

THE INFLUENCE OF SCHOOLS AND SERVICE PROVIDERS ON PARTICIPATION IN A SECONDARY SCHOOL HPV VACCINATION PROGRAM

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Background: Participation in an adolescent School Vaccination Program (SVP) in Australia, to protect against HPV (females only), hepatitis B, varicella and diphtheria, tetanus and pertussis is highly variable (range: 16-100%). However, despite the complexity arising from involving schools and visiting health services in the delivery of services to young people, their influence on student participation is poorly understood.

Methods: HPV data collected in a large SVP (120,000 students over two years) and school-level socio-economic and educational data from the My School website (www.myschool.edu.au) were analysed to identify associations between school factors and the type of service provider on consent form return rates.

Results: Schools with lower average NAPLAN (standardised national literacy and numeracy tests) scores and more students per teacher had lower consent form return rates. An interaction between NAPLAN scores and the proportion of students who identify as Aboriginal and Torres Strait Islander was also identified. Health department and local council service providers had higher consent form return rates than non-government service providers.

Conclusion: Students from schools with lower average NAPLAN scores, higher student to teacher ratios and Aboriginal and Torres Strait Islander students are educationally disadvantaged. Educational disadvantage is a contributor to poorer health outcomes. Higher non-participation rates of young women in a HPV vaccination program from such schools will reinforce health inequalities and steps should be taken to address this inequity. The reasons for differences in consent form return rates between types of service providers is unclear and more research is needed in this area.