

EXECUTIVE SUMMARY

Background

In early 2001, Congress mandated the Secretary of Health and Human Services to prepare and distribute educational materials for healthcare providers and the public that include information on HPV. Such materials were to address: a) modes of transmission; b) consequences of infection, including the link between HPV and cervical cancer; c) the available scientific evidence on the effectiveness of condoms in preventing infection with HPV; and d) the importance of regular Pap smears, and other diagnostics for early intervention and prevention of cervical cancer. In response to this mandate, CDC's Division of Sexually Transmitted Disease Prevention (DSTDP) tasked Ogilvy Public Relations Worldwide (Ogilvy PR) with the development and testing of messages and materials to educate the public, patients and providers about HPV. This report addresses CDC's message development and testing efforts for the general public.

CDC established the following goals to guide its general public HPV education efforts: Materials should (1) heighten awareness and knowledge of HPV as a public health issue, including its connection to cervical cancer; (2) inform audiences about HPV while avoiding or minimizing audience fear and confusion and the stigmatization of HPV and cervical cancer; and (3) motivate individuals to query and access HPV-related information from their healthcare provider(s) and other credible sources.

Materials Development and Testing

Grounded in established science and based on extensive audience research, concept testing and partner feedback, Ogilvy PR developed messages and materials in both English and Spanish.

They included:

- 2 versions of brochure content, each with basic information about genital HPV, but in different formats and with different levels of detail, emphasis, and literacy;
- 3 sets of designs (corresponding to a poster and a brochure), which included headlines and sub-headlines [see page 4];
- 1 poster with proposed text (including HPV information, a website and phone number); and
- 4 Identity images [see page 4].

A focus group methodology was used to test messages and materials. Audiences were segmented by gender, race/ethnicity (White, African American and Hispanic), language (English and Spanish), and geography. Participants had less than a college education, were between the ages of 18 and 29, were low income, and were currently or planning to become sexually active.

Audience reactions were assessed through a series of written exercises and group discussions. A notes-based strategy was used to analyze the qualitative research findings. Message effectiveness was evaluated based on CDC-established communication goals, described above.

Findings & Analysis

A total of 134 individuals participated in 15 focus groups conducted in five cities of the U.S. More than half of participants were single (56%), childless (53%), and currently sexually active (70%). About three-quarters of the participants had income levels below \$31,340 (per household of three).

I. Reactions to Format and Design Elements

Brochure. Overall, audiences preferred Brochure B over Brochure A (3:1), largely because of its question-and-answer (Q&A) format. They felt it was better organized, easier to read, and more evenly targeted to both men and women.

Poster with Copy. Most participants admitted they would not read a lot of information on a poster if they were on the go. Participants suggested shortening the copy and including only a few bullet points with the most critical information, as well as contact/resource information.

Design. The *Individual* design was preferred by the majority of participants. They liked the serious tone and eye-catching color, as well as the diversity of photographs, which suggests that HPV does not discriminate and makes it relevant to everyone. They found the headline to be the most attention-getting of the three designs, with the “50%” statistic (high prevalence, concrete number) and the word “Fact” grabbing their attention and giving the message credibility.

Identity Images. Identity images A and D tied as the favorite images across all groups. Both identity images were perceived to be “eye-catching,” “informative,” and “relevant.” The word “common” helped reduce potential stigma associated with HPV, as it implied that many other people have it.

II. Reactions to HPV Content

Overall, participants responded positively to the information, reporting that it was new and useful, an appropriate level of detail, and that they were glad to have learned about it. All audiences reported that they liked the emphasis placed on the “No Blame, No Shame” message, commenting that it adequately deflected much of the potential stigma that they or their partners might feel about HPV. Messages emphasizing the common nature of HPV and that anyone who has been sexually active can get it also helped to destigmatize HPV. Hispanic audiences responded well to the focus on HPV as a “community” issue rather than a personal issue, and appreciated messages that provided guidance on how to broach the subject with their partners. Despite this, there were still some participants, particularly Hispanics, who felt that a diagnosis of HPV – or any STI – would prompt accusations and suspicions of infidelity within a relationship. However, the majority of participants did not appear to attach a stigma to women with cervical cancer or to cervical cancer screening. In fact, women consistently reported that the materials motivated them to get regular Pap testing.

Certain content areas elicited confusion, skepticism, frustration, anxiety and discomfort among audiences. In some cases, audience confusion arose from misunderstandings of the information, suggesting the need for revisions and clarifications in wording. For example, audiences were unclear about the distinctions between (a) low-risk and high-risk HPV types; (b) the Pap test and HPV tests; and (c) HPV, HIV and HSV. Some participants had difficulty understanding how HPV and cervical cancer were related, and many were unsure of how seriously a concern HPV (and HPV testing) should be for them.

In other cases, the HPV information conflicted with audience’s current notions of disease, making participants skeptical of the facts. For example, audiences were suspicious of how an HPV infection could be both incurable and transient; how a virus could possibly be “low risk”; and why it would not be important to get tested for a virus that could lead to cancer. In a few instances, participants did not believe HPV information should be disseminated while there still appeared to be so many scientific uncertainties about it.

In still other cases, audience reactions of anxiety and frustration arose from the complex, inconclusive, and at times unpredictable science of HPV. This may be unavoidable, as the facts themselves—such as the ineffectiveness of condoms for the prevention of HPV infection and the asymptomatic nature and high prevalence of HPV— may be surprising and unsettling to the public. Many participants expressed feelings of hopelessness that there is no practical method for preventing HPV (abstinence was not perceived to be realistic). They were left wondering how to reconcile this information with existing beliefs that condoms should be used to prevent HIV and other STIs. Some men wanted definitive guidance regarding the use of condoms.

The disproportionate burden of HPV on women and the unequal availability of testing and treatment technologies for men were also frustrating points for participants. As a result, some men expressed fatalistic attitudes about HPV, while some women expressed anxiety that the burden—and blame, in the case of Hispanic women— of HPV would befall women. For these reasons, all groups wanted to see more male-specific information. Men wanted to know the relevance and importance of HPV to them, and women felt it was important for HPV not to be framed only as a women’s issue.

Behavioral Intentions. The majority of participants understood CDC’s key “calls-to-action” and was receptive to these messages. Participants mentioned that the new information would motivate them to talk to their doctors about HPV, to alert their friends about HPV, to get regular Pap tests (women), and to talk to their partners about it. A few male participants commented that the information would encourage them to be more cautious about having sexual relations. Overall, the responses reflected an appropriate level of concern, rather than a sense of alarm. Unintended responses were noted in a few instances, such as women who indicated that they would ask their doctor for a HPV test, and men who felt helpless and frustrated by this new information and the lack of definitive guidance.

Sources of Information. Overall, public health and other government agencies, healthcare providers, hospitals, and clinics were identified as the most appropriate and trusted sources for disseminating this information. Many felt that CDC would be a credible source, though some participants, particularly Hispanic men, indicated significant government distrust.

Recommendations

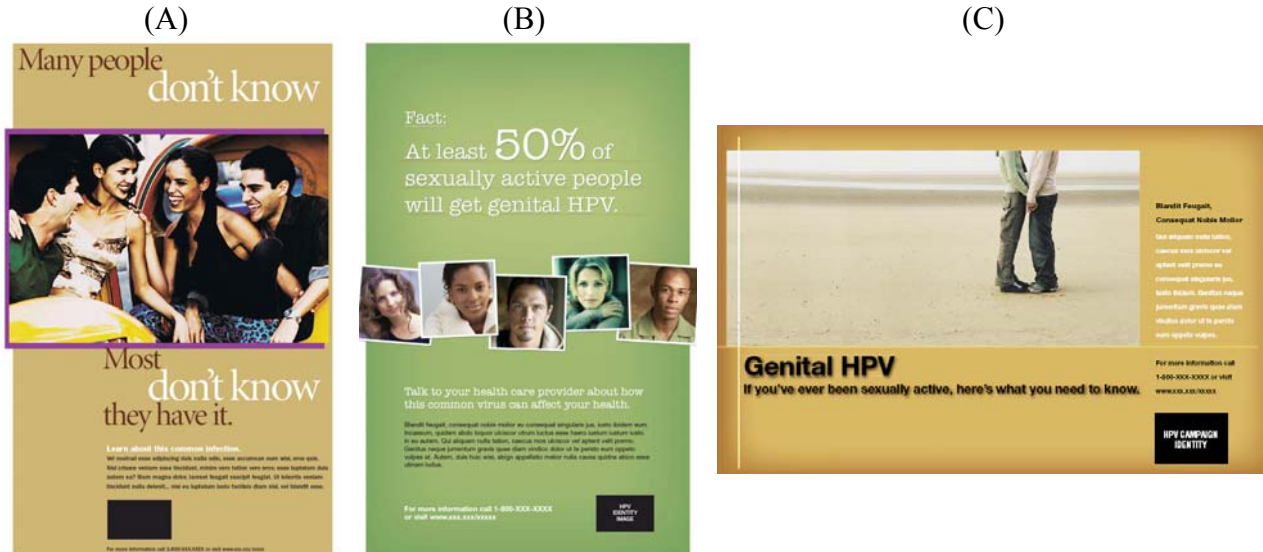
Based on current findings and guidance from CDC and its partners, Ogilvy recommends the use and refinement of the following formats and designs:

- *Version B* of the brochure for both English and Spanish versions
- *Individual Design* with revisions to sub-headline to reduce urgency of call-to-action
- *Identity Image D* to promote concept of HPV as a common but important issue to know about

Ogilvy also recommends considerable revisions to the brochure content, such as: (I) highlighting information for men and reinforcing the fact that HPV rarely has a significant impact on men’s health; (II) making a clearer and stronger statement about the risk-reduction benefits of condoms for HPV and other sexually transmitted infections; and (III) clarifying the distinctions between (a) HPV types; (b) the Pap and HPV tests; (c) HPV, HIV and herpes; (d) how one can and *cannot* acquire genital HPV; and (e) HPV clearance and incurability. Recommendations for poster content include limiting the text to no more than five key points with contact information (i.e., hotline, website) for additional information.

Based on current recommendations, CDC developed English- and Spanish-language posters and brochures that partners may customize by inserting their organization’s logo and telephone number. The report addresses future directions for research and considerations for materials development.

Poster/Brochure Designs



Design headlines & sub-headlines:

- (a) Many people don't know about genital HPV. Most don't know they have it. Learn about this common infection
- (b) Fact: At least 50% of sexually active people will get genital HPV. Talk to your health care provider about how this common virus can affect your health.
- (c) Genital HPV. If you've ever been sexually active, here's what you need to know

Identity Images

