



National
HPV
Vaccination **Roundtable**

REPORT FROM THE MIDWEST MULTI-STATE LISTENING SESSION: MAY 17, 2017

A Project of the State Coalitions &
Roundtables Task Group



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The HPV Vaccination Roundtable would like to thank the following individuals and their respective organizations for their role in planning, attending, and following up on the action opportunities identified at the meeting:

State Coalition/Workgroup Leaders			
IL	Paula Jimenez, Illinois Dept. of Health	Shaan Trotter, Northwestern University	Adam Nation, American Cancer Society (ACS)
IA	Tessa Allred & Kelly Sittig, Iowa Cancer Consortium	Katie Jones, Iowa Dept. of Public Health	Christy Manternach, ACS
KS	Laura Connolly, Immunize Kansas Coalition	Hope Krebill, Immunize Kansas Coalition	Dan Leong, ACS
MO	Lana Hudanick, Missouri Cancer Consortium HPV Workgroup	Carol Robertson, Jackson County Health Dept.	Kelli Wright, ACS
NE	Gretchen Forsell, Northern NE AHEC	Meera Varman, Creighton University	Tamara Robinson, ACS
SD	Lexi Pugsley, South Dakota Dept. of Health	Jill Ireland, ACS	

Special Guests of the HPV Vaccination Roundtable		
Don Callaghan, Iowa Dept. of Health	Laurie Jensen-Wunder, ACS	Grace Ryan, Univ. of Iowa
Suzanne Elder, ACS	Jill Myers-Gaedelmann, Iowa Dept. of Health	Serena Rodriguez, Univ. of Texas Medical Center
Marcie Fisher-Borne, ACS	Greg Parkington, ACS	LeeAnn Timbrook, California Dept. of Public Health
Lorrie Graaf, ACS	Melissa Ponce, American Academy of Pediatrics	

State Coalition & Roundtables Task Group Members in Attendance		
Achal Bhatt, Centers for Disease Control & Prevention (CDC)	Aliyah Muhammad, Association of Immunization Managers (AIM)	Trisha Schulz, National Area Health Education Centers
Sara Comstock, ACS	Jennifer Nkonga, ACS	Kimberly Sharpe-Scott, Nat. Assoc. of County & City Health Officials
Bethany Kintigh, Iowa Dept. of Public Health	Tammy Pilisuk, California Dept. of Public Health	Citseko Staples-Miller, ACS-CAN
Allison McGuire, Univ. of Alabama	Debbie Saslow, ACS	Greg Yoder, Merck Vaccines

Additional State Coalition & Roundtables Task Group Members		
Laura Benson, Health Net Federal Services	Janette Merrill, American Society of Clinical Oncology	Kurt Snipes, California Dept. of Public Health
Maria Fernandez, University of Texas	Kristin Oliver, American Academy of Pediatrics	Brooke Steele, CDC
Claire Hannan, AIM	Sara Jaye Sanford, Within Reach	Cynthia Vinson, National Institute of Health
Nikki Hayes, CDC	Sarah Shafir, ACS	
Deanna Kepka, Huntsman Cancer Institute	Alan Simon, Office on Women's Health	

A special thank you to Lisa Oliver at ACS for coordinating all meeting logistics in Iowa.

EXECUTIVE SUMMARY

The State Coalitions & Roundtables Task Group hosted a series of meetings on May 16-17, 2017, built around the Iowa Cancer Consortium’s *HPV & Cancer Conference*. Twelve task group members attended in person. Two HPV vaccination coalition/workgroup/roundtable leaders per state were invited, representing Illinois, Iowa, Kansas, Missouri, Nebraska, and South Dakota. They were accompanied by their ACS staff partner engaged with their respective coalitions. In addition, several key stakeholders from California and Texas attended to inform their states’ nascent efforts to launch state-level roundtables.

The multi-state listening session spanned two days. Attendees were invited to attend the conference and an informal networking dinner prior to the meeting. On day two, coalition leaders gathered to engage in interactive activities and facilitated conversations about their work. The goal of this listening session was to build connections between HPV vaccination coalitions, share information and strategies, and inform task group efforts.



State Coalition Task Group Members in Des Moines, Iowa after the Multi-State Listening Session

Similar to the Iowa-only listening session held the previous day (see separate report), **conversations focused on four topics: priorities, successes & accomplishments, coalition effectiveness and the role of the National HPV Vaccination Roundtable.**

Participants rotated between topics in small discussion groups, voted on select top priorities, and then engaged in a town hall dialog with members of the National HPV Vaccination Roundtable.

This report summarizes the multi-state listening session and conversations among the Midwest state coalition leaders. While the national task group will use this information to determine best ways for national partners to support state-level efforts, we highly encourage state and local partners to review the findings to inform and enrich their own efforts to increase HPV vaccination.

MEETING OVERVIEW

Participants

This listening session brought together a diverse group of over 40 participants from a range of backgrounds and involvement in state-level coalitions. Types of organizations represented included state and county health departments, universities, comprehensive cancer centers, ACS, and AHEC. Additionally, members of the national State Coalitions and Roundtables Task Group were present as were specially invited guests of the HPV Vaccination Roundtable.

Meeting Agenda

The Midwest Multi-State Listening Session included time for networking, participatory activities and idea exchange. The morning began with a networking breakfast and opening remarks from Bethany Kintigh, Immunization Program Manager at the Iowa Department of Public Health and the Chair of the State Coalitions Task Group and Achal Bhatt, Public Health Analyst at the Centers for Disease Control and Prevention. They explained the role of the task group within the National HPV Vaccination Roundtable and the purpose of bringing Midwest coalition leaders to Iowa for conversation.

The State Coalitions & Roundtables Task Group is charged with the following responsibilities:

- ✓ Foster coalition building and use of coalition tools
- ✓ Provide networking opportunities for states to learn from one another
- ✓ Provide access to national HPV vaccination experts
- ✓ Provide a forum for best-practices to rise from the state level to the national Roundtable and flow from the national Roundtable to the states
- ✓ Provide a space for national partners to coordinate state-level efforts
- ✓ Provide guidance on evaluation of state-based efforts

State Coalitions & Roundtables Task Group		
Multi-State Listening Session Overview		
8:30 a.m. – 12:15 p.m., May 17, 2017 Blank Park Zoo, Palm Expanded Room		
Task Group Chair: Bethany Kintigh, Iowa Immunization Program Manager, Bureau of Immunization and TB, Division of ADP&E & ILS, Iowa Department of Public Health		
TIME	TOPIC	Description/ Things to Think About
8:30 a.m.	Continental Breakfast	Join your colleagues for a pre-meeting networking breakfast at the meeting venue.
9:00 a.m.	Welcome	Bethany Kintigh and Achal Bhatt from CDC's Immunization Branch will provide context for this listening session and the work of the HPV Roundtable's State Coalitions & Roundtables Task Group.
9:20 a.m.	Networking Activity	Participate in a small group activity to discuss your current coalition work and your expectations of the listening event.
9:30 a.m.	Coalition Sharing & Idea Exchange	Attendees will take part in an interactive discussion activity that will have you up and moving. Come prepared to discuss your experience working with your HPV coalition on: Priorities: <ol style="list-style-type: none"> 1. What are the top priorities for your coalition? 2. What processes did your group use to come to consensus on the projects you're working on? 3. What advice do you have for other new coalition groups on how to best prioritize? Successes & Accomplishments <ol style="list-style-type: none"> 1. What projects or accomplishments are you most proud of as a coalition? Why? 2. What are the greatest strengths of your coalition? 3. What unique partners have you engaged in HPV work? Coalition Effectiveness: <ol style="list-style-type: none"> 1. What are the greatest challenges to your coalition's success? 2. How is your group planning for sustainability of your efforts? 3. How are you tracking/measuring your work? 4. What additional players/inputs/resources do you need to keep advancing your work? (be specific please!)

Task Groups are the primary mechanism for developing and implementing collaborative projects on the HPV Vaccination Roundtable. This meeting organized by the State Coalitions & Roundtable Task Group was the first of its kind. Feedback provided by states from both the Iowa listening session and the Midwest listening session will serve as a springboard for action planning efforts.

After opening remarks, participants engaged in a networking activity to discuss current state-level coalition work along with their expectations for the listening session, which took the format of a "gallery walk". Participants rotated between four stations, or galleries, where they were given time to reflect and respond to questions in small groups. The larger group then debriefed together on common themes and engaged in a town hall conversation among themselves and with members of the Task Group and National Roundtable.

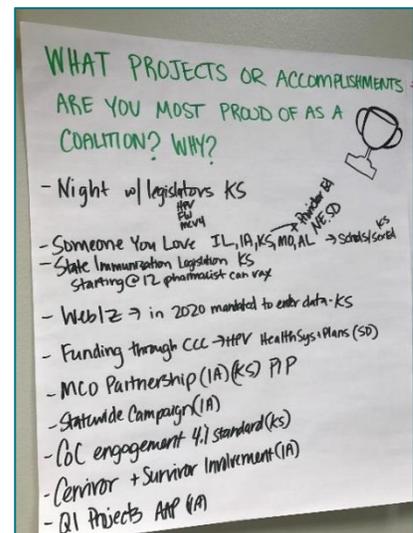
Hopes and Expectations for Midwest Listening Session Identified by Participants



Gallery Walk

To steer the conversation, participants were asked to split into four groups and move between the four corners of the room where questions were posted. These questions addressed the following topics: priorities, successes and accomplishments, coalition effectiveness, and the role of the National HPV Vaccination Roundtable.

For each broad topic, several questions were posted, which are listed below along with participant responses. A facilitator was present at each station to take notes and keep groups on track to answer the specific questions. **Bolded responses indicate that two or more groups identified the response or it was discussed during the large group debrief session.** State-specific responses are indicated by their state abbreviation.



COALITION PRIORITIES

What are the top priorities for your coalition?

- Increasing rates
- Medicaid
- Standing orders (CA)
- Education of lawmakers about vaccine safety, cancer prevention, vaccine hesitancy (KS)
- Addressing vaccine hesitancy, paying particular attention to cultural beliefs and refugee groups (NE)
- Getting coalition activities started
- Focusing on vaccine promotion to earlier ages (NE)
- Electronic medical record prompts for providers (CA)
- Attaining 501C3 for coalition (KS)
- Recognition of efforts in the form of awards (KS)
- **Provider education (IL, KS)**
- **Parent education: using the messaging of the vaccine is cancer prevention, highlighting vaccine safety, utilizing social media (CA, IL)**
- **Provider scorecards (AL, MD)**
- **Identifying provider champions**
- **Provider and system-level engagement (health, ACS, networks, integrated delivery systems)**
- **Unified messaging (AL, CA, IL)**

What processes did your group use to come to consensus on the projects you're working on?

- Surveying cancer coalition stakeholders (CA)
- Workgroups identified priorities (KS)
- Utilizing guidance and direction from the CDC's funding requests
- Use of Community Guide to decide on EBIs (IA)
- Bringing together partners with overlapping goals
- Preidentification of priorities before meeting as a coalition (AL)
- Engaging local public health (MO)
- Tapping into the Advisory Committee on Childhood Immunizations through physician driven efforts (MO)
- Tying into the Healthiest State Initiative (NE)
- Linking Comp Cancer with Immunization Bureau (KS)
- **Highlighting low vax rates (KS, AL, IL)**
- **Taskgroups to identify different geographical areas of the state that need help through county registry records (NE, IL)**
- **Understanding available resources and stakeholders (IL, CA)**
- **Environmental scan as an important first step**
- **Identify stakeholder groups and their priorities**
- **Divide and conquer tasks**

What advice do you have for other new coalition groups on how to best prioritize?

- Cast a broad stakeholder net and identify realistic and aligned activities for them
- Identify ways to measure success
- Focus on actionable priorities and assignments
- Start small and achievable
- Allow stakeholders to identify priorities
- Use consensus building techniques
- Ensure successful facilitation of meetings (invest time and pre-plan)
- Research what other successful states have done
- **Build a diverse and inclusive stakeholder group**
- **Actionable, aligned opportunities**
- **Thoughtful, intentional facilitation**

SUCSESSES & ACCOMPLISHMENTS

What projects or accomplishments are you most proud of as a coalition? Why?

- Hosted a night out with legislators to educate local lawmakers about the importance of vaccines (KS)
- Statewide immunization legislation (KS)
- Passing legislation that pharmacists can vaccinate at age 12
- Kansas WebIZ (IIS)—In 2020 mandated to enter data (KS)
- Finding funding through comprehensive cancer centers related to HPV health systems and plans (SD)
- Statewide campaign (IA)
- Engaging the Commission on Cancer Engagement and their cancer prevention programming (KS)
- Cervivor and survivor involvement (IA)
- Quality Improvement projects with AAP (IA)
- HPV campaign, PSAs, social and digital media (MO)
- Purchasing full Someone You Love license (MI)
- Reminder/recall projects led by med students (NE)
- NCV4/TDAP school entry requirement (SD)
- Bus advertisements (NE)
- Engaging college students as champions (NE)
- Using conference fees to fund small HPV projects (NE)
- **Partnering with Managed Care Organizations (IA, KS)**
- **Provider recognition awards (KS, SD)**
- **Showings of "Someone you love" (IL, IA, KS, MO, AL, SE, SD)—with providers and schools**

What are the greatest strengths of your coalition?

- Involving survivors (IA)
- \$0 funding needed due to having supportive partners (AL)
- Far reach beyond coalition
- Physician champions (KS, AL)
- National partner funding being distributed to states
- Public and private partnerships
- Passion
- Many stakeholders are poised for action
- Diverse stakeholder group
- Ensuring transparency through shared communication
- Not duplicating efforts (AL)
- Recognizing that action happens in committees—make sure everyone is on a committee (KS)
- Innovative practices have led to increased funding
- Celebrate small wins
- **Momentum and collaboration (IA, AL)**

What unique partners have you engaged in HPV work?

- Area Health Education Center
- Professional organizations: American Academy of Pediatrics, Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, Primary Care Association
- University partners and students: colleges of public health, university health centers, dental, medical and pharmacy schools
- Health Departments: state, county, and local
- Cancer registries
- Parent teacher organizations
- Community health workers
- Local nurses association
- Health plans and Insurance providers: Managed Care Organizations, Centers for Medicare and Medicaid
- Manufacturers
- School-based health clinics
- Health literacy groups and educators
- Commission on Cancer
- Comprehensive Cancer Centers
- Legislators and policy influencers
- In-clinic stakeholders: pediatricians, advanced registered nurse practitioners, physicians' assistants, nurses
- Cancer survivors
- Integrated delivery systems
- Anti-vaccine groups
- Funders
- Private health foundations
- Farm worker health organizations
- Association of School Health

Who is not at the table who should be?

- Elected officials
- Media
- Cultural groups
- State health information systems
- State extension programs
- Anti vaccine groups
- Researchers
- American Psychological Association
- Oncology Nursing Association
- Tumor registries
- Businesses and employers
- Mother's groups
- Parents
- Rural health associations
- Individual advocates
- Pro vaccine groups
- Community health workers
- Faith- based organizations

COALITION EFFECTIVENESS

How are you tracking/measuring your work?

- Creating spreadsheet (status/workplan/meetings)
- Action plan (tasks, timeline, who is doing what) (IL)
- Campaign plans and evaluation plans (NE)
- Youth Risk Behavior Surveillance System
- Creating of a specific Data Workgroup within Coalition
- Employing a paid consultant who uses the tools and technology to track progress (KS)
- *Referring to State Cancer Plan for updates and priorities related to HPV (IA, IL)*
- *Utilizing data to determine action plan projects (NIS, EHR, registry, COC ordering, Healthy People 2020) (SD, MO, NE)*

How is your group planning for sustainability of your efforts?

- Huh?
- Requires constant data feedback on interventions
- Creative allocation of resources
- Seek alternate funding
- Annual re-commitment from partners (SD)
- Constant member development
- Transparency among coalition members
- Creating a coalition structure and appointing officers
- Working to make HPV vaccination a priority for local county health department
- *Structure within existing coalition or gain 501C3 status (MO, CA)*

What additional players/inputs/resources do you need to keep advancing your work?

- Players
 - Health system engagement
 - Alternative community partners including students
 - Look to national leadership for a top down approach
 - Policy leaders
- Inputs
 - CMEs/CEs/Accredit existing
 - Resources to incentivize providers to make services value-based (pay for play)
 - Creating a website to share information and communicate
 - Creating of a tracking and evaluation component tool
 - Statewide project directory
 - Training for coalition members
 - Increased accountability from coalition members

What are the greatest challenges to your coalition's success?

- Obtaining accurate and timely data
- School based vaccination programs
- Health system engagement and being unable to delegate tasks to these partners
- Unwillingness to share across health systems due to competition
- Legislature resistance and the continued problem of vaccine exemptions
- Bureaucracy
- Understanding how to use EBIs
- Turning commitment and intention into action
- Avoiding duplication
- Rural versus urban differences in setting
- Funding uncertainty
- Competing priorities
- Misinformation about vaccine
- *Community-based education is inconsistent (IA, IL)*

REQUESTS MADE OF THE NATIONAL HPV VACCINATION ROUNDTABLE

In what ways could you imagine the HPV Roundtable supporting states' work across the country?

- Example procedures and policies to distribute to clinics
- Information about EBIs for health campaigns
- Connect national RT to regional/state partners—inform that we exist
- Provide mentoring opportunities between state coalitions; facilitate matchmaking
- Better understanding of data; eg state-led, insurance, ordering, accurate
- Recognition by national of state work
- Training and information about electronic health records
- Make recommendations; eg to CMS about best practices
- Create a website with information on each state's efforts
- CME for provider education, webinars and AFIX (currently there is a lot of duplicated efforts which cost time and money)
- Provide a voice for state coalitions at national meetings
- Work towards reimbursement for time spent talking to parents
- Bring other organizations into coalitions, for example the Girl Scouts and the PTO
- *Share worst practices and negative lessons learned*
- *Evaluation how-to guide (similar to National Colorectal Roundtable)*
- *List of EBIs to disseminate*

What additional information or resources from the HPV Roundtable would be helpful to your coalition?

- American Cancer Society Quality Improvement Coaches
- Case studies and one-pagers about vaccination-related topics that could be shared at meetings with stakeholders and potential partners
- Share funding decisions with state coalitions so they can work together in the future on successful proposals
- Share best practices from member organizations, cultural competency resources for specific populations (LGBT, refugees)
- *Opportunities for QI Coach training to coalition staff (many are too expensive)*
- *Meeting facilitation training*
- *Information to make case to incentivize providers, systems leaders and health plans—business case, sell sheet, what's in it for them?*
- *Advice on how to piggyback on other efforts to change provider behavior*
- *Guidance on how to pull data, codes for EHRs, what to tell IT staff to pull for analysis*

What new information did you learn about the Roundtable today that will benefit your work?

- Monthly update
- Variety of involved stakeholders who have different niches and expertise to offer
- Facebook group offered as a way of networking
- *What different organizations do*
- *Scope of National HPV Vaccination Roundtable*
- *Existing products and how to tailor them to your needs*

What suggestions do you have to increase collaboration between HPV coalitions?

- Work with Immunization Action Coalition to create parallel structure to what they have for immunization coalitions
- Connect coalitions and stakeholders within each state and between states
- Identify any special focus of state coalitions (for example urban versus rural) and connect them
- Improve provider education efforts and try to cut down on duplication
- Help states to engage oncologists by providing resources and powerpoints
- Engage and provide opportunities for researchers
- Reach out to medical assistants to get their buy in—invite to the National Roundtable, encourage states to include them in local coalitions
- *Connect cancer coalitions throughout states to figure out how to leverage potentially duplicated efforts*
- *Make Web-ex education opportunities open to all to promote virtual learning*

DEBRIEF ON COMMON THEMES

The gallery walk allowed state coalition members to interact with each other and learn about what has and has not worked for their neighbors. Upon coming back together, it was clear that many states shared similar experiences in terms of successes, challenges, and priorities. The facilitators presented short summaries of group discussions.

Across the board, several themes emerged. First, these discussions revealed that many states are engaging in the same types of projects and meeting the same challenges. Many participants identified that they wanted to find ways to network with each other and find ways to avoid duplication efforts. As one person put it, “we do not need to reinvent the wheel every day.” In conversations about the role of the Roundtable, **several states brought up that they would like the Roundtable to support networking events and enable easy information sharing.** A potential role for the Roundtable could also be to assist with **measurement and evaluation procedures.** Multiple states identified data-collection and evaluation as challenges and stated that they are seeking information on best practices in these areas. They would like to be able to look to national partners for guidance, but also to create a unified tracking system so that they can more easily share data with partners. Finally, the third theme that was brought up in nearly every group conversation was **the**

importance of a wide stakeholder network to support coalition work. Although unique stakeholders were identified, there was an almost equally as long list of stakeholders who were identified as being missing from state coalitions. Many states are focusing efforts on figuring out creative ways to engage non-traditional HPV vaccination stakeholders and are seeking support for how to do so.

Following this discussion, everyone was invited to vote on the ideas identified as potential initiatives for the National HPV Vaccination Roundtable. Each participant was given three votes and the results are tallied below.

Idea for Roundtable	Number of Votes
Information to make case to providers, system leaders and health plans and incentivize vaccine uptake	20
Mentoring and matchmaking opportunities for states	11
Continued Medical Education opportunities for providers including webinars	11
Guidance in understanding data	11
Case studies and one-pagers to bring to meetings to easily share messages	9
Quality improvement coaches or opportunities for QI Coach training and meeting facilitation training	8
Guidance and resources for how to bring other stakeholders into existing coalitions	8
List of Evidence Based Interventions	6
Guides on pulling data and codes from EHRs/EMRs	6
Evaluation How-to Guide	5
Cultural competency resources	5
Sharing of worst practices	3
EBIs for communication campaigns	2
Resources on how providers can make the HPV vaccination recommendation	2
Provide a voice for state coalitions at national meetings	2
Connect National Roundtable to state and regional partners	2
Recognition of state work at a national level	1
Website listing key information on each state	1
Information on how to get reimbursements for providers' time spent talking to parents	1

TOWN HALL FORUM

The morning ended with a Town Hall style forum in which attendees could pose a question to the group. This sparked conversations about a number of topics including specific successes of coalitions as well as more broad brainstorming discussions. The key takeaways and actionable items from this discussion are outlined below.

How can we work with legislators or influence policy in our current positions?

- Kansas shared success story of “A Night out with Legislators”
 - Organizers had very **strong prior relationship** with state representative that enabled this to happen
 - Check in about **any potential ethics issues** whenever working with legislators or on policy issues. For example, state health departments often can’t work on policy issues, but there should be a government liaison who you can talk to
- **The American Cancer Society Cancer Action Network** is there to help and every state has an ACS CAN director/staff who you can reach out to:
 - Currently ACS CAN is working on immunization, but no specific HPV legislation
 - Consider branching out and thinking about immunization policy (little “p” policy) in general and the partners who work in that area
 - Think about approaching issues from on the **administrative side** rather than legislative side (big “P” policy)

How are states engaging local health departments?

- Each state had unique answers to this question depending on their contact
- Nebraska is a very rural state where up to 5 counties share a health department and they have found success in **meeting them where they are** and traveling across the state to visit local offices
- Missouri suggests engaging local agencies and then **working your way up to more regional partners** and offices
- Texas acknowledges that as a big state, it is not easy to capture all the players and they **rely on existing relationships** to be strategic and efficient
- Iowa takes a **one-to-many approach** by engaging heavily with four local health departments who then went on to speak to their peers across the state; they also take advantage of the state-wide meetings that attract all public health employees
- Work with state health departments to **use registry data** (if it is available) to identify priority areas

What do you do in August around back-to-school immunizations?

- Missouri launches a campaign that takes a different focus every week **targeting different age groups**. They also partnered with high schools and the Athletic Association to capture parent audiences
 - Noted that it was **hard to measure the impact** of these campaigns
- Everyone can utilize **CDC campaign materials** for the whole month
- National HPV Vaccination Roundtable is putting out a **summer social media toolkit** with a whole week dedicated to HPV vaccination promotion

How do states interact with Merck?

- Texas and Missouri are working to involve Merck more and looking for the key people to connect with
- Iowa noted that they have relied on Merck's policy liaisons to help with legislative work
 - **Merck employs 6 policy liaisons** across the country who are there to help with legislative questions
- Noted that it is hard to know what Merck can actually do assist states and what activities are allowable
 - Merck can **provide educational speakers** and has education opportunities available online
 - Currently has 33 account executives who can work with everyone and help to spread messages of vaccine promotion
 - **Local account executives** can help to get in with providers and can help to reiterate messages during their regular provider visits
 - Sales staff are another resource and although they do not directly report to account executives, they regularly see providers and can be an additional messaging channel

What resources can AHEC provide?

- AHEC **provides national webinars** and educational opportunities which are ideal for rural and underserved practitioners who are unable to attend larger in-person events at state health departments
 - Many of these resources are archived and generic enough to be shared widely and are [easily accessible](#)
- Scope of AHEC
 - Interest in what AHECs currently do and how state coalition can partner with them
 - Each state involved in the HPV project are tasked with training 300 health professionals and health professions students each year
- Current **focus on more rural sites** as there are plenty of organizations working in urban areas
- Share information with AHEC staff as they can disseminate it to their wider audience

- AHECs are **charged with training people** so take advantage of this to reach broader audiences. For example, AHECs can work to adapt programs like taking materials for nurses and reformatting them to be used with Medical Assistants

SESSION EVALUATION:

At the conclusion of the Multi-State Listening Session, participants were asked to complete a short online survey on their mobile device. Twenty individuals completed the survey and selected results are presented below:

- 70% of respondents are active or very active on their states' coalition or workgroup
- 100% were satisfied or very satisfied with the opportunities to network and exchange ideas with HPV Roundtable members and leaders from other state HPV coalitions
- 95% indicated that they had met a partner from at least one new coalition at the meeting and 85% said they were likely or very likely to remain in contact with the people they met
- 100% responded that their understanding of the National Roundtable increased or significantly increased as a result of this meeting and 90% said they were likely or very likely to use the resources from the National Roundtable
- 90% are also confident that the National Roundtable will utilize their collective input to inform future initiatives
- 85% said that their overall satisfaction with the National Roundtable has increased as a result of the meeting



NEXT STEPS:

To close the meeting, participants were encouraged to continue the conversations that were started in Iowa among themselves and to **take these conversations (and this report!) back to their coalition partners**. Having spent two days engaging with their local, regional and national colleagues, participants are now armed with a wealth of information and energy to return to their home states and work to implement their new ideas. Participants were also reminded to not underestimate their role as cancer prevention experts and to remember the importance of the work that they do for everyone.

While this session was focused on the participating states and providing them with an opportunity to learn from each other, the National HPV Vaccination Roundtable **State Coalitions and Roundtables Task Group will also be using the information learned here to plan for future collaborative endeavors**. Task group members stayed after the meeting to debrief and plan a program of action for the next 4-8 months, prior to the next national Roundtable meeting in February 2018.

The conversations that started in Iowa will continue and be the basis for supporting and improving state level coalitions and workgroups.

Thank you to all who shared their time and experiences with us. Task group updates will be made available on our new website in the fall of 2017.



National HPV Vaccination Roundtable Resources:

- ✓ [HPV Vaccination Roundtable Website](#)
- ✓ [HPV Vaccination Resource Clearinghouse](#)
- ✓ [State Coalitions and Roundtables Sharepoint](#)

Practical Resources for Stakeholders:

- ✓ [Steps for Increasing HPV Vaccination in Practice: An Action Guide to Implement Evidence-based Strategies for Clinicians](#)
- ✓ [HPV Vaccination Initiative Contact Map](#)
- ✓ [You've Got the Power to Prevent Cancer: Summer Communication Campaign](#)