

A Survey of Texas Parents Regarding Dental Providers' Role against HPV

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ABSTRACT

Purpose: Evaluate perspectives of parents/legally authorized representatives on vaccination information in a dental setting and assess the willingness to approve of child receiving the vaccination in the dental clinic or to receive the vaccine elsewhere.

Methods: A questionnaire was completed by 200 parents/legally authorized representatives of UTSD patients between 9-14 years old. The questionnaire consisted of 31 questions regarding dental providers role in HPV vaccination.

Results: From the 200 usable questionnaires, majority of parents/legally authorized representatives felt that dentist were qualified to counsel about HPV (74.34%) and its vaccination (69.08%). Age of parents/legally authorized representatives was not correlated with comfort levels, but sex and education level (p = 0.64) and child vaccination statuses (p > 0.001) were.

Conclusion: Parents are comfortable having discussions about HPV and the vaccine in the dental setting, especially with dentists which may increase vaccine uptake.

BACKGROUND

Human papillomavirus (HPV) is the most common sexually transmitted infection and is responsible for most cervical, anal, and oropharyngeal cancers.⁶

Over 70% of all oropharyngeal cancers (OPC) that occur on tonsils and the base of the tongue.⁷

As of 2020, only 54.9% of kids receive the vaccine. Texas ranks #31 out of 50 states and the District of Columbia for HPV vaccination rates among children ages 13 to 17. More than 12% of all 13-17 year-olds who have not started the HPV vaccine series reside in Texas. This means that Texas contains the largest number of U.S. teens not protected against HPV-cancers of any state in the country.¹⁰



RESULTS

Overall	Overall No.	No, No. (%)	Yes, No. (%)	Odds Ratio (95% Confidence Interval)	P value
	200*	108 (55.10%)	55 (28.06%)		
Comfortable With Receiving, Written Information About the HPV, Vaccine From Your Child's Dentist? (Q14)	194	49 (25.2%)	145 (74%)	0.46 (0.22 to 0.81)	0.2448
Comfortable With Your Child's Dentist Talking to You About the HPV Vaccine?(Q15)	193	42(21%)	151 (78.2%)	0.73(2.49 to 1.00)	0.0555
Comfortable With Your Child's Dentist Talking to Your Child About the HPV Vaccine?(Q17)	194	52 (26.8%)	142 (73.19%)	0.67 (0.25 to 0.91)	0.0318
Comfortable With Your Child's Dentist Recommending That He or She Get the HPV Vaccine From His or Her Regular Doctor?(Q19)	194	55 (28.3%)	140 (72.1%)	0.65 (0.22 to 0.82)	0.0104
*Includes 33 patients who said I don't know					P value from Fisher exact test
Disagreement, No.					
I do NOT plan to vaccinate my child against HPV*					112 (58.33%)
Dentists are NOT qualified to counsel me or my child about HPV					142 (74.34%)
Dentists are NOT qualified to counsel me or my child about HPV vaccination					134 (69.18%)
Agreement, No.					
I would expect my child's dentist to talk to me about the relationship between HPV and mouth and throat cancer					170 (88%)
I would expect my child's dentist to talk to my child about the relationship between HPV and mouth and throat cancer					162 (83%)
I would expect my child's dentist to be interested in the HPV vaccination status of my child					169 (87%)
I would expect my child's dentist to send HPV vaccination reminders					140 (72%)
Dentists can help patients prevent HPV-related mouth and throat cancer					170 (88%)
I would find a new dentist for my child if he or she talked to my child about his or her HPV vaccination status					24 (12%)

CONCLUSIONS

1. Parents and legally authorized representatives were comfortable receiving written information about the vaccine.
2. Parents/legally authorized representatives agreed that dental providers are qualified to counsel parents/legally authorized representatives or their child about HPV and the vaccination.
3. Parents/legally authorized representatives agreed that dentists can help patients prevent HPV-related mouth and throat cancer.

METHODS

- This questionnaire consisted of 31 questions .
- The primary objective of this survey was to identify attitudes and perspectives of parents/legally authorized representative on vaccination information in a dental setting.
- The secondary objectives was to assess the willingness of parents/legally authorized representatives to approve of child receiving the vaccination in the dental clinic or to receive the vaccine elsewhere.

Parent impressions of dental providers' role in human papillomavirus prevention and vaccine advancement

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Please answer the following questions about your child between the ages of 9 and 14. Parents completing this survey must have children that are UTSD patients ONLY. If you have more than one child that is a patient of UTSD please only complete the survey once.

1. What type of dental appointment has your child had in the past 12 months? Check all that apply.	A. None B. Routine exams and cleanings C. Appointments for fillings D. Appointments for extractions E. Emergency appointments F. Don't know
2. What type of dentist does your child see? Check all that apply.	A. None B. General or family dentist C. Pediatric Dentist D. Orthodontist E. Other
3. During the past 12 months, how many times did your child see a dentist for routine dental care, such as check-ups or cleanings?	A. None B. 1 time C. 2 times or more D. Don't know
4. Has your child started the HPV vaccine series (1)?	A. No B. Yes C. Don't know
5. Has your child completed the HPV vaccine series (2 or 3 doses)?	A. No B. Yes C. Don't know
*Some types of HPV can cause mouth and throat cancer. The HPV vaccine can protect against some of these types. Based on this information, please answer the following questions.	
6. I do not plan on vaccinating my child against HPV.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree

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7. Dentists are not qualified to counsel me or my child about HPV.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
8. Dentists are not qualified to counsel me or my child about HPV vaccination.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
9. I would expect my child's dentist to talk to me about the relationship between HPV and mouth and throat cancer.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
10. I would expect my child's dentist to talk to my child about the relationship between HPV and mouth and throat cancer.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
11. I would expect my child's dentist to be interested in the HPV vaccination status of my child.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
12. I would expect my child's dentist to send HPV vaccination reminders.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
13. Dentists can help patients prevent HPV-related mouth and throat cancer.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
14. How comfortable would you be with receiving written information about the HPV vaccine from your dentist?	A. Very uncomfortable B. Somewhat uncomfortable C. Somewhat comfortable D. Very comfortable
15. How comfortable would you be with your child's dentist talking to you about HPV or the HPV vaccine?	A. Very uncomfortable B. Somewhat uncomfortable C. Somewhat comfortable D. Very comfortable

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16. I would find a new dentist for my child if he or she talked to me about my child's HPV vaccination status.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
17. How comfortable would you be with your child's dentist talking to your child about the HPV vaccine?	A. Very uncomfortable B. Somewhat uncomfortable C. Somewhat comfortable D. Very comfortable
18. I would find a new dentist for my child if he or she talked to my child about his or her HPV vaccination status.	A. Strongly agree B. Somewhat agree C. Somewhat disagree D. Strongly disagree
19. How comfortable would you be with your child's dentist recommending that he or she get the HPV vaccine from his or her regular doctor?	A. Very uncomfortable B. Somewhat uncomfortable C. Somewhat comfortable D. Very comfortable
20. Has a dentist ever talked with you about HPV or the HPV vaccine?	A. No B. Yes C. I don't know

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23. How many of your children have started the HPV vaccine series?	A. 1 B. 2 C. 3 D. 4 E. 5+
24. How many of your children have completed the HPV vaccine series?	A. 1 B. 2 C. 3 D. 4 E. 5+
25. Have you received the HPV vaccine (one or three-dose series)?	A. Yes B. No C. Unsure
26. Please enter your age range?	A. Less than 30 B. 30-40 C. 41-50 D. Greater than 50
27. What is your highest level of education?	A. Some high school B. High school diploma or GED C. Associate's degree D. Bachelor's degree E. Graduate or professional degree F. Other
28. What is your ethnicity?	A. Hispanic or Latino B. Non-Hispanic or Latino
29. What is your race?	A. American Indian or Alaska Native B. Asian C. Black or African American D. Native Hawaiian or Other Pacific Islander E. White F. Multiracial G. Other
30. What is your gender?	A. Male B. Female C. Other

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REFERENCES

