
STATE COALITIONS & ROUNDTABLES TASK GROUP MEETING SUMMARY FROM DALLAS, TEXAS *NOVEMBER 8, 2017*

Welcome & Introductions

- Members were welcomed by Chair Bethany Kintigh, Association of Imm. Managers/Iowa Dept. of Health
- Attendees included:
 - Achal Bhatt, CDC
 - Noel Brewer, UNC/Cervical Cancer Free NC
 - Lauren Chambers, National Vaccines Program Office
 - Maria Fernandez, Univ. of Texas Health Science Center
 - Marcie Fisher-Borne, American Cancer Society
 - Nikki Hayes, CDC
 - Lily Kan, Nat. Assoc. of County and City Health Officials
 - Deanna Kepka, NCI Cancer Centers/Huntsman Cancer Institute
 - Allison McGuire, Deep South Network for Cancer Control
 - Kristin Oliver, American Academy of Pediatrics
 - Greg Parkington, ACS
 - Jane Pezua, California Dept. of Public Health, Immunization
 - Trisha Schultz, National Area Health Education Centers Organization
 - Sarah Shafir, ACS
 - Cindy Vinson, National Partners for Comprehensive Cancer Control
 - Melinda Wharton, CDC
 - Greg Yoder, Merck, Inc.
 - HPV Roundtable staff: Jennifer Nkonga, Director, Health Systems & Provider Training; Debbie Saslow, HPV Roundtable Vice-Chair & Sr. Director of HPV Related and Women's Cancers, ACS

UNDERLYING TENETS of Planning for 2018 Work:

- Don't reinvent the wheel
- Work more efficiently
- Avoid redundancy
- Maximize impact
- Strong effective coalitions need strategic partnership with key stakeholders
- Coalitions can facilitate/promote provider education and team trainings

Updates from States' Coalition Work

Iowa's HPV Working Group is part of the Iowa Cancer Consortium and has around 70 members. HPV vaccination is part of the state's new cancer plan. Initiated a postcard mail campaign to 3 large managed care organizations, sending over 35,000 postcards. Other plans are now coming to the table. Also working with large health systems, like Mercy, to partner on QI projects. The IA DOH also produced a suite of HPV survivor videos used by the coalition at their annual meeting.

Intermountain HPV Coalition originated with funding from a NCI supplement and engages 8 states and over 330 coalition members. They host monthly webinars on hot topics and meet in person a couple times per year. The coalition partnered with AAP in Utah on a QI project, which led to a broader collaboration in 4 other states contracted to the coalition. Working to help connect HPV cancer survivors to pediatrician audiences.

Alabama's HPV Vaccination Coalition grew out of a NCI environmental scan supplement to the University of Alabama at Birmingham Comprehensive Cancer Center. Through the supplement, UAB conducted quantitative data collection, provider surveys, and qualitative interviews with pediatricians. UAB, in partnership with ACS and other statewide organizations, also led the establishment of a coalition of organizations from across Alabama to address barriers and improve human papilloma virus vaccination rates in the state. The Alabama HPV Vaccination Coalition met to develop a roadmap. Prior to the meeting, a preconference worksheet was developed to determine priorities and/or gaps to be addressed in order to promote HPV vaccination uptake among children and adolescents under 19 years of age in Alabama within research, education/outreach, clinical practice. Once priorities were identified, participants were then asked to rank the submitted ideas. The goal was to establish the top 3-5 priorities for the short-term and the top 3-5 priorities for the long-term under each programmatic area, and focus on these priorities during the meeting. The meeting was then focused on the top priorities identified by the group. Working groups were created on research, education/outreach, and clinical practice. The HPV Vaccination Coalition has since met on a regular basis. The group has also released a joint "call to action" in partnership with participating organizations urging health care providers to recommend HPV vaccination to all of their eligible patients and discuss its benefits with their patients and colleagues.

Given the limited resources in support of the coalition, participating organizations have taken turns hosting the meetings. Organizations participating in the coalition include the Alabama Chapter of the American Cancer Society (ACS), American Academy of Pediatrics - Alabama Chapter, Alabama Department of Public Health Immunization Division, Alabama Comprehensive Cancer Coalition, Alabama Breast and Cervical Cancer Early Detection Program, Alabama Vaccines for Children Program, Alabama Medicaid Agency, Alabama Pharmacy Association, Alabama Child Health Improvement Alliance, Area Health Education Center - Alabama Chapter, Blue Cross Blue Shield of Alabama, Children's of Alabama, VIVA Health, and researchers from both UAB and the Mitchell Cancer Institute.

Texas HPV Coalition launched in Feb. 2017 after initial footwork to contact and connect with appropriate stakeholders. Forty-six attendees came to the first meeting and formed workgroups (policy, financial incentives, data, provider education, systems change). They prioritized overarching objectives and intend to create a repository of Texas resources for providers and consumers. They will meet again in spring 2018.

California HPV & Cervical Cancer Workgroup was established in 2016 as part of work on the 2016-2020 Cancer Plan. As part of the comprehensive cancer program of work, an HPV Roundtable was added to their action plan and approved by the workgroup. In June of 2017, 30 stakeholder met to discuss whether it was necessary to create a roundtable, and the group decided to move forward. The group met in Sacramento in Nov. to build out a steering committee inclusive of AAP, UCD Cancer Center, ACOG, STD, ACS, Imm. Coalition, School-Based Health Alliance. The group was also working to identify other stakeholders and planning to convene in Feb. 2017.

2018 Project Discussion & Planning

KEY QUESTIONS ADDRESSED:

1. **What is the role of the HPV Roundtable vis-à-vis state coalitions?**
 - a. Roundtable needs to define what we want state coalitions to do and message that information out to states/regions (see Q2 for answer)
 - b. Roundtable needs to define our supportive role:
 - i. Proponent of advancing EBIs and appropriate EBI adaptation
 - ii. Serve as a convening model (similar to Iowa listening session)/share our organizational tools/techniques
 - iii. Facilitate best practice sharing across the country
 - iv. Encourage stakeholder engagement Ex: engage AAP chapters for TA
 - v. Guide on how to market events
 - vi. Connect coalitions to subject matter experts
 - vii. Host meetings/forums of regional stakeholders

2. **What strategic opportunities can we take in the next year that maximize efficiency, have high impact, and are sustainable?**

a. **EBI Dissemination: Make existing materials and resources easier to find and use**

i. **Disseminate EBIs--help create demand for what's already available**

- Roundtable needs to endorse EBIs and provide clear guidance to coalitions
- Use the HPV Roundtable website...don't reinvent the wheel
- Provide examples of materials to distribute to health systems that they can brand with their coalition; tell them what we endorse!
- Consider offering CPCR training which categorizes EBIs as a model to promote

ii. **Adapt EBIs--Give guidance on how to choose and adapt EBIs for local implementation**

- Identify content/tools more appropriate for specific needs: rural/urban/suburban, high resource/low resource, geography/region, key metrics/rates
- Help users assess quality of interventions

iii. **Create new national/regional/state resources**

- Develop virtual products recommending EBIs
- Roundtable can share/showcase success stories and/or case studies

b. **Engage Health Systems with State Coalitions**

a. Develop a meeting model for state coalitions to engage health systems leaders

b. Develop health system case studies

*****POST MEETING NOTE: WE RECOMMEND REFERING THIS IDEA TO NEW TASK GROUP ON INTEGRATED HEALTH SYSTEMS LAUNCHING IN FEB. 2018.**

- c. **Regional Capacity Building: provide multipronged support to regions**
- i. **Bring technical assistance and networking opportunities to regions to showcase promising practices, share successful models and exchange information**
- Convene coalition leaders in regional forums/gatherings
 - *Strategy: Utilize regional HRSA Health Administrators*
 - Get them info on HPV Roundtable/task group/ goals/initiatives
 - Introduce them to state coalition leaders
 - Their role is to address task group challenges around capacity issues and institutional barriers and help prioritize dissemination of early stage best practices, then help identify gaps
 - Can play a role in convening
 - Create a web forum/"channel" for coalition leaders to exchange experiences and have access to mentors
 - Develop a listserv for information exchange
 - Create regional networks/communities of practice; could be based on culture/readiness/coverage rates/political situation vs. geographic region.
- ii. **Develop new resources/products** and promote existing for regional/state coalition work
- Create a platform for ongoing dialog and peer to peer sharing
 - Create a 101 Steps Guide for HPV Vaccination Coalitions
 - Create a road map(s) on how to navigate to existing resources
 - Develop new easy to do resources identified in small workgroups
 - Incorporate other asks from Iowa for new materials/tools
- iii. **Develop web-based resources**
1. Create resource guide. (See: <http://hpvroundtable.org/state-coalition-guide/> posted in Jan. 2017)
 2. Create place for shared resources from states (case studies, evidence)
 3. Connect our website to state HPV coalition websites

PARKING LOT ISSUES: For follow-up discussion

- Work with Dentists
- Adaptation versus implementation (see Cindy/Maria)
- Healthy People 2020: 2 dose discussion
- CDC: Is there going to be a HPV communications campaign? If so, when?