

Dental Professionals & Human Papillomavirus (HPV) Prevention Survey

The purpose of this survey is to find new avenues for HPV prevention through oral health. Thank you in advance for your contribution.

*Please complete **sections 1 and 2** prior to the presentation. **After** the presentation, please complete **section 3**.*

SECTION 1: SOCIODEMOGRAPHICS

<p>1) What is your racial background?</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>2) How old are you?</p> <p><input type="checkbox"/> 18 to 30 <input type="checkbox"/> 51 to 60</p> <p><input type="checkbox"/> 31 to 40 <input type="checkbox"/> >60</p> <p><input type="checkbox"/> 41 to 50</p> <p>3) What is your sex?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4) What is the person's highest level of education and current job?</p> <p><input type="checkbox"/> Secondary/high school/GED equivalent</p> <p><input type="checkbox"/> Vocational/technical school</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Graduate/Professional Degree</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>5) Current job:</p> <p><input type="checkbox"/> Dentist <input type="checkbox"/> Dental Therapist</p> <p><input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Dental Assistant</p> <p>6) Which of the following identifies your facility?</p> <p><input type="checkbox"/> IHS/Federal <input type="checkbox"/> Urban</p> <p><input type="checkbox"/> Tribal <input type="checkbox"/> Other</p> <p>7) In which of the following IHS Areas do you work?</p> <p><input type="checkbox"/> Alaska <input type="checkbox"/> Navajo</p> <p><input type="checkbox"/> Albuquerque <input type="checkbox"/> Oklahoma City</p> <p><input type="checkbox"/> Bemidji <input type="checkbox"/> Phoenix</p> <p><input type="checkbox"/> Billings <input type="checkbox"/> Portland</p> <p><input type="checkbox"/> California <input type="checkbox"/> Tucson</p> <p><input type="checkbox"/> Great Plains <input type="checkbox"/> HQ</p> <p><input type="checkbox"/> Nashville <input type="checkbox"/> Other (please specify):</p> <p>8) Have you already participated on any educational activities on HPV prevention in the last 2 years? Select all that apply.</p> <p><input type="checkbox"/> Yes, IHS webinar/training <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, non-IHS webinar/training</p>
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SECTION 2: PRE-QUESTIONNAIRE

<p>1) Did you hear of human papillomavirus (HPV) before today?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>2) Is HPV infection rare?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>3) Is HPV a Sexually Transmitted Infection (STI)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p>	<p>6) The HPV vaccine is recommended by the Advisory Committee on Immunization Practices for (check all that apply)</p> <p><input type="checkbox"/> 30 y.o. woman with cervical cancer</p> <p><input type="checkbox"/> Girls 9-12 years</p> <p><input type="checkbox"/> 25 y.o. woman with an abnormal pap</p> <p><input type="checkbox"/> Boys 9-12 years</p> <p>7) If someone has HPV, they will develop cancer at some point.</p> <p><input type="checkbox"/> True <input type="checkbox"/> False</p> <p><input type="checkbox"/> It depends</p>
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<p>4) Which of the following cancers may be caused by HPV? (check all that apply)</p> <p><input type="checkbox"/> Cervical cancer <input type="checkbox"/> Breast cancer <input type="checkbox"/> Anal cancer <input type="checkbox"/> Penile cancer <input type="checkbox"/> Vulvar cancer <input type="checkbox"/> Vaginal cancer <input type="checkbox"/> Head and neck (oropharyngeal) cancer</p> <p>5) What percent of sexually active women and men are infected with HPV?</p> <p><input type="checkbox"/> 5% <input type="checkbox"/> 20% <input type="checkbox"/> 10% <input type="checkbox"/> 80%</p>	<p>8) Do you think that HPV would go away on its own without treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>9) Do you think that HPV can be prevented?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>10) Do you think that HPV can cause genital warts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p>
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<p>11) Which of these do you think the HPV vaccine can reduce or prevent? (check all that apply)</p> <p><input type="checkbox"/> Cervical cancer <input type="checkbox"/> Head and neck cancers <input type="checkbox"/> Chlamydia <input type="checkbox"/> Genital warts <input type="checkbox"/> HIV</p> <p>12) How comfortable do you feel talking to patients about the HPV vaccine?</p> <p><input type="checkbox"/> Very comfortable <input type="checkbox"/> Not very comfortable <input type="checkbox"/> A little comfortable <input type="checkbox"/> Not at all comfortable</p> <p>13) I currently discuss the connection between HPV and oropharyngeal cancer with my patients or their parents?</p> <p><input type="checkbox"/> No, and I do not intend to start <input type="checkbox"/> No, but I have considered it <input type="checkbox"/> Yes, but only with some patients <input type="checkbox"/> Yes, with all or most (75% or more) of my patients <input type="checkbox"/> Other (please specify):</p> <p>14) Why do you not currently discuss the connection between HPV and oropharyngeal cancer with your patients?</p> <p><input type="checkbox"/> I don't have enough information <input type="checkbox"/> Practice setting is not sufficiently private <input type="checkbox"/> Discomfort discussing sexual history with my patients <input type="checkbox"/> I cannot provide an HPV vaccine to my patients <input type="checkbox"/> Concern with safety of vaccine <input type="checkbox"/> Not my role as oral health provider</p>	<p>16) What are the current policies/practices in your facility regarding the discussion of the link between HPV and oral cancer?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>17) At your facility have you received education/ trainings about HPV?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p>18) If training could be provided, what format of training would be beneficial to your facility? Select all that apply.</p> <p><input type="checkbox"/> In person <input type="checkbox"/> Offline self-study <input type="checkbox"/> Webinar <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Online self-study</p> <p>19) Do you have any other suggestions for how to improve HPV vaccination and the possible role of the oral health community in this?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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- Appointments not long enough
- Liability Reasons
- No professional policies/guidelines
- Other (please specify):
- I discuss the connection between HPV and oropharyngeal cancer with my patients

15) Which of the following tools for increasing education and acceptance of HPV vaccination are most useful to you? Select all that apply.

- Informational flyers or brochures tailored to specific parental concerns
- Information for parents provided before clinic visit
- Discussion guide or health script for oral health professionals
- Information catered to cultural or ethical preferences
- Education for oral health professionals regarding HPV
- Other (please specify):
- None

SECTION 3: POST-QUESTIONNAIRE

1) Do you think HPV infection is rare?

- Yes No I don't know

2) Do you think HPV is a Sexually Transmitted Infection (STI)?

- Yes No I don't know

3) Which of the following cancers may be caused by HPV (check all that apply)

- Cervical cancer Breast cancer
Anal cancer Penile cancer
Vulvar cancer Vaginal cancer
Head and neck (oropharyngeal) cancer

4) What percent of sexually active women and men are infected with HPV?

- 5% 20% 10%
80%

5) The HPV vaccine is recommended by the Advisory Committee on Immunization Practices for (check all that apply)

- 30 y.o. woman with cervical cancer
Girls 9-12 years
25 y.o. woman with an abnormal pap
Boys 9-12 years

6) If someone has HPV, they will develop cancer at some point.

- True False
It depends

7) Do you think that HPV would go away on its own without treatment?

- Yes No I don't know

8) Do you think that HPV can be prevented?

- Yes No I don't know

9) Do you think that HPV can cause genital warts?

- Yes No I don't know

10) Which of these do you think the HPV vaccine can reduce or prevent? (Check all that apply)

- Cervical cancer Head and

12) How likely are you to use the information in the HPV toolkit in your clinic?

- not at all* **1** **2** **3** **4** **5**
extremely likely

13) This seminar improved my HPV knowledge.

- Strongly Agree Somewhat Disagree
Somewhat Agree Strongly Disagree
Neutral

14) I am more likely to recommend the HPV vaccine after this seminar.

- Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree

15) Do you have ideas/recommendations to improve HPV education/outreach in your tribal community?

16) The information presented today was valuable to me

- not at all* **1** **2** **3** **4** **5**
extremely likely

17) The information presented today was new to me

- not at all* **1** **2** **3** **4** **5**
extremely likely

18) The information presented today was easy to understand

- not at all* **1** **2** **3** **4** **5**
extremely likely

neck cancers

Chlamydia

warts

HIV

Genital

11) How comfortable do you feel talking to patients about the HPV vaccine?

Very comfortable comfortable

Not very

A little comfortable comfortable

Not at all

19) Would you feel comfortable administering the HPV vaccine if it is within your scope of practice as a dentist?

Very comfortable comfortable

Not very

A little comfortable comfortable

Not at all