WE’RE IN! 2020

HPV Cancer Prevention Initiative for Health Systems
We’re In! 2020 for HPV Cancer Prevention:

WELCOME

Noel Brewer, PhD
Professor of Health Behavior, Univ. of North Carolina
Chair, National HPV Vaccination Roundtable
The National HPV Vaccination Roundtable

Our mission is to raise HPV vaccination rates to prevent HPV cancers.

We convene, communicate with, and catalyze member organizations, and by extension the public.

hpvroundtable.org

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AGENDA

• Understand federal priorities and why health systems engagement is needed

• Learn what systems changes look like

• Outline roles for systems, state health organizations and coalitions

• Invite to join We’re In! 2020
POLL #1
HPV Vaccination Rates
Strategic Activation:

Why We Need Health Systems to Prioritize HPV Vaccination

Brett P. Giroir, M.D.
Admiral, U.S. Public Health Service
Assistant Secretary for Health
U.S. Department of Health and Human Services
HPV VACCINATION: A Call to Action
HPV: AN URGENT PUBLIC HEALTH ISSUE
34,800 HPV-ATTRIBUTABLE CANCER CASES IN U.S. EVERY YEAR

Source: https://www.cdc.gov/cancer/hpv/statistics/cases.htm
HPV vaccination rates remain unacceptably low for adolescents:

Only 51% of adolescents are up to date.
ADOLESCENTS (%) UP-TO-DATE ON HPV VACCINATION

Source: National Vaccine Advisory Committee
www.cdc.gov/hpv
HPV VACCINATION AMONG YOUNG ADULTS, 2013-2018

- Among adults aged 18–26, the percentage who ever received one or more doses of human papillomavirus (HPV) vaccine increased from 22.1% to 39.9%.
- The percentage of adults aged 18–26 who received the recommended number of doses of HPV vaccine increased from 13.8% to 21.5%.
- In 2018, non-Hispanic white adults were more likely than Hispanic adults to have ever received one or more doses of HPV vaccine.
- Among adults aged 18–26 who ever received one or more doses of HPV vaccine, the majority received the first dose between the ages of 13 and 17 years.
PERCENT ADULTS (18-26 YEARS) WHO EVER RECEIVED ≥ 1 DOSE OF HPV VACCINE, 2018

Percentage of adults (18-26 years) who ever received ≥ 1 dose of HPV vaccine in 2018, categorized by race and gender.

- **Total**:
  - Hispanic: 36.1%
  - Non-Hispanic white: 42.1%
  - Non-Hispanic black: 36.7%

- **Women**:
  - Hispanic: 48.8%
  - Non-Hispanic white: 57.9%
  - Non-Hispanic black: 44.7%

- **Men**:
  - Hispanic: 24.7%
  - Non-Hispanic white: 26.6%
  - Non-Hispanic black: 29.4%
HPV VACCINE PREVENTS CANCER

Increasing HPV vaccination series completion rates to 80% by 2025 would prevent:

- >30,000 cases of HPV cancers each year in the U.S., including almost all cases of cervical cancer
- >134,000 cases of HPV associated pre-cancerous lesions of the cervix each year in the U.S.

Source: https://www.cdc.gov/cancer/hpv/statistics/cases.htm
CONTRIBUTING FACTORS TO LOW HPV VACCINE COVERAGE AMONG ADOLESCENTS

- Providers not giving strong enough recommendations for HPV vaccine compared to other adolescent vaccines
- Missed opportunities during preventive care
- Parents refusing HPV vaccination
- Lack of HPV vaccination mandates
- Rural challenges

Source: National Vaccine Advisory Committee
The Office of the Assistant Secretary for Health

NATIONAL VACCINE ADVISORY COMMITTEE (NVAC)

HPV VACCINATION RECOMMENDATIONS TO THE ASH

NVAC developed recommendations for strengthening federal, state, and local HPV prevention coverage rates.

A future without HPV cancers is within reach, but urgent action is needed

- Encourage dissemination and implementation of evidenced based practitioner resources and collaboration
- Engage with and encourage state health officials to use existing publicly available resources for coalition building
- Request further research be conducted to better understand the needs of rural providers
- Encourage the increased use of technology-based, telemedicine systems such as tele-consulting and tele-mentoring partnerships
- Support a stronger HHS-wide social media presence to improve the reach of communication strategies and directly engage parents and adolescents to build trust

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
OASH INITIATIVE TO IMPROVE HPV VACCINE UPTAKE

• Develop and implement an engagement strategy that reaches all necessary stakeholders and catalyzes private and public collaborations

• Cultivate an understanding of the importance of the HPV vaccine as cancer prevention in rural communities

• Integrated Delivery Networks & Health Systems Enhancement

Goal: 80% HPV vaccination series completion in five years
Clinicians: Strengthening Your HPV Vaccine Recommendation Can Save Lives

April 19, 2019  |  By: Adm. Brett P. Giroir, M.D., Assistant Secretary for Health, Commissioner of Food and Drugs (Acting) and Robert R. Redfield, M.D., Director, Centers for Disease Control and Prevention (CDC)

Summary: HPV vaccination saves lives. It is the best way to protect our nation’s youth from cancers caused by HPV.

Your words are our most powerful tool to prevent thousands of HPV cancers each year in America. That’s because an effective recommendation by a trusted clinician is the best predictor of HPV vaccination. Your recommendation is simple, inexpensive, and powerful – and the best way to improve HPV vaccination rates, which remain far too low across our country. Despite the availability of a safe and effective vaccine, only half of adolescent boys and girls completed the vaccination series in 2017.
HOW CAN HEALTH SYSTEMS HELP
PRIORITIZE IMPLEMENTATION OF BEST PRACTICES

Evidence-Based Practices

▪ Presumptive recommendations
▪ Standing Orders
▪ Provider Prompts
▪ Patient reminder recall systems

Other Successful Strategies to Consider

▪ Clinical team approach
▪ Create a pro-immunization environment
▪ Designate an HPV Vaccine Champion
▪ Evaluate, sustain, and celebrate success
KELSEY-SEYBOLD CLINIC
HOUSTON, TEXAS

• EDUCATED ALL PROVIDERS
  - and partnered with industry

• TRACKED PERFORMANCE
  - physician dashboards helped to track and improve individual performance

• RECOGNIZED BARRIERS
  - trained providers on how to address parental hesitancy

• ENGAGED QI PROFESSIONALS
  - collected transparent vaccination data and shared it to all stakeholders

• EMPOWERED CHAMPIONS

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<tr>
<th>BASELINE RATES</th>
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<tr>
<td>2013 RATES</td>
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<tr>
<td>N=Adolescents Ages 13-17</td>
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<tr>
<td>Initiation &gt;=1</td>
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<td>Series completion &gt;=3</td>
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<tr>
<th>POST-INTERVENTION RATES</th>
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<tr>
<td>2018 RATES</td>
</tr>
<tr>
<td>N=Adolescents Ages 13-17</td>
</tr>
<tr>
<td>Series Initiation*</td>
</tr>
<tr>
<td>HPV Series Completion*</td>
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DENVER HEALTH  (FARMAR et al, PEDIATRICS 2016)

• Routine use of an immunization registry and recommending needed vaccines at every visit
• Medical assistants check vaccine registry for recommended vaccines at every visit
• Standing order for routine immunizations
• Vaccines are given early in the visit to allow time to observe for immediate side effects
• Providers present Tdap, MCV, and HPV as a standard “bundle” of adolescent immunizations
• Provider-level “report cards” with adolescent vaccination coverage rates
• Vaccination drives at School Based Health Centers

2013 (n = 11, 463)

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<th>≥ 1 DOSE</th>
<th>NATIONAL</th>
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<tr>
<td>Females</td>
<td>57.3%</td>
<td>89.8%</td>
<td></td>
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<tr>
<td>Males</td>
<td>34.6%</td>
<td>89.3%</td>
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<th>≥ 3 DOSES</th>
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<tr>
<td>Females</td>
<td>37.6%</td>
<td>66.0%</td>
<td></td>
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<tr>
<td>Males</td>
<td>13.9%</td>
<td>52.5%</td>
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https://pediatrics.aappublications.org/content/pediatrics/138/5/e20152653.full.pdf
# Why Make Increasing HPV Vaccination Rates a Priority for Your System?

<table>
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<tr>
<th>Decreased Costs</th>
<th>Improved Quality of Care</th>
<th>Improved Patient Experiences</th>
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<tr>
<td>- Prevents more than 90% of cervical cancer cases and reduces costs associated with abnormal Pap tests, office visits, and procedures for cervical cancer prevention.</td>
<td>- The vaccines provided to patients now are expected to protect them for the rest of their lives, improving long-term population health.</td>
<td>- Vaccination can prevent the pain and suffering that comes from HPV pre-cancer or cancer diagnosis and treatment.</td>
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<td>- Well-child visits that include the HPV vaccine may increase reimbursement.</td>
<td>- QI projects can increase HPV vaccination rates and reduce missed opportunities.</td>
<td>- On-time vaccination means patients only need two doses instead of three, saving parents and patients time and money.</td>
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<tr>
<td>- Nationally, $1.7 billion is spent annually in direct medical costs to treat conditions associated with genital HPV infections</td>
<td>- Adolescent health care quality is measured by several Healthcare Effectiveness Data and Information Set (HEDIS) performance indicators important to payers and consumers.</td>
<td>- Proactive methods such as providing vaccine reminders and advance scheduling of second doses reflect the needs and wants of patients.</td>
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<td>- HPV vaccination aligns with the Medicare Access and CHIP Reauthorization Act of 20155 (MACRA)</td>
<td>- Improving on HPV vaccination delivery can impact organizational quality measures for immunization of adolescents and adolescent well-care visits.</td>
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VACCINES.GOV: HPV VACCINATION SITES

- Nearly 3,000 Title X clinics offering HPV vaccine added to the Vaccine Finder (www.vaccines.gov)
- Vaccine Finder is an interactive tool – available to embed on any website – that allows users to search for nearby vaccination locations offering:
  - Flu
  - Hepatitis A
  - Hepatitis B
  - HPV
  - MMR
  - Shingles
  - Td/Tdap
  - Meningococcal
  - Pneumococcal
  - Varicella
HHS HPV VACCINATION RESOURCES

• Vaccines.gov
   HPV Promotional Toolkit

   #EndHPVCancers using the hashtag on social media

• Videos on the importance of HPV vaccination and engaging the faith community

Please consider retweeting @HHS_ASH and @HHSVaccines

Over 10 years of monitoring and research show that the HPV vaccine is safe, effective, and the best protection against HPV cancers.

Learn more at www.vaccines.gov

The fight against cancer starts with HPV vaccination

The HPV vaccine prevents 6 types of cancer. Join us to #EndHPVCancers
POLL #2
HPV Prioritization

1. What’s the best description of HPV prioritization in your organization? HPV vaccination is...
   - a system-wide goal (154) 53%
   - implemented differently at each site within our system (97) 33%
   - not yet a performance improvement focus in our system (41) 14%
A Health System Perspective:

Initiating an HPV Cancer Prevention Initiative

Melanie Mouzoon, M.D.
Managing Physician for Immunization Practices
Chair, The Immunization Partnership
Kelsey-Seybold Clinic
KELSEY SEYBOLD CLINIC (KSC):

- Large multi-specialty group practice in the greater Houston, TX area
- 21 locations, 400+ physicians
- Nation’s first accredited ACO
- Focus on capitation but about 50% of patients are FFS

Our system makes cancer prevention a priority; as an ACO we want the best outcomes for the entire population we serve.

Population health is an area in which we do well. We are early adopters of vaccines historically.
In Texas, a strong backlash to Gov. Perry’s mandate of HPV vaccination in schools led to growth in antivaccine sentiments and in particular refusal of this vaccine.

KSC adopted use of HPV-4 early on, but made the same mistakes as others, linking vaccine to sexual activity and distinguishing required from recommended vaccines, delivering recommendations in a way that invited refusal.
Where We Started…

- Cancer Center opening was an opportunity to take a **new approach**
- **Letters** sent under the signature of multiple department chairs and with strong anti-cancer message loud and clear
- Invited **special speakers** on cervical cancer who presented to OB and pediatric department meetings
- Disseminated **CDC materials** on making effective recommendations to pediatricians and family medicine physicians at meetings, via email, and via webinars
- **Presented HPV vaccination rates** to clinics and physicians
- Provide **ongoing consultation** on ways to improve vaccination (empower nurses to offer, bundle recommendations, start vaccination at age 9, etc.)
2019 Efforts

- **MOC project** on HPV vaccination was implemented for all primary care physicians and the discussion board encouraged adoption of bundled recommendations, catch-up vaccination, offering at 18 for those whose parents rejected vaccination earlier
- **Best practice alerts** for age 9 and also for 18-26 were instituted
- Ongoing **collaboration with industry** to review quarterly rate assessments for completion by 13 and speakers offered to all sites for encouragement of timely and effective vaccine recommendation
- Presentation to Nurse Practice Council
- **Training roadshow** to all clinic locations—HPV vaccine info, address misconceptions, recommendation delivery

**OUR NEXT STEPS:**
- Focus on completion by age 13
- More feedback of overall rates in addition to dashboard (rates of vaccination in patients seen that quarter).
Key Factors to Improving Our Immunization Practices

- **Created a role** for Managing Physician for Immunization Practices
- **Implemented national best practices** for immunization
  - Regular rate assessments
  - Reminder/recall systems
  - Standing orders
  - Policy of vaccination at every opportunity
- **Provided feedback** on rates
  - Compared to NIS and Healthy People benchmarks
  - Reported to Medical Standards Committee
  - Monitored by department and individual physicians
- **Added IT supports**
  - Best practice alerts
  - On-hold messaging
  - My Chart messaging replacing mail and telephone reminders
  - Electronic dashboards
Lessons Learned

1. Multiple approaches and lots of repetition are needed for success.

2. There are advantages to measuring change in a variety of ways—to stimulate a multi-pronged effort to protect patients from HPV cancers
   - by missed opportunities,
   - by overall completion by 13 vs among those 13-17
   - by initiation by age 11
   - by vaccine-naïve at age 18

3. Quality and Clinical Education departments have competing priorities, so it helps to set up system changes that will be ongoing such as recall/reminders that go out monthly based on specific criteria, and best practice alerts and dashboards that can be automated

4. MOC opportunities are popular and can be focused to increase HPV vaccination rates.
Kelsey-Seybold Clinic is a large multi-specialty clinic system located in Greater Houston, Texas which includes 425 providers that care for a half-million patients annually in more than 55 medical specialties at 20 locations. They were the first accredited Accountable Care Organization (ACO) in the U.S.

Overview

- In 2013, leaders at Kelsey-Sebold realized that HPV vaccination rates were not on par with other childhood vaccination rates.

- Dr. Melanie Mouzoon, a pediatrician charged with leading quality improvement initiatives for adolescent immunization, took steps with the Quality Improvement (QI) department to collaborate with department chairs in obstetrics, pediatrics, family medicine, internal medicine and oncology to improve physician recommendations for HPV vaccination and immunization rates.

- Over the past five years, Kelsey-Sebold’s HPV initiation rates for 18-year-olds have increased from 49% to 67% and series completion rates increased from 27.3% to 54%. Kelsey-Sebold accomplished this while their patient population of 13-18-year-olds more than doubled in size.
Melinda Wharton, MD, MPH  
Director, Immunization Services Division  
National Center for Immunization and Respiratory Diseases  
Centers for Disease Control and Prevention

CDC’s Perspective:  
The Role of Health Systems & Public Health Organizations
HPV vaccination is the right thing to do to protect patients.
We are failing to protect our children from future HPV cancers and pre-cancers.

Source: https://www.cdc.gov/mmwr/volumes/68/wr/mm6833a2.htm#T1_down
What are your “up-to-date” rates (i.e. 2 shots by age 13)?

- Initiation vs completion rates?
- Zero dose rates?
- Male vs female rates?
THE BIG QUESTION: Organizational Commitment to Adolescents

Does your HPV vaccination rate represent your organizational commitment to adolescent population health?
CALL TO ACTION
FOR
HEALTH SYSTEMS
We’re In! 2020 is a 12-month initiative to catalyze health systems to work collectively towards raising HPV vaccination rates to 80%. Preventing HPV cancer and increasing HPV vaccination rates.
ENGAGE YOUR LEADERSHIP:

• HPV vaccination initiatives can be more impactful when they have strong leadership support
• Position HPV vaccination as an organizational imperative for cancer prevention
• Identify opportunities to advance key adolescent immunization performance measures
We, the undersigned organization, commit to prioritize adolescent HPV vaccination to prevent cancer.

By signing on to this initiative, we agree to the following:

1) Determine our baseline HPV vaccination rates for adolescents by age 13.

2) Work collectively as part of this national movement to raise rates towards 80% for boys and girls.

3) Immunize to prevent HPV cancers and protect adolescent population health.

4) Set a performance improvement goal to deliver on-time HPV vaccination for all our adolescent patients (i.e., 2 shots by age 13).
Optional Components:

- Share baseline rate (by 13)

- Share mid-year and end of year progress updates via short online forms

- Share progress on future webinars, social media channels, blogs or e-updates
We’re In! 2020

Your Health System is Invited to Join We’re In! 2020 for HPV Cancer Prevention

Healthy People 2020 is here! This year, we are calling upon U.S. health systems to protect adolescent population health by preventing HPV cancers.

Only 51% of teens are fully vaccinated against HPV cancers. We can do much better.

Your health system is part of the solution. The National HPV Vaccination Roundtable invites your organization and public health partners to join us in a national movement to prioritize and improve HPV vaccination. Sign on today for a year of learning, networking, and improving health through cancer prevention.

www.hpvroundtable.org/were-in-2020
Call to Action:

COALITIONS & STATE HEALTH ORGANIZATIONS

- Identify health systems serving adolescent populations
- Leverage opportunities to meet with system leaders and discuss HPV prioritization
- Encourage systems to sign-on to the We’re In! 2020 Commitment
- Share hpvroundtable.org/health-systems & intervention resources
- Follow the HPV Roundtable on social media or website for updates
- Connect health systems to local partners for support
POLL #3
Joining *We’re In! 2020*

**Sharing Poll Results**
Attendees are now viewing the poll results.

1. How likely is your organization to join the *We’re In! 2020 Initiative*?

   - Very likely: 126 (51%)
   - Somewhat likely: 76 (31%)
   - Unlikely: 1 (0%)
   - Not sure yet: 45 (18%)

*Stop Share Results  Re-launch Polling*
SUPPORTING YOUR WORK:

The Influencer Toolkit—Resources for Health Systems

Jennifer Nkongha, MS
Director, Health System & Provider Engagement
National HPV Vaccination Roundtable
Health Systems Influencer Toolkit (aka the Health Systems Webpage)

www.hpvroundtable.org/health-systems
HPV PRIORITIZATION STORY DECKS
CLINICIAN & HEALTH SYSTEM ACTION GUIDES

Available for download at hpvroundtable.org/action-guides
HEALTH SYSTEM SHOWCASES
EDUCATIONAL OPPORTUNITIES
ROUND TABLE RESOURCE LIBRARY

hpvroundtable.org/resource-library/
WE’RE IN!
2020 WEBINARS:

• January 28, 2020 at 1:00pm ET – Launch

• February 28th, 2 p.m. EST - Data & Evidence-based Interventions
  o Uncovering your rates
  o Data success stories: Lessons Learned
  o Data tools: Steps Guide
  o Best practices

• May—Back to School Preparation
  o Vaccination season prep
  o Best practices: patient reminders
  o System showcase

• Sept/Oct—Mid-year Progress
  o How are we faring?
  o Challenges and solutions
  o Innovations from systems

• February 2021—Results
  o Celebrating collective progress
  o Sharing national data
  o Recognizing Hall of Fame achievers
  o Showcase of best practices
Quick Start Content for
We’re In! 2020

We’re In! 2020 is a call to action for U.S. health systems to join a national movement dedicated to improving adolescent health through HPV cancer prevention. Organizations sign-on to an honorary commitment to improve their system’s rates over the course of 2020 so that collectively move towards 90% as a nation.

This Quick Start Guide contains pre-written content to help you start using the National HPV Vaccination Roundtable’s We’re In 2020 symbol and messages.

We’re In! 2020 LOGO
This symbol and its variations are to be used by health systems and public health organizations which have signed on to the We’re In! 2020 honorary commitment. Logo usage requires completion of a simplified usage agreement.

We’re In! 2020 VISUAL FILES
To download this symbol, please visit the link below for both high-res and low-res files.

We’re In! 2020 QUICK START GUIDE

WEBPAGE CONTENT ……………………………………………………………. 1
PRESS RELEASE ………….……………………………………………………. 4
EMAIL TO HEALTH SYSTEM STAFF …………………………………………. 5
NEWSLETTER BLURB ………………………………………………………….. 7
GET SOCIAL ……………………………………………………………………… 8
SOCIAL MEDIA POSTS …………………………………………………………. 8
SOCIAL IMAGES ………………………………………………………………… 9
POWERPOINT TEMPLATES AND PRESENTATIONS ……………………… 9

WEBPAGE CONTENT
HEADLINE: [ORGANIZATION NAME] is Protecting Our Children From Cancer
IMAGE: DOWNLOAD
BODY:
In 2020, [ORGANIZATION NAME] will join health systems from across the country in improving long-term adolescent health outcomes by raising HPV vaccination rates to prevent HPV cancers. We are joining the national initiative, We’re In! 2020, which will work toward collectively raising U.S. HPV vaccination rates to 90%.

Adolescent immunization is key to long-term population health. By joining the We’re In! 2020 initiative, our leadership is prioritizing on-time HPV vaccination for all adolescent patients to protect them from cancer.

The national We’re In! 2020 initiative is led by the National HPV Vaccination Roundtable, with key leadership provided by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. The collective strength and focus of this national effort will push our nation towards eliminating HPV cancer.

According to the CDC, HPV causes about 34,800 cases of cancer in men and women each year in the U.S. HPV vaccination is recommended for both boys and girls at ages 11 or 12 years but can be started as early as age 9. HPV vaccination is cancer prevention, yet only 26% of teens in the United States have received the first dose of the HPV vaccine and only 17% of females are up to date on their HPV vaccinations. We must do better to protect our children from cancer.

INSERT a paragraph about why your organization supports HPV vaccination. This statement is an important opportunity to share your organization’s stance on the importance of immunization. Highlight any innovative changes or community initiatives your system plans to implement in 2020.

By joining other health systems and public health organizations as part of We’re In! 2020, we add our voice to strengthen support for HPV vaccination. Parents and healthcare professionals need to hear that HPV vaccination is safe, effective and necessary to help keep boys and girls healthy into adulthood.

INSERT call to action for your health system. This could be a link to make an appointment or a link to additional information on your website.

More Information About HPV Vaccination:

WE’RE IN! 2020
QUICK START CONTENT
ROADMAP LETTER & CERTIFICATE OF COMMITMENT
LINKEDIN WE’RE IN! 2020 GROUP

https://www.linkedin.com/groups/12334730/
**We’re In! 2020: Benefits to Partners**

<table>
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<th>Benefits</th>
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<tr>
<td>Supportive framework for cancer prevention with an adolescent population health focus</td>
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<tr>
<td>Access to educational webinars to hear from national experts and high performing systems</td>
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<tr>
<td>Use of <em>We’re In! 2020</em> symbol and promotional toolkit</td>
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<td>Listing on HPV Roundtable website</td>
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<tr>
<td>Opportunities for progress to be showcased on HPV Roundtable online platforms and social media</td>
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<tr>
<td>Access to peer organizations</td>
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<tr>
<td>Access to tools and resources to support evidence-based interventions</td>
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<td>Hall of Fame listing for systems reaching various performance levels</td>
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[www.hpvroundtable.org/health-systems](http://www.hpvroundtable.org/health-systems)
POLL #4
Health System Resources

1. Do you plan to use any of today's resources to accelerate changes in your health system?

- Absolutely yes: (145) 64%
- It's likely: (55) 24%
- Maybe some: (16) 7%
- TBD: (12) 5%

Stop Share Results  Re-launch Polling
WE’RE IN! 2020

ENGAGEMENT ROADMAP

1. JOIN WE’RE IN
   hprroundtable.org/were-in-2020

2. GET RECOGNIZED
   Organizations will be listed on our website and social media. Share your logo with us for more visibility.

3. LEARN TOGETHER
   Join webinars, read e-updates, peruse expert blogs, and find educational sessions and materials.

4. ACCESS CURATED HEALTH SYSTEM RESOURCES
   hprroundtable.org/health-systems

5. JOIN OUR LINKEDIN GROUP
   https://www.linkedin.com/groups/12234730

6. SHARE PROGRESS
   Showcase your progress, lessons, and challenges in mid-year and end-of-year progress updates.
Q & A

Enter your questions in the Q & A pod

ACCESS TOOLS:  www.hpvroundtable.org/health-systems

JOIN WE'RE IN! 2020: www.hpvroundtable.org/were-in-2020
We hope that your organization will join us and say “we’re in” for HPV cancer prevention in 2020.