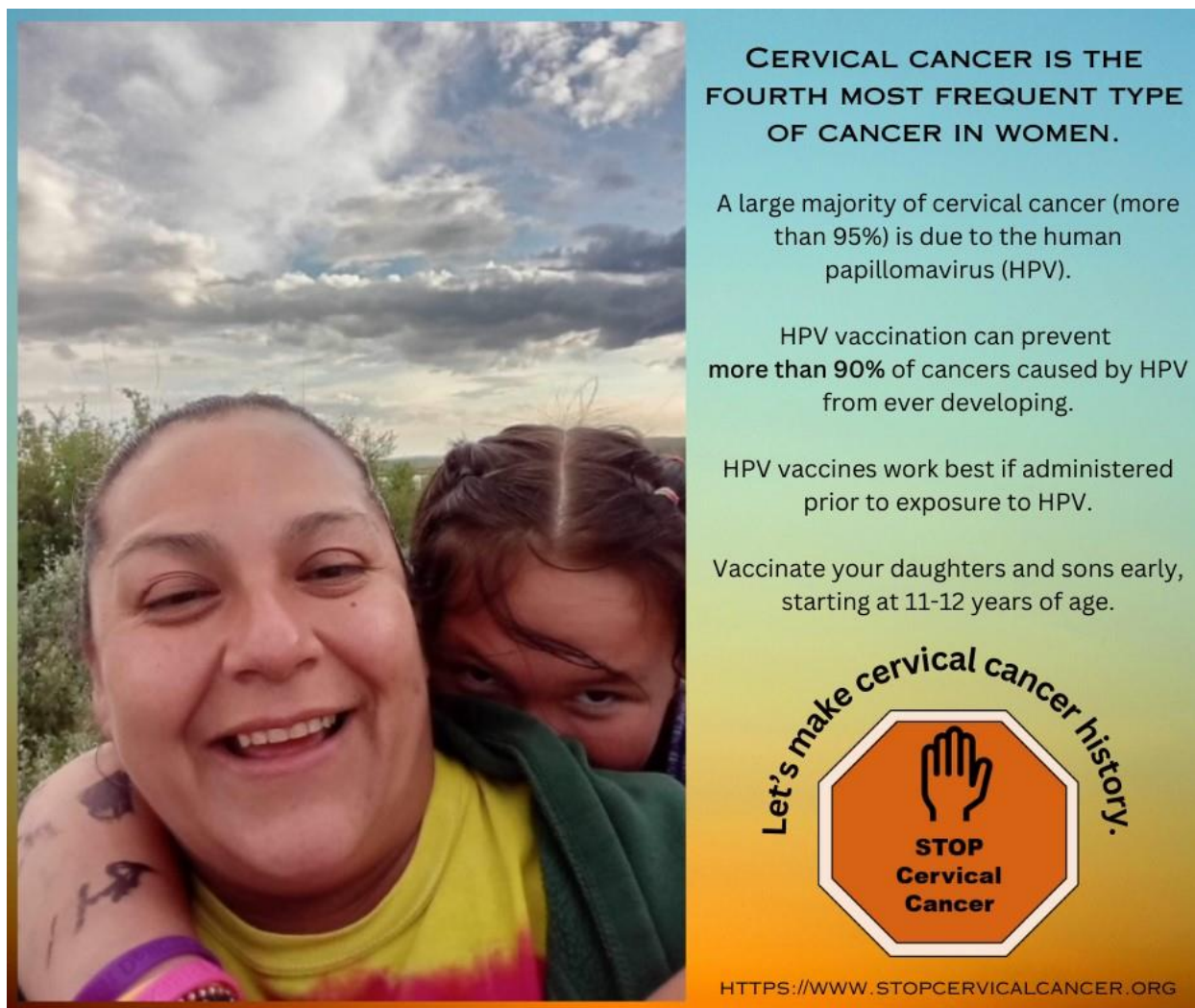




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### Section 13: Appendix B.

**Figure 4. Facebook [social media] post & Flyer.**



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