

Online Supplementary Material

Sussman AL, Helitzer D, Sanders M, Urquieta B, Salvador M, Ndiaye K. HPV and cervical cancer prevention counseling with younger adolescents: implications for primary care. *Ann Fam Med*. 2007;5:298-304.

<http://www.annfammed.org/cgi/content/full/5/4/298/DC1>

Supplemental Appendix. Clinician Interview Guide: Assessing HPV Vaccine Acceptability Among Adolescent Health Clinicians in New Mexico

(TURN ON TAPE)

Thank you for agreeing to speak with me today. We are trying to learn about how clinicians work with their adolescent patients around prevention behaviors, and what anticipatory guidance you are able to give them during their patient visits. I will be asking you several questions about your practice and particularly what goes on during your adolescent patient visits.

The first set of questions is about your practice and the work you do with 10- to 20-year-old patients.

1. What is your training specialty? Do you have a subspecialty? How long have you been at this practice? How many years postresidency are you?
2. Thinking about your current general practice environment, what groups of patients do you serve either in this office or in an outreach capacity? (Probe: Ethnicity, type of insurance, preferred language, recent immigrant, transient or long-term relationship, etc.)
3. In a typical week, how much of your time is spent taking care of female adolescent patients? How much time for male adolescents?
4. How long is your average well-child visit with your 10- to 20-year-old patients? What happens during these visits, in general? What do you talk about? How is this different for male and female patients? What kinds of exams do you do?
5. What is your approach to prevention and adoption of preventive behaviors with this age-group? What kinds of anticipatory guidance do you offer to your 10- to 20-year-old patients? Is this different for male and female patients? What topics do discuss with them? Do you discuss these topics alone with the patient, or is a parent usually in the room? Do you think the nature of your practice—if you see several generations of family members—affects your approach to adolescent care or affects the adolescent patient's comfort?
6. Do you feel like you have enough time for all the issues you need to address with your 10- to 20-year-old patients? If not, how do you prioritize all the things you need to talk about? Do you think having more time would make a difference?

Now I'd like to ask you about what you do regarding STDs for your 10- to 20-year-old patients.

7. How important is screening and counseling about STDs in your practice? How about Pap tests? Do you regularly give Pap tests to your female patients? If not, why not? At what age or at what point do you begin giving Pap tests?

8. What circumstances lead you to screen a patient for STDs? Is this only in an urgent or acute care situation (when a patient is symptomatic), or do you do this during routine well-child visits? (**Probe:** In general, how do you screen differently based on age or sex?)

9. In general, how comfortable are you talking to patients about STDs? (**Probe:** Is this different with patients of different ages? What do you typically talk about during these discussions?) What STD topics do you discuss with your 10- to 20-year-old patients? How do you address STD prevention with a patient who is not yet sexually active? How does this differ from STD prevention discussions with patients who have begun having sex? Do you discuss these topics alone with the patient, or is a parent usually in the room? (May have already been asked.) In what ways are your discussions different with your male and female patients? In what ways are your conversations different? Is there anything in particular, besides what you already told me, that makes it easy for you to talk about STDs with your patients?

10. What, besides time, makes it difficult to talk to 10- to 20-year-old patients about STDs? What makes it challenging for them to talk to you about STDs (institutional barriers, aspects of institutional structure, gender issues, communication styles, adolescent behaviors, state law, school board restrictions, insurance, or reimbursement)?

The next set of questions concerns the relationships among culture, ethnicity, and STDs (transmission, as well as access to care and vulnerability, prevention, and treatment).

ADD A SCENARIO THAT THEY CAN RELATE TO. MAKE THEM A CULTURAL EXPERT OF THEIR COMMUNITY.

11. What factors do you take into account when talking to patients from different ethnic groups about STDs?

12. Are there individuals or groups you perceive as being more vulnerable to STDs? Why?

13. Are there any cultural, racial, religious, or ethnic protective factors (family values, social class, education, and cultural practices) among your patients that might influence their likelihood of being affected by STDs? (**Potential example:** In the Navajo tribe, it is hypothesized that a lower rate of smoking may be related to the fact that tobacco is reserved for ceremonial purposes.)

This next set of questions has to do with HPV specifically.

14. Do you currently talk to your adolescent patients about HPV? Why or why not? (**Probe:** How comfortable would you be talking to patients about HPV?) What information about HPV do you think is most important to give to your patients?)

15. What types of formal or informal training have you had about HPV? (**If any:** Was the training intended to increase your knowledge or skills or both? In what ways was the training helpful? What do you feel are the gaps in your knowledge about HPV or in your skills to counsel patients about HPV?) Is HPV something you talk about with your colleagues? If yes, under what circumstances?

16. If you talk to 10- 20-year-old patients about HPV, are you more likely to stress the link

between HPV and cancer prevention or include HPV when you talk about STDs. Why?

17. When you do Pap smears, do you make the link for your patients between an abnormal Pap and HPV? (**Probe:** If yes, would you feel comfortable telling me about such an experience that sticks out in your mind. How did it go? What did you say?)

18. In light of conversation we had before about cultural issues, what are the differences between what you told me before about STDs in general and how you approach HPV more specifically?

Now let's talk specifically about the HPV vaccine.

18. What have you heard about the recently developed HPV vaccine?

19. What do you see as the pros of having an HPV vaccine? What do you see as the cons? (**Probe:** Are there emotional and/or social costs to vaccinating 10- to 20-year-old patients for HPV?) What would those implications be for this community? (**Issues:** increase in other STDs, HIV infection, etc.)

20. At what age should an individual be vaccinated against HPV? Why?

21. Of the 100 types of HPV, the vaccine protects against 2 strains primarily related to cervical cancer, but it won't prevent all cervical cancer, and it won't prevent transmission of other strains of HPV. Does this knowledge about the vaccine affect your inclination to vaccinate or refer to vaccination?

22. If 3 doses of the vaccine ends up costing \$300, would you **recommend** that 10- to 20-year-old patients be vaccinated? (**Probe:** What if it is covered by most insurance companies or the Children Vaccine Program? What if it is not?) Would lack of coverage affect your inclination to counsel the patient to get the vaccine or your perception of the patient's likelihood to get the vaccine or both?

23. If you were a parent of a 10- to 20-year-old child, would you get them vaccinated for HPV? Why or why not? (**Probe:** Is this different from what you might recommend to your patients?)

A closing question ...

24. Is there anything that we haven't asked about HPV or about the vaccine that you would like to add?

Thanks! You've been helpful, and you're input is much appreciated!

HPV = human papillomavirus; STD = sexually transmitted disease; Pap = Papanicolaou; HIV = human immunodeficiency virus.