State Coalitions & Roundtables
Task Group Presents:

REGIONAL LEADERSHIP SUMMIT OF SOUTHEASTERN U.S. HPV COALITIONS

BIRMINGHAM, AL
March 4-5, 2019
WELCOME FROM OUR CHAIR

Bethany Kintigh RN, BSN
Immunization Program Manager
Bureau of Immunization and TB
Division of ADPER & EH, Iowa Department of Public Health
Representative of the Association of Immunization Managers
Des Moines, Iowa
MAY 2017
ONLINE GUIDE for State Coalitions

hpvroundtable.org/state-coalition-guide
THANK YOU, CDC!

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The content of this meeting does not necessarily reflect the office policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
WELCOME FROM OUR HOST

Michael J. Birrer, MD, PhD
Director, O’Neal Comprehensive Cancer Center
The University of Alabama at Birmingham
Professor of Medicine/Hematology & Oncology
Evalina B. Spencer Chair in Oncology
MEETING PURPOSE:

To convene coalition leaders for networking, best practice sharing, professional development, idea generation, and tangible problem solving.
KEYNOTE SPEAKER

Isabel C. Scarinci, PhD, MPH
Professor, Department of Medicine
Associate Director for Globalization and Cancer
O’Neal Comprehensive Cancer Center
University of Alabama at Birmingham
Together, we can prevent cancer

> 30,000 cancers each year!
There are many paths to the top of the HPV vaccination summit!
What an impressive audience!
What expectations do you have for the Leadership Summit?
Hello Southeast...

Who’s Here?
ACTIVITY:

The Gambler

What is the one BIG QUESTION that you would like the group to discuss today?
SAMPLE BIG QUESTIONS

1. What unique cultural values of the southeastern states can we leverage to influence parents?

2. What initiative has proven the most impactful and how can we replicate that elsewhere?

3. What is the most important thing we could achieve as a region by the end of 2019?
Dealer’s Rules:

1. Submit your 1 BIG QUESTION to Polleverywhere, then note it on a post it to take with you.
2. Find your card group.

3. Meet your group:
   - Name
   - Organization/role
   - State
   - Specific expertise—share one personal, one professional
   - Your big question
4. Make a group decision: decide on one question from the group that you want to ask another group.
5. Merge with another group (2s with 3s, 4s, with 5s, etc.)

• Power intros—name/org (5 mins)
• Each group poses their big question to the other group and has a short discussion of ideas.
• 10 mins per each question

Ambassadors: capture bulleted ideas on posters
DEBRIEF:
GROUP DISCUSSION
Transition to classroom
ARKANSAS

The High HPV Rates State
TEAM ARKANSAS - WE DO NOT COMPETE WITH ONE ANOTHER, WE COMPLETE ONE ANOTHER

Jennifer Dillaha, MD - Medical Director, Immunizations/Medical Advisor Health Literacy, Arkansas Department of Health

Kristyn Vang, MPH - Epidemiologist, Arkansas Central Cancer Registry, Arkansas Department of Health

Heather Mercer - Executive Director, Arkansas Immunization Action Coalition

Claudia DelaCruz - HPV Prevention Workgroup Coordinator, Arkansas Immunization Action Coalition

Benjamin Teeter, PhD - Assistant Professor - Center for Implementation Research, UAMS College of Pharmacy

Treg Long, OD - Health Systems Manager, State & Primary Care Systems, American Cancer Society
FUN FACTS

It’s strictly prohibited by law to mispronounce the state name. It’s “Ar-kan-saw.”

The next time you’re moved to tears by a great movie moment made perfect by the soundtrack, thank Pine Bluff native Freeman Owens, the first person to successfully add sound to film.

It is illegal for the Arkansas River to rise above the Main Street Bridge in Little Rock. Take that, Mother Nature.

The Crater of Diamonds State Park is the world’s only diamond-bearing site accessible to the public. Arkansas is the first place, outside of South Africa, where diamonds were found at their original volcanic source. Park visitors find more than 600 diamonds per year. Most recently, in 2017 Kalel Langford found a 7.44 carat diamond.

Our population size is around 3 million
The Arkansas Immunization Action Coalition is a non-profit 501 (c)(3).

AR Dept of Health and the AR Cancer Coalition provide limited funding support, with additional support from the Blue & You Foundation.

We have an HPV Prevention Workgroup Coordinator supervised by the AR Immunization Action Coalition (ImmunizeAR) Executive Director.

The HPV Prevention Workgroup meets every other month on the 3rd Thursday at the Arkansas Pharmacy Association and can access via online if needed.

ImmunizeAR is a non-profit organization dedicated to improving vaccination rates for all Arkansans through education, advocacy, and statewide partnerships.

The HPV Prevention Workgroup is a group of stakeholders around the state who meet every other month to discuss ways to raise awareness and acceptance of the HPV Vaccine.

ImmunizeAR is dedicated to raising the public’s awareness of vaccine-preventable disease.

Our dream? Every eligible child vaccinated and eradication of HPV related cancers.
We are working with the dental providers to develop a toolkit to support their efforts to promote HPV vaccination, including how to write a prescription for the HPV vaccine.

Recently the CDC and SEER released a new dataset for cancer researchers to conduct in depth analyses at the national and state level. The data was used to look at HPV cancer in Arkansas at a detailed level, something that has not been done previously in Arkansas. The results will aid both cancer prevention and immunization efforts locally by describing the population impacted by HPV cancers.

We created a postcard for dental professionals to start a conversation with their adolescent patients about HPV and oral cancers.

In May of 2018 we hosted the first HPV Summit for Medical & Dental Professionals. There were 100 people in attendance. We just completed the 2nd HPV Summit for Medical & Dental Professionals on March 1. There were 120 people in attendance.
LESSONS LEARNED

It took only a single dental hygienist to promote a new policy when she made a query to the State Board of Dental Examiners for them the determine that writing a prescription for HPV vaccine is within a dentist’s scope of practice.

We need staff/people with dedicated time to work on increasing HPV vaccination rates.

People are excited about the HPV Toolkit but getting them to use it isn’t easy

We are still trying to get providers to stop saying the HPV vaccine isn’t required for school

Peoples' perceptions are not easily changed (nothing new there, right?)

The power of story-telling, personal stories work!

Well trained (in HPV vaccine) health professionals are the key to overcoming vaccine hesitancy.
3 THINGS TO ASK

How do you keep people engaged?

How do you remain focused? Setting goals

Sustainability - improvement of efforts and reach

Assessing/measuring impact

Which projects/initiatives have produced the best results, will you be willing to share?

How do you build capacity, a truly connected HPV network.
We will remain committed to raise HPV vaccination awareness
Welcome to Alabama the Beautiful
fun fact

Mobile, Alabama is the original home of Mardi Gras, started in 1703 by French Settlers.
Our team, started by Dr. Isabel Scarinci, UAB has been working on HPV Vaccination efforts in Alabama formally since 2015. Currently, we have leadership involved from the Alabama Department of Public Health, UAB, USA – Mitchell Cancer Institute, ACS, AAP, AAFP, BCBS, Medicaid, Pharmacy Association, Dental Association and others.

Our teams are divided into workgroups:
- Provider Education
- Public Education
- Data
- Policy and Health Systems Change
pride points

• Health Plans adopting HPV Vaccination as a quality metric and focusing efforts on provider education

• Statewide Education and GO TEAL AND WHITE Campaigns

• CDC Local Media Buy

• UAB O’Neal Comprehensive Cancer Center
  • Published results from Environmental Scan
  • Engaged local Cervical Cancer Survivor
  • Statewide Summer Social Media Campaign

• 3rd Party initiatives – Pharmacy, Dental and School-Based Clinics
lessons learned

• Difficulty engaging providers
• Importance of statewide immunization registry
• Challenge engaging large hospital systems
• Collaborations with unlikely partners such as dentistry and schools
Questions for our partner states:

1. How to better engage providers (AAP, AAFP, vaccination clinics)
2. Success in working with pharmacy and school-based vaccinations
3. Ideas for engaging large health systems
Kentucky
Our Team:

- American Cancer Society
- Kentucky Public Health
- University of Louisville
- University of Kentucky

Providers

Community Stakeholders
➢ Greater than 10 year history of state work in HPV and cervical cancer prevention.

➢ HPV Strategic Plan established in 2015.

➢ Southern Ohio-Northern Kentucky Regional HPV Focus Group established in the fall, 2018. Three workgroups:
  - Provider Education Group
  - State Immunization Registry Group
  - Community Engagement Group

The regional focus group has brought local providers, stakeholders and researchers together in a tangible way that a statewide group was not able to accomplish. Plans to replicate this group across various regions in the state are being developed.
➢ U of L Project ECHO - providers virtually meet together each month in a grand rounds-type format to discuss issues related to cervical cancer.

➢ UK Markey Cancer Center Young Scientist Program - a group of students from eastern Kentucky have chosen HPV as their project.

➢ DPH Immunization Branch
  ❖ Immunization Registry
  ❖ Working with the Department for Medicaid Services and MCOs to identify students who need vaccination and reaching out to increase vaccination rates.
Regional groups are more effective than a statewide coalition but state leadership is needed.

Community champions are necessary for work to be effective at that level.

Networking is essential (providers, educators, healthcare workers, community stakeholders).

Support at administrative levels is a plus but work can continue without support from administrative officials.

High quality data is key and challenging to obtain.
Interested in Learning from Other States:

- Successes and challenges
- How you are funding your project(s)?
- Do you have accurate vaccination reporting and, if so, how did you accomplish this?
- Next steps for your HPV and cervical cancer initiative
Thank You!
HPV Cancer Free Coalition

Tennessee
Our Team

Co-Chairs:
• Kelly Moore, MD, MPH
• Pamela Hull, PhD

Representatives:
• Ron Alvarez, MD
• Michelle Fiscus, MD
• Rochelle Roberts
• Rebecca Robinson
• Carol Minor

www.hpvcancerfree.org
• 2006-2008: State Cervical Cancer Elimination Taskforce
• 2008-2012: Tennessee Cancer Coalition formed the women’s health resource committee
• 2012: Cervical Cancer Free Tennessee Coalition
• 2018: Changed name to HPV Cancer Free Coalition
About Us

Mission: Decrease the incidence of HPV related cancers in Tennessee through vaccination, screening, and early detection.

Approach:
• Education for clinicians and consumers
• Primary prevention: HPV vaccine promotion
• Secondary prevention: Screening and intervention
About Us

Statewide coalition w/ regional workgroups
West TN:
• 13 events reaching 365 health professional trainees
  • UT Family Medicine Residency Program
  • TN Technology Schools LPN classes
  • UT-Martin Nursing program
• Outreach to 500+ high school students/school nurses in Memphis area (St. Jude)

Middle TN:
• NCI-funded study with 24 pediatric practices testing in-person vs. web-based QI coaching (70,000+ patients) (Vanderbilt, Cumberland Pediatric Foundation)
Pride Points

NE TN:
- 16 vaccines given at onsite HPV vaccination clinics in East TN State University
- Continue to distribute *Bug Your Doc* materials to primary care providers

Statewide:
- Distributed *Bug Your Doc* materials reaching 560,000+
  - 5,000 to local health departments
  - 150 at VFC Immunization Update Conferences
  - 16 organizations in TN and 4 nationally

www.get3shots.org
Lessons Learned

1. Regional approach emphasizes local engagement with statewide synergy

2. Critical to engage with healthcare providers (ex. pediatricians, family physicians, student health, dental, school nurses, local health departments)

3. Use consistent messaging focused on bundling (Tdap/HPV#1/Men-ACWY#1) at same visit) and cancer prevention
1. How have others addressed challenges to fund local initiatives?

2. How have others effectively leveraged social media and dealt with anti-vaccine backlash?

3. How have coalitions engaged hospitals/cancer centers/FQHCs by leveraging CHNA/CoC/CMS requirements?
Thank you!
#hpvcancerfreetn
Fun Fact

Did you know that Charleston has been voted the #1 city in the United States for SIX years running by Travel & Leisure?
Our Team – SC Adolescent Immunization Taskforce

Representatives
• Deborah Alfano
• Brian Conner
• Tracy Foo
• Kim Hale
• Philip Mubarak
• Becky White
Pride Points

1. SC received a CDC Healthy People 2020 award for most improved adolescent vaccination coverage.
2. We have consistently had >50 attendees at our Task Force meetings from all different sectors and areas of the state.
3. Implemented Learning Collaborative with 9 FQHCs.
4. School nurse HPV vaccine trainings.
5. HPV vaccination now included in MUSC College of Nursing undergraduate education.
6. We are building a relationship with the Department of Education.
Lessons Learned

Importance of engaging every sector.

Communication, communication, communication. How to best share best practices. Consistent communication keeps people engaged.

Recognition helps motivate stakeholders.

Importance of creating and maintaining urgency to keep stakeholders engaged.
Better Together

How do you fund your coalition?
How do you take a coalition from a workgroup to a formal organization?

How do you stay action focused and maintain engagement of stakeholders?

How do you measure success (besides immunization rates)?
Thank you!
Mississippi:

- The Magnolia State
- Birthplace of Elvis (Tupelo, MS) and Oprah (Kosciusko, MS)
- The University of Mississippi Medical Center - 1st human lung transplant in 1963, followed by the world’s 1st heart transplant a year later.
- Barq’s Root Beer was created in Biloxi
- Mississippi is the birthplace of the Blues
- Home of the Mississippi River, the largest in the US and fourth-longest river in the world.
Pride Points in Mississippi

- MS’ first Project ECHO clinic – launching from UMMC - April 2019
- MSDH Immunization Dept. QI projects with 5 largest providers
- MSDH Comprehensive Cancer Control & UMMC Cancer Registry developing VAX MAPS
Lessons Learned

- Time
- Patience
- Sell the benefits of partnership
- Engage new and non-conventional partners
- Secure buy-in
- Build excitement
NEW WEBINAR SERIES:
The Nine Habits of Successful Comprehensive Cancer Control Coalitions

- Session 1: Empowering Leadership
- Value-Added Collaboration
- Session 3: Diversified Funding
- Clear Roles and Accountability
- Session 2: Priority Work Plans
- Shared Decision-Making
- Dedicated Staff
- Effective Communication
- Flexible Structure
Let’s Stretch... 

with HPV Yoga!
GA HPV Workgroup
Fun Fact

• Home of 159 counties
Membership

Member Organizations

- Northwest Georgia Regional Cancer Coalition
- MERCK
- Georgia Health Policy Center (GHPC)
- Winship Cancer Institute
- Cancer Pathways
- Georgia Department of Public Health (DPH)
- Three Rivers AHEC
- Dekalb Medical Center and Primary Care Center
- Georgia Chapter American Academy of Pediatrics
- University of Georgia-College of Public Health - Academic Affairs
- Obstetrician /Gynecologist, Morehouse School of Medicine
- American Cancer Society

2019 Cervical Cancer Awareness Day at the Georgia Capitol
Pride Points

Goal:
To increase the number of females and males who complete the Human Papilloma Virus (HPV) vaccine series in accordance with the National Advisory Committee on Immunization Practices (ACIP) recommendations.

Objective 1

• By 2024, to achieve a **60% or 80% increase** in the number of adolescents in Georgia who have completed the HPV vaccination series

  *(Data Source: NIS Teen Survey, GRITS immunization records, HEDIS measures, NQAS ranking systems, or HPV Report Card to VFC provider, etc.)*

• **Strategy**: Target private and public health care facilities to promote policy and health system changes to prioritize HPV vaccination.


Objective 2

• By 2024, to see improved knowledge about HPV vaccination as cancer prevention among Georgia middle school, high school, and college students. (Health systems focused)

  *(Data Source: Someone You Love evaluation form, pre and post tests before and after community events and school campaigns, etc.)*

• **Strategy**: Expand small media projects such as Someone You Love, Lady Ganga, Parent-Child HPV Educational Events, and school prevention education campaigns.
Questions of Other States

• In absence of funding how do you continue to make progress?
• Rural Disparities – How are states approaching?
• Health system engagement- How to move beyond improved knowledge to action?
Thank You
CROWDSOURCING:

Its 2024 (5 years from now). The region has made dramatic strides in increasing HPV vaccination rates through collective action.

What collective strategy made the biggest impact?
CROWDSOURCING:

1. Trade cards (no reading just 1 for 1 exchange
2. Bell rings
3. Pair up
4. Read cards
5. Put 1-5 score on back
6. Repeat process when instructed (4 more times)
CROWDSOURCING:

- 1 = good idea
- 3 = very good idea
- 5 = absolutely amazing idea, we need to implement!

What collective strategy made the biggest impact?
CROWDSOURCING:

1. Take the card in your hand (it should have 5 scores)
2. Add them up and circle the total

(If you don’t have 5 scores create 5 (e.g. if most scores are ~3 give it another 3, etc.)
An Evening in Birmingham

- Shuttle will take you back to hotel
- Shuttle leaves at 5:30 & 5:50 from hotel...several trips likely
- Cash bar