

Enhancing HPV Vaccination In First Nations Populations in Alberta (EHVINA Study): Towards a Sustainable, Community-Driven, Knowledge Translation Strategy

Nearly all cervical cancers are caused by the human papilloma virus (HPV). Cervical cancers represent more than 85% of HPV-associated cancers world-wide. Despite wide vaccine availability and a clear and cost-effective path for preventing HPV infection, and subsequently cervical and other cancers, uptake has been low in some populations, including First Nations (FN) people. There are clear inequities for FN peoples, including higher HPV infection rates, lower cervical cancer screening rates, higher rates of invasive cervical cancer, higher rates of cervical cancer-related hospitalizations, and lower rates of cervical cancer survival.



Dr. Gregg Nelson, PI for the EHVINA Study.

In collaboration with the Cancer Strategic Clinical Network (SCN) and other partners, Dr. Gregg Nelson (Gynecologic Oncologist, Tom Baker Cancer Centre) and his team are conducting research to increase the rate of HPV vaccination among FN people living on-reserve in Alberta. The objectives of this work include to (1) establish baseline HPV vaccination rates; (2) identify and validate the known barriers and supports to HPV vaccination; and (3) map identified barriers and supports onto a theory-informed, context- and culturally- secure knowledge translation (KT) intervention to increase HPV vaccination uptake within Alberta FN communities.

Co-developed with Elders from the Tsuu T'ina and Stoney First Nations, the Enhancing HPV Vaccination In First Nations Populations in Alberta (EHVINA) Study received \$1,248,400 in funding over five years from Alberta Innovates Health Solutions' Cancer Prevention Research Opportunity, through the Alberta Cancer Prevention Legacy Fund. This project differs from others because the research and strategies to increase HPV vaccination will be co-developed with First Nations members, in a culturally safe way that places First Nations knowledge systems, ways of knowing, and values and perspectives at the centre of the work. We believe that empowering First Nations will help address the needs of First Nations communities and help overcome barriers to HPV vaccination.

The Cancer SCN will work with Dr. Nelson and his team over the next five years to provide methodological and research support, knowledge dissemination opportunities, organization and support for end-of-grant knowledge translation, and support with project evaluation strategy development. The knowledge generated from this project will be used to inform the planning of future Cancer SCN research projects and cancer care initiatives. Long-term, outside the scope of this project, we expect increased uptake in HPV vaccination in FN people to lead to a commensurate decrease in HPV-related malignancies, such as cervical cancer, as well as reductions in colposcopic procedures, and surgical excisional procedures. These impacts will benefit patients and promote a more sustainable health system.