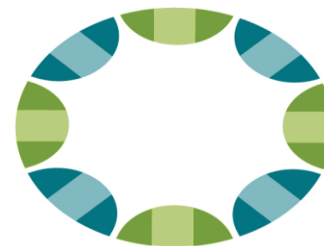




State Coalitions & Roundtables Task Group Call

Sep. 19, 2018 @ 4-5 p.m. EST

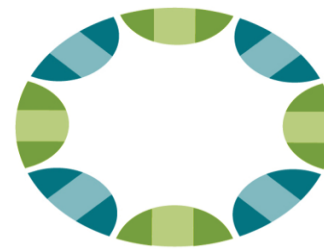


National
HPV
Vaccination Roundtable

Agenda

- I. Welcome
- II. Member News & Updates
- III. NVAC Report Update
- IV. Task Group Project Discussion
 - Online forum
 - State coalitions survey
 - SE Regional HPV Coalition Leadership Summit
- V. Roundtable Updates

MEMBER NEWS & UPDATES



National
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Strengthening the Effectiveness of National, State, and Local Efforts to Improve HPV Vaccination Coverage in the United States: Recommendations From the National Vaccine Advisory Committee

Public Health Reports
2018, Vol. 133(5) 543-550
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SAGE

Approved by the National Vaccine Advisory Committee on June 25, 2018

Abstract

In February 2018, recognizing the suboptimal rates of human papillomavirus (HPV) vaccination in the United States, the assistant secretary for health of the US Department of Health and Human Services charged the National Vaccine Advisory Committee (NVAC) with providing recommendations on how to strengthen the effectiveness of national, state, and local efforts to improve HPV vaccination coverage rates. In the same month, the NVAC established the HPV Vaccination Implementation Working Group and assigned it to develop these recommendations. The working group sought advice from federal and nonfederal partners. This NVAC report recommends ways to improve HPV vaccination coverage rates by focusing on 4 areas of activity: (1) identifying additional national partners, (2) guiding coalition building for states, (3) engaging integrated health care delivery networks, and (4) addressing provider needs in rural areas.

Keywords

National Vaccine Advisory Committee, human papillomavirus, immunization, coalition, health systems, rural health

Introduction

In June 2015, the National Vaccine Advisory Committee (NVAC) issued the report, "Overcoming Barriers to Low HPV Vaccine Uptake in the United States: Recommendations From the National Vaccine Advisory Committee."¹ The report provided recommendations to the assistant secretary for health (ASH) on strategies to increase human papillomavirus (HPV) vaccine uptake among adolescents by reviewing the current state of HPV immunization, exploring the root causes for low vaccine uptake in both initiation and series completion, and identifying some of the best practices currently in use to attain high immunization coverage. The NVAC endorsed, among other recommendations, the recommendations of a report issued by the President's Cancer Panel, a federal advisory committee of the National Institutes of Health's National Cancer Institute, *Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer*.²

Since the 2015 report, a range of policy and program changes and advances in research have resulted in progress on HPV vaccination.¹ In 2016, the Advisory Committee on

Immunization Practices updated its HPV vaccination guidance to routinely recommend a 2-dose schedule for males and females aged 9-14, while maintaining a 3-dose schedule for those aged ≥ 15 .³ Shortly thereafter, 2 existing Healthcare Effectiveness Data and Information Set measures that assessed the receipt of adolescent vaccines were modified and combined. Specifically, in 2017, the Human Papillomavirus for Female Adolescents measure and the Immunizations for Adolescents measure were combined to report receipt of all recommended vaccines (meningococcal, tetanus-diphtheria-acellular pertussis, and HPV) for both male and female adolescents.^{2,4,5} The 2-dose schedule and updated Healthcare Effectiveness Data and Information Set measure may increase vaccine uptake among adolescents.

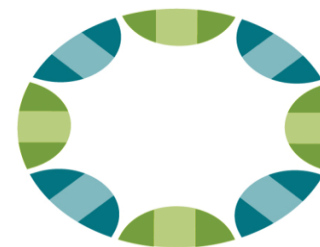
Primary care providers deliver most vaccinations in practice-based settings in the United States, but there is a

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NVAC Report

<http://journals.sagepub.com/doi/full/10.1177/0033354918793629>



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Focus Area 1: Are There **Additional National Organizations** That Might Contribute to Increasing HPV Vaccination Coverage?

Recommendations:

- 1.1. To promote inclusion of **new health care partners**, the ASH should encourage further development, dissemination, and implementation of evidence-based practitioner resources and support collaborative relationships.
- 1.2. The ASH should encourage enhanced engagement with **payers, employers, and quality improvement organizations** to increase communication to beneficiaries about HPV vaccine coverage and the importance of receiving the full HPV vaccination series.
- 1.3. The ASH should encourage employers and payers to **link value-based payment to provider benchmarks** for HPV vaccination.
- 1.4. The ASH should encourage the Health Resources and Services Administration to include an **HPV vaccination adolescent measure in the Uniform Data System**, which serves as a reporting requirement for Health Resources and Services Administration grantees in community health centers, migrant health centers, health centers for homeless grantees, and public housing primary care organizations. The data should be used to improve health center performance and operation and to identify trends over time.

Focus Area 2: At the State Level, Many States Have Formed Coalitions to Support HPV Vaccination Efforts. **Is There General Guidance for States That Do Not Yet Have Coalitions?**

Recommendations:

- 2.1. The ASH should engage with and encourage state health officials to use existing publicly available resources for coalition building and partner coordination, including the **National HPV Vaccination Roundtable's "State Coalitions and Roundtable Guide."**
- 2.2. The ASH should encourage continued collaboration and active **engagement between immunization and cancer advocacy groups** to increase the availability of resources for HPV immunization.

Focus Area 3: How Can State Immunization Programs and Coalitions Engage With Health Systems to Work Together on Improving HPV Vaccination Coverage?

Recommendations:

- 3.1. The ASH should work with state health officials and local health departments as key immunization leaders to **engage with regional and local health systems and integrated delivery network executives** to prioritize HPV vaccination as an effective means for cancer prevention and to develop accountability mechanisms to track and incentivize performance.
- 3.2. The ASH should engage the Office of the National Coordinator for Health Information Technology, state health officials, and partners to support interoperability by encouraging **bidirectional electronic data exchange** and broad use of immunization data across EHRs and IISs and with all federal partners, particularly as it relates to HPV immunization.

Activities may include:

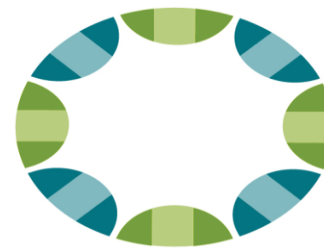
- 3.2.1. Supporting the onboarding process of new users (ie, getting a provider organization ready to send, submit, and query patient data from an EHR to the IIS), including adult providers.
- 3.2.2. Developing a memorandum of understanding or data use agreement among the US Department of Defense, US Department of Veterans Affairs, and IISs to support immunization data exchange.
- 3.2.3. Supporting the acceleration of current EHR, pharmacy information system, and IIS standardization efforts, including promoting functionality that supports query and response for clinical decision support.
- 3.3. The ASH should work with state health officials, local health departments, and their partners to **encourage the use of IISs and EHRs** to:
 - 3.3.1. Generate coverage assessments for a provider's population for use in targeting reminder efforts for adolescents who are due and past due for HPV vaccination.
 - 3.3.2. Assess opportunities to vaccinate individuals in a provider's practice to reduce missed opportunities to vaccinate and increase protection for populations (eg, through the use of clinical decision support and quality improvement processes such as Assessment, Feedback, Incentives, and eXchange).

Focus Area 4: Please Specify Recommendations on How to Meet the Needs of Providers in Rural Areas

Recommendations:

- 4.1. The ASH should request **further research** be conducted to better understand the needs of rural providers in supporting the administration of or referral to vaccination services in rural environments and to identify and determine barriers to accessing vaccination services for patients in rural settings.
- 4.2. The ASH should **encourage the increased use of technology-based telemedicine systems**, such as teleconsulting and telementoring partnerships, to reach rural and underserved communities to strengthen provider education on HPV vaccination and cancer prevention.
- 4.3. The ASH should support a **stronger social media presence across the US Department of Health and Human Services** to improve the reach of communication strategies and directly engage parents and adolescents to build trust and recognition about the importance of HPV vaccination and how to best engage patients in rural communities.

PROJECT WORK



National
HPV
Vaccination Roundtable

OBJECTIVE 1:

Identify existing resources and develop new resources for the *Online Coalitions Guide* and promote to state/regional/municipal coalitions

OBJECTIVE 2:

Showcase state successes and provide technical assistance and evaluation guidance through online forums

OBJECTIVE 3:

Partner with key system and coalition leaders to advance state-level initiatives

OBJECTIVE 1:

Identify existing resources and develop new resources for the *Online Coalitions Guide* and promote to state/regional/municipal coalitions

ACTIVITIES:

1a. Take inventory of existing tools



1b. Build out resources identified by stakeholders and subgroups in fall of 2017—**ONGOING IN 2018-2019**

1c. Promote Online Guide broadly to coalitions and collect their feedback



REMEMBER
ME?

Online Guide for State Coalitions

Not secure | hpvroundtable.org/state-coalition-guide/


HPV RT Internal Share | hpv/ < Log In | HPV | ACS | Concur Travel & Expense | Multimedia Tools | Save to BigOven | TO READ | CDC | Orgs | Education

Customize | 25 | New | Edit Page | Popup Maker | Forms | Sidebar Debut

Welcome Jennifer Nkongal | Logout | Search ... | Search

About | Resource Library | Member Information | Task Groups | Get Involved

State Coalitions & Roundtables Guide



Guidance for Coalition Work

The HPV Roundtable supports state and local HPV vaccination efforts by gathering stakeholders, sharing guidance and promising practices, and developing new resources for this work. After meeting with HPV coalition leaders from nine different states, members of the State Coalitions & Roundtable Task Group worked together to develop the topics in this "living" Guide. We are a work in progress, so keep checking back over 2018 to see what's new.

Coalition Engagement & Management

- Data
- Education
- Evidence Based Interventions
- Private: Outcomes
- Policy
- Stakeholders
- Targeted Audiences

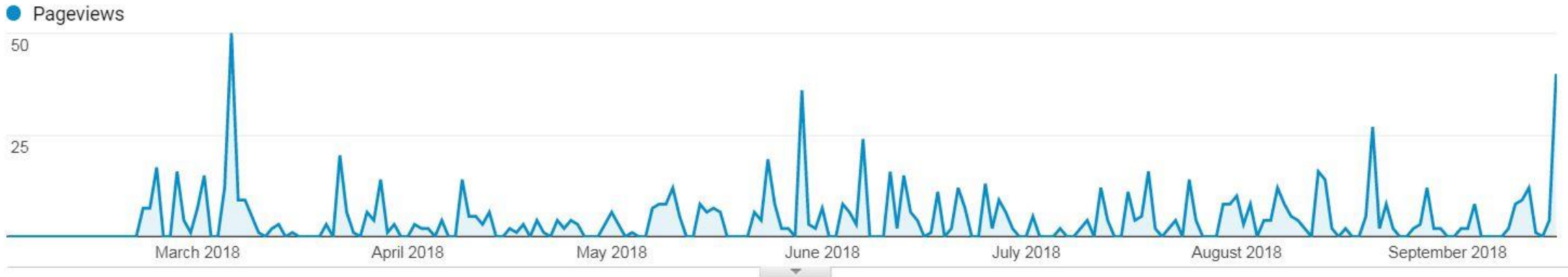
What resources are there to support your work as a HPV Vaccination Coalition?

Plenty!

Resource	Description	Owner
Action Guides for Clinicians & Health Systems	A suite of 6 action guides developed by our Provider Training Task Group. These are helpful tools and best practice interventions for your constituents.	HPV Roundtable
Association of Immunization Managers Leadership Modules on "Organizing Your Team for Success"	Two 20 minute modules by Debra M. Fish, Psy.D., Fish Executive Leadership Group, LLC. Modules explore leadership principles such as how to build a team culture, making optimal role assignments, and how to sustain motivation.	AIM
Cancer Coalition Identity & Branding	A great how-to guide for coalitions to understand how to speak with one voice to create a strong identity and brand.	ACS, NACHD
Establishing Partner Networks	A website of tools and guidance for state-level HPV coalitions	CDC

<http://hpvroundtable.org/state-coalition-guide/>

Online Guide Page Views

Primary Dimension: **Page** Other ▾

Plot Rows

Secondary dimension ▾

Sort Type: Default ▾

advanced

<input type="checkbox"/>	Page ?	Pageviews ? ↓	Unique Pageviews ?	Avg. Time on Page ?	Entrances ?	Bounce Rate ?	% Exit ?	Page Value ?
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<input checked="" type="checkbox"/>	1. /state-coalition-guide/	964(100.00%)	489(100.00%)	00:01:49	278(100.00%)	40.93%	32.78%	\$0.00 (0.00%)

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Overall Page Views



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2.	/	10,121 (20.89%)	5,846 (22.90%)	00:00:34	4,947 (32.58%)	16.69%	20.62%	\$0.00 (0.00%)
3.	/power/	6,143 (12.68%)	3,343 (13.10%)	00:01:01	2,941 (19.37%)	19.07%	45.42%	\$0.00 (0.00%)
4.	/action-guides/	4,754 (9.81%)	2,981 (11.68%)	00:02:08	2,452 (16.15%)	49.25%	51.28%	\$0.00 (0.00%)
5.	/power-download-2018/	2,135 (4.41%)	656 (2.57%)	00:01:24	449 (2.96%)	7.00%	22.90%	\$0.00 (0.00%)
6.	/roundtable-member-organizations/	1,518 (3.13%)	784 (3.07%)	00:00:55	114 (0.75%)	22.88%	20.82%	\$0.00 (0.00%)
7.	/get-involved/eliminate/	1,509 (3.11%)	573 (2.24%)	00:01:02	433 (2.85%)	8.92%	30.15%	\$0.00 (0.00%)
8.	/state-coalition-guide/	964 (1.99%)	489 (1.92%)	00:01:49	278 (1.83%)	40.93%	32.78%	\$0.00 (0.00%)
9.	/speakersbureau/	906 (1.87%)	483 (1.89%)	00:01:24	263 (1.73%)	37.97%	35.65%	\$0.00 (0.00%)
10.	/were-in/	764 (1.58%)	471 (1.85%)	00:01:26	259 (1.71%)	49.81%	41.49%	\$0.00 (0.00%)

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NOW
AVAILABLE:

Online Guide Sell Sheet





Resources for State & Local HPV Coalitions

The Online Guide for State HPV Coalitions is a one-stop information shop to inform your state's collaborative efforts. We gathered resources based on input from HPV coalition leaders and continue to add new content. This guide has been recommended by the U.S. Department of Health & Human Services National Vaccine Program Office as a valuable tool for state coalition building and partner coordination efforts.

Access the Online Guide for State Coalitions at:
hpvroundtable.org/state-coalition-guide

Get valuable information and tools for your Coalition or Roundtable:


- Coalition Engagement & Management Tips
- Data Sources
- Educational Resources
- Evidence-Based Interventions
- Policy Issues
- Stakeholder Engagement
- Targeted Audiences





Let us know what your HPV workgroup, coalition or roundtable is focused on this year by emailing jennifer@kongamcancer.org.

UPDATED:


State Coalitions & Roundtables Task Group Page



Welcome Jennifer Nkonga![Logout](#)

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State Coalitions & Roundtables



Purpose

Hello! We are a group of national organizations collaborating to develop tools, resources, and networking opportunities for state HPV coalitions. We highly encourage cross-sector collaboration, especially between immunization and comprehensive cancer efforts. Through this task group, we seek to:

- 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

Chair: Bethany Kintigh, RN
Staff Liaison: Jennifer Nkonga

September 2018 Update:

<http://hpvroundtable.org/task-group/state-coalitions-roundtables/>

OBJECTIVE 2:

Showcase state successes and provide technical assistance and evaluation guidance through **online forums**

2a. Identify a framework/platform for showcasing coalition successes



2b. Identify state coalitions/leaders to showcase

2c. Gauge needs/interests of stakeholders

2d. Develop a coaching/mentoring roster

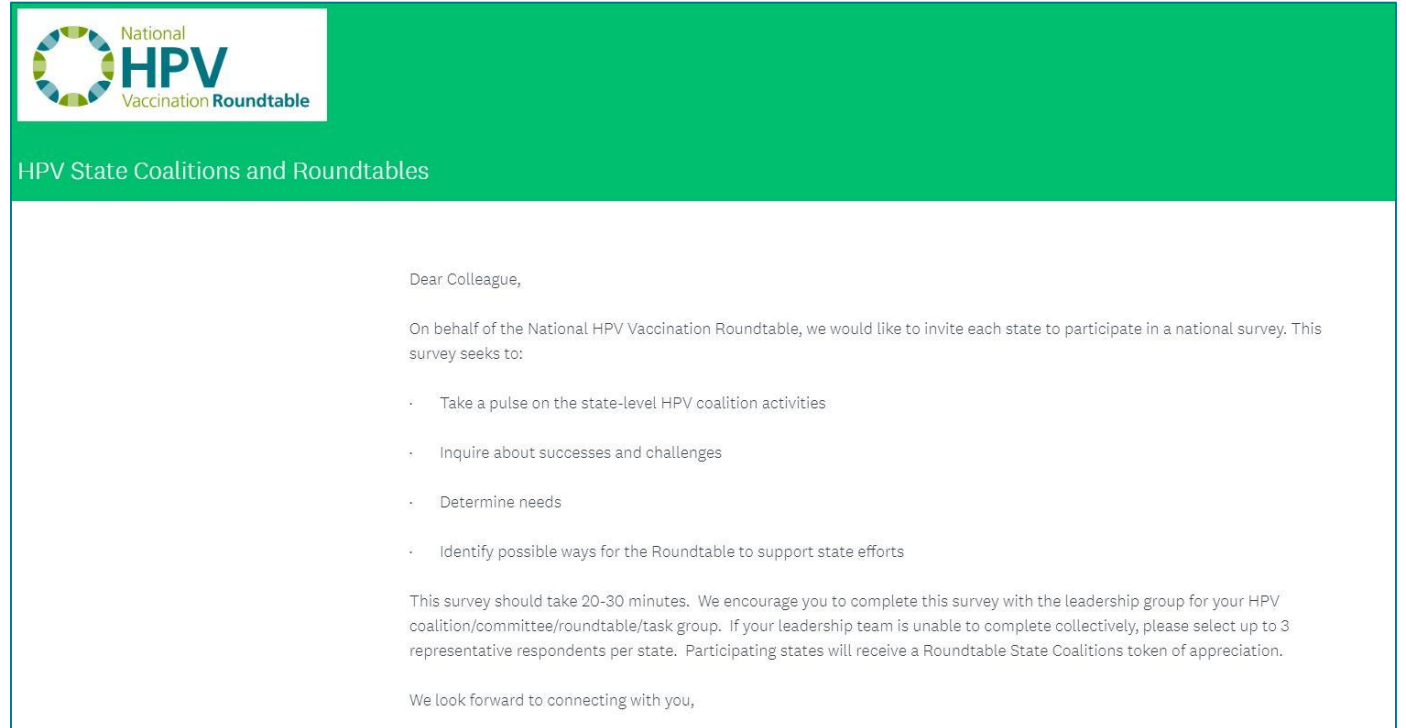
2e. Host national calls/webinars for state/regional/municipal coalitions

2f. Identify and disseminate common elements of coalition success

FOR YOUR
REVIEW:

HPV Coalitions Survey

[https://www.surveymonkey.com/r/
HPV_statecoalitions](https://www.surveymonkey.com/r/HPV_statecoalitions)



Feedback due by 9/27/18
to Jennifer

OBJECTIVE 3:

Partner with key system and coalition leaders to advance **state-level initiatives**

3a. Identify the key regional players to leverage

3b. Connect with state coalition leaders on collaboration opportunities

3c. Build upon Intermountain HPV Coalitions regional model to extract promising practices

3d. Partner with HHS regions and key state-level stakeholders to coordinate regional sharing/networking opportunities

3e. Time/resource permitting, partner to host a regional forum of HPV coalitions

PROJECT UPDATE:

SE Regional HPV Coalition Leadership Summit

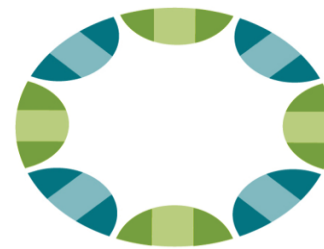
- **Awarded \$92,000 to host summit!**
- Event:
 - Two day leadership summit to be held in first quarter of 2019
 - Quarterly thematic webinars as follow up, in addition to technical support offered on the HPV Roundtable website
- Purpose:
 - Build regional momentum/drive
 - Networking & info exchange
 - Access to national thought leaders
 - Professional development
- States Identified:
 - **Alabama**
 - Louisiana
 - Mississippi
 - Arkansas
 - Georgia
 - Tennessee
 - Kentucky

FOR DISCUSSION:

SE Regional HPV Coalition Leadership Summit

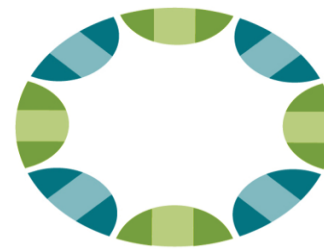
- **Date:** March 4-5th, IPV Day??
 - 4th: a.m. travel, p.m. task group luncheon, evening dinner/socializing event
 - 5th: leadership meeting
- **Content:** Should we use framework of Online Guide to cover content? Panels? Wait for survey results?
- **Draw:** What will make the event attractive to coalition leaders? Key speakers? Venue?
- **Sponsorship:** Should we consider asking for corp. sponsorship of dinner?

ROUNDTABLE UPDATES



National
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**PLEASE REVIEW THE SURVEY &
SEND FEEDBACK!**



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