# Integrated Community Health Worker Toolkit:

## Trauma-informed HPV Prevention for At-risk Pediatric Populations

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Learn more about the program: Emerging Leaders Program - National HPV Vaccination Roundtable

# Overview

This toolkit outlines a structured, trauma-informed approach for integrating community health workers (CHWs) into HPV prevention efforts for pediatric populations at increased risk of sexual violence, health disparities, and gaps in preventive care. It is designed to support clinical community integration, improve HPV vaccination uptake, and ensure equitable access to follow-up care and supportive services.

# Background and Rationale

Children who experience or are at risk for sexual abuse often face overlapping vulnerabilities that contribute to poor health outcomes and reduced engagement in preventive care.

Key populations disproportionately impacted include:

- Girls (higher reported prevalence of abuse)
- Children with disabilities (two to three times greater risk)
- Black and Native American/Alaskan Native children
- LGBTQ+ youth
- Youth in foster care or unstable home environments

These disparities are driven by:

- Structural inequities
- Trauma exposure
- Limited healthcare access
- Cultural stigma around sexual health

On-time HPV vaccination (beginning at age 9) is a critical, evidence-based strategy to reduce long-term cancer risk, yet uptake remains inconsistent in these populations.

# Role of Community Health Workers

Community health workers (CHWs) serve as a critical bridge between healthcare systems and the communities they serve, particularly for populations impacted by trauma, health disparities, and limited access to preventive care. In the context of trauma-informed HPV prevention, CHWs play a multifaced role that extends beyond education to include trust-building, care coordination, and system navigation.

CHWs are uniquely positioned to address these gaps through:

1. Trusted Community Presence
2. Trauma-informed Engagement
3. Motivational Interviewing Techniques
4. Bridging Clinical and Community Systems
5. Health Education and Misinformation Reduction
6. Care Navigation and Barrier Reduction
7. Advocacy and Equity-focused Support
8. Follow-up and Continuity of Care

## 1. Trusted Community Presence

CHWs often share lived experiences, cultural backgrounds, or community ties with the populations they serve, positioning them as trusted messengers.

- Build authentic relationships with youth and caregivers.
- Increase comfort in discussing sensitive topics such as sexual health.
- Reduce distrust of healthcare systems.
- Provide continuity of support beyond clinical encounters.

## 2. Trauma-informed Engagement

CHWs apply trauma-informed principles to ensure interactions are safe, respectful, and empowering.

- Recognize signs of trauma and respond with sensitivity.
- Avoid re-traumatization through language and approach.
- Prioritize emotional safety and consent in all interactions.
- Meet families where they are without judgment.

## 3. Motivational Interviewing Techniques

CHWs utilize motivational interviewing (MI) techniques to support behavior change by helping individuals explore and resolve ambivalence around HPV vaccination and preventive care. This approach is collaborative, person-centered, and rooted in respect for autonomy.

- Use open-ended questions to understand caregiver concerns and beliefs.
- Practice active listening and reflection to validate feelings and experiences.
- Affirm strengths and reinforce positive health intentions.
- Avoid confrontation, guide rather than direct decision-making.
- Support individuals in identifying their own motivations for protecting their child's health.

## 4. Bridging Clinical and Community Systems

CHWs connect clinical recommendations with real-life circumstances.

- Translate medical information into culturally relevant, understandable language.
- Reinforce provider recommendations outside the clinical setting.
- Communicate patient needs, barriers, and social context back to care teams.
- Support coordination between healthcare, social services, and community resources.

### 5. Health Education and Misinformation Reduction

CHWs provide accurate, accessible, and culturally responsive education on HPV and preventive care.

- Explain HPV, vaccination benefits, and cancer prevention in plain language.
- Address myths, fears, and misinformation about vaccines.
- Normalize HPV vaccination as routine care (not tied to stigma).
- Tailor messaging based on caregiver concerns and beliefs.

### 6. Care Navigation and Barrier Reduction

CHWs help families successfully move through the healthcare system.

- Assist with scheduling appointments and reminders.
- Address transportation, insurance, and access barriers.
- Support follow-up after clinical visits.
- Help families understand next steps and treatment plans.

### 7. Advocacy and Equity-focused Support

CHWs advocate for patients within healthcare systems and beyond.

- Elevate patient needs and social determinants impacting care.
- Identify gaps in services and support system improvements.
- Ensure culturally and linguistically appropriate care.
- Promote equitable access to preventive services.

### 8. Follow-up and Continuity of Care

CHWs provide ongoing engagement to ensure sustained care.

- Conduct follow-up outreach after referrals or missed appointments.
- Reinforce health education over time.
- Maintain relationships that encourage long-term engagement.
- Track progress and re-engage families as needed.

Through trust-building, trauma-informed care, education, and navigation support, CHWs play a central role in improving HPV vaccination uptake and ensuring that at-risk youth receive consistent, equitable, and compassionate care.

## Supporting Youth Impacted by Sexual Abuse: HPV Prevention and Care

### Guiding Principles

- Safety first (emotional and physical)
- Trust before information
- Choice and consent in every interaction
- Do no harm (avoid re-traumatization)

### Trauma-informed Engagement (What This Looks Like)

- Introduce yourself clearly and gently.
- Explain your role and why you're there.
- Ask permission before discussing sensitive topics.
- Allow the caregiver/youth to guide the pace.
- Avoid asking for unnecessary details about trauma.
  - *You are not there to investigate; you are there to support.*

## Motivational Interviewing (Trauma-aware Approach)

- **Shift from:** convincing
  **To:** supporting and empowering

- **Use OARS Gently**
  - **O – Open-ended questions**
  - **A – Affirmations**
  - **R – Reflections**
  - **S – Summaries**

"What questions do you have right now?"
"It's completely OK to take your time with this."
"You're doing your best in a really hard situation."
*Avoid anything that feels like pressure or urgency unless medically necessary.*

## CHW Script Box

- **Opening (soft and safe):**
  - *"Hi, my name is (name), and I'm here to help support you and your family with any next steps. We can go at your pace."*
- **Permission-based transition:**
  - *"Would it be OK if I shared a little information about a vaccine that helps protect against certain cancers?"*
- **If hesitant:**
  - *"That makes a lot of sense. You've been given a lot to process already."*
- **Normalize and reassure:**
  - *"This vaccine is something many families choose as a way to protect their child's health long term, but there's no pressure to decide right now."*
- **Close gently:**
  - *"I'm here if you have questions now or later. You don't have to figure everything out today."*

## What to AVOID

× Pushing for immediate decisions
× Overloading with information
× Asking about details of abuse
× Using fear-based messaging
× Making assumptions about readiness

## CHW Role in This Context

- Provide calm, consistent support.
- Reinforce safety and trust.
- Offer information when appropriate.
- Help families navigate next steps.
- Stay within scope of work (refer for clinical/mental health needs).

# Community Support Planning for Survivors

## Trauma-informed Partnership Considerations

- ☐ Staff trained in trauma-informed care
- ☐ Safe, private environments for youth/families
- ☐ Culturally responsive services
- ☐ Confidentiality practices in place

## Partnership Purpose (Select All That Apply)

- ☐ Support survivors of abuse.
- ☐ Provide safe access to healthcare.
- ☐ Offer mental health resources.
- ☐ Deliver HPV education in a sensitive manner.

## Services Available

- ☐ Counseling/mental health
- ☐ Crisis support
- ☐ Medical services
- ☐ Case management
- ☐ Youth advocacy

## Safety & Accessibility

- ☐ Confidential setting available
- ☐ Transportation support
- ☐ Flexible scheduling
- ☐ Language access

## Coordination With CHWs

- How will referrals be handled?
- Who is the point of contact?
- Follow-up process

# Understanding the Need: Sexual Abuse and Preventive Care

### Key Facts

- 1 in 4 girls and 1 in 13 boys experience sexual abuse.
- Children with disabilities are at significantly higher risk.
- Survivors often face long-term health and emotional impacts.

### Impact on Care

Survivors may:

- Feel unsafe in medical settings.
- Avoid healthcare interactions.
- Experience anxiety around procedures.
- Have difficulty trusting providers.

### Why HPV Prevention Matters Here

- HPV vaccine prevents multiple cancers.
- Early protection is critical.
- Survivors may be at increased vulnerability yet face barriers to care.

### What Support Should Look Like

- Trauma-informed
- Patient-paced
- Consent-driven
- Compassionate and non-judgmental

## Key Message

For survivors, how care is delivered matters just as much as what care is delivered.