# \\www.societysource.org@SSL\DavWWWRoot\sites\CC\CCS\BG\HPVR\Shared_Documents\Updates, Flyer, Logo, and General Templates\HPV-RT Assets_Logos_Style Guide_Letterhead_PPt Templates\Logos and Style Guide\Standard-Logo-RGB.jpgMEETING SUMMARY

**July 20, 2017, 3 p.m. ET**

**Best Practices Task Group**

**ATTENDEES**

**Committee Members:** Paul Reiter (Chair), Noel Brewer, Jasmin Tiro, Greg Zimet, Melissa Gilkey, Rebecca Perkins

**Staff:** Jennifer Sienko (ACS), Laura Koehler (Hager Sharp), Cecily Naron (Hager Sharp)

**DISCUSSION**

# **February Meeting Planning: Overview**

* The task group discussed plans for the next HPV Roundtable national meeting (February 26–27, 2018 in Atlanta, GA). Session topics will align with the gaps identified in the Best Practices paper as top priorities: social media and vaccine confidence, healthcare provider interventions, and system-level approaches. The meeting agenda will clarify that the three session topics were selected in response to the identified gaps.
1. **February Meeting Planning: Session 1—Social Media and Vaccine Confidence**
* *Potential Moderator*
	+ The moderator is to be determined. Group members should send suggestions to Paul Reiter.
	+ Christine Vara or Amy Pisani at Every Child By Two (both Roundtable members) were considered. Task group members agreed that Amy Pisani could be a good option.
* *Potential Speakers*
	+ **John Brownstein, PhD (Boston Children’s Hospital, Harvard University):** John is involved with the Vaccine Sentimeter, a publicly available platform for monitoring vaccination-related content on social media. His talk could focus on the tool and how to use it for other research.
	+ **Adam Dunn, PhD (Australian Institute of Health Innovation, Macquarie University):** Adam can present on how to apply what we know from research about vaccination and social media. As he is based in Australia, Adam would need to speak remotely. Jennifer Sienko will work with the logistics coordinator to confirm whether this will be technologically possible at the meeting hotel.
	+ **Beth Sundstrom, PhD, MPH (College of Charleston):** Beth spoke on a previous task group call about increasing engagement on Twitter.
	+ **Eve Dubé, PhD (Laval University):** Eve has a framework around vaccine confidence and has done work in middle income countries, so her insight should be applicable to the U.S.
	+ **Maria Fernandez, PhD (University of Texas, School of Public Health):** Maria was proposed to speak about using testimonials and narrative to spread information.
* *Discussion*
	+ First choices for speakers included John Brownstein, Adam Dunn, Beth Sundstrom, and Eve Dubé. Paul will reach out to all four.
	+ The purpose of the session is to host speakers who can cover vaccine confidence or social media; they do not need to be able to address them in combination. The number of speakers on each topic should be balanced.
	+ Melissa Gilkey conducted a literature search on vaccination confidence but did not find much specific to HPV vaccination. She sent a list of potential vaccine confidence speakers to Paul for review.
	+ Each session will last 45 minutes to an hour. Each speaker will have about 10–15 minutes.
	+ The group discussed openings for experts on the following topics:
		- Using testimonials or narratives to spread messages—this could explore what makes issues catch/spread on social media and how contagion works through social processes
		- Successful interventions (to complement the research/academic focus of other speakers)
		- Exploring data on method effectiveness—the speaker could be from the marketing/communications department of a business school, does not need to be in the vaccination space
		- Trust in pharmaceuticals—this could be someone from a pharmaceutical company, but caution would be necessary to avoid any appearance of conflict of interest
		- Addressing anti-vax voices on social media
1. **February Meeting Planning: Session 2—Healthcare Provider Interventions**
* *Potential Moderator*
	+ To be determined.
* *Potential Speakers*
	+ **Amanda Dempsey, MD (University of Colorado Denver):** A member suggested removing Amanda from this list because her work focuses more on communications trainings and less on healthcare providers.
	+ **Huong McLean, PhD (Marshfield Clinic Research Institute)**
	+ **Sally Vernon, PhD (The University of Texas Health Science Center at Houston):** Sally’s work was done in conjunction with Maria, who spoke at the August 2016 meeting. This is something to keep in mind to avoid overlap.
	+ **Melissa Gilkey, PhD (Harvard University Department of Population Medicine):** Melissa could present on her systematic review.
	+ **Cynthia Rand, MD, PhD (University of Rochester):** Cynthia was proposed to speak on learning collaboratives and HPV vaccination.
	+ **Alix Casler, MD (Pediatrician, Orlando Health):** Alix was recommended as a charismatic speaker with a strong focus on quality improvement efforts and who achieved significant rate improvements in her practice. A concern is that the change was specific to her own clinic and she does not have significant academic/research experience. She could serve as a backup speaker.
	+ **Rebecca Perkins, MD (Boston University):** Rebecca noted that she may not have data to present by the February meeting, but the ACS HPV vaccine project will have data from its pilot year. There were quality improvement interventions in the work.
	+ **Anne Devi Wold, MD (Fertility Solutions, Rhode Island):** Anne was integral in raising rates in Rhode Island and could speak to her experience.
* *Discussion*
	+ The healthcare provider intervention session can address the following issues: encouraging healthcare providers to implement quality improvement projects, involving the entire healthcare team/staff, increasing vaccination during acute care visits, optimizing peer interaction between clinics, and the interventions that are feasible in primary care settings
	+ This session will be restructured to feature more speakers, each allotted with a shorter amount of time. Speakers can talk about their efforts that have successfully engaged providers. This idea will be discussed further on the August call.
	+ Melissa is happy to stay on the presenter list and can give updates on her systematic review.
	+ Rebecca proposed the idea of brief talks about the best experiences they have had in getting providers in the room for sessions.
	+ Paul suggested a format for this session that encourages “speed discussions” about the topic and solicits feedback on participants’ experiences.
	+ Another option is a round-robin format where people at each table discuss their experiences and come together as a large group to discuss the best ideas. Assigned seats would be necessary for this idea to ensure a robust discussion.
1. **February Meeting Planning: Session 3—System-level Approaches**
* Due to time, the discussion on this session was delayed until the next task group call.
* *Potential Moderator*
	+ To be determined.
* *Potential Speakers*
	+ **Jane Zucker, MD, MSc (Assistant Commissioner for Immunization, New York City Department of Health and Mental Hygiene)**
	+ **Anna-Lisa M. Farmar, MD (Denver Health Medical Center)**
	+ **Tracy Bieber, RN (Immunization Strategy Manager, Sanford Health in South Dakota)**

**FOLLOW-UP ITEMS AND ACTION STEPS**

• **Paul** **Reiter** will begin reaching out to the proposed speakers.

* **Jennifer Sienko** will talk to the logistics coordinator about the feasibility of Adam Dunn presenting remotely during the conference.
* **Jennifer Sienko** will add the goals for each session topic (pulled from the Best Practices paper) to future call agendas.
* The **next task group** **call** is scheduled for August 17 at 3 p.m. ET.