
ATTENDEES

Jane Pezua, Shautay Davis, Bethany Kintigh, Allison McGuire, Debbie Saslow, Greg Parkington, Achal Bhatt, Aliyah Muhammad, Cindy Vinson,

Staff: Jennifer Nkongu

Call recording: <http://acswebmeetings.adobeconnect.com/p2s7pu7ctvnb/>

DISCUSSION TOPICS

I. Welcome & Roll Call

II. Member News & Updates

- AHEC: Bethany shared that Trisha announced she is leaving AHEC, and we all wish her well.
- HPV RT: There is a new task group chair for the IDS Task Group. Kristin Oliver, AAP rep, will now chair and LJ Tan will serve as a strategic advisor. We just found out that the RT received some new supplemental funding for project work with the Provider and IDS task groups. New resources will allow for the new IDS members to meet in person similar to when the State group first launched.
- CA HPV RT: planning for their inaugural meeting Oct. 30th in Sacramento. ACS helping plan and Dr. Wharton coming to speak. RT members Greg and Jennifer have helped advise as well. They will share their orientation video with the group once final.
- CA CCCNP HPV Team: attended CCCNP training which helped give them momentum, and tying into the state roundtable work/meeting. Iowa also attended and noted the dedicated time for action planning was helpful to their state efforts.
- ACS: Greg shared that the Comp Cancer National Partners Program hosted forums in Houston and Atlanta, with 22 states completing action planning around EBIs. Plans are now being implemented. Ongoing TA offered by phone and 1:1 TA with session facilitators. Developing and coordinating stakeholders a focus of many states work.
- AL HPV group: Allison shared that AL Senate has put forward a joint bill to encourage school based vaccination. An adolescent task force was created, and is meeting quarterly about how to implement the resolution in schools. They have received some pushback from AAP. AL also attended CCNP training, and the action items from meeting have helped activate other stakeholders.

- AIM: Aliyah shared that AIM is hosting a webinar on data to improve HPV rates next week, using IIS data. Please share and register here:
<https://register.gotowebinar.com/register/8468111296235987213>

III. NVAC Update--Achal

BACKGROUND:

- First NVA report issued in June 2015
- In Feb. 2018, Ast. Secretary of Health (ASH) charged NVAC to make recs to strengthen HPV vacs..follow up needed on 2015 report
- New report recommendations shared on June 25 at NVAC meeting, and [final version posted](#) in late Aug/early Sep. online. Lots of input from partners on this call.
- ASH will activate agencies around the report.
- Sep. 13th was most recent NVAC meeting: had presentations from NVPO, CDC, NCI, NFID, OWH, HPV RT Chair. All gave updates on what their respective orgs have been working on. OWH has a campaign with college students for catch up vaccination.

NEW REPORT:

- New report recommendations include 4 diff. sections which cover:
 - Who is missing
 - coalition guidance
 - systems
 - rural providers
- FOCUS ONE: How to engage other national orgs. Identified:
 - new health care partners
 - payors/employers/QI orgs
 - Value-based payments
 - UDS measure
- FOCUS TWO: What to do in states that do not have HPV coalitions?
 - shoutout to the Online Guide as a recommended tool/resource
 - link immunization and comp cancer
- FOCUS 3: Health Systems Engagement—see slides for details, as there are many
 - engage regional/local health systems
 - encourage bidirectional data exchange between IIS/EHR
 - systems issues overall
- FOCUS 4: Rural Needs
 - See the MMWR Talking points:
 - MMWR National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2017:
<https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm>
 - MMWR Trends in Human Papillomavirus—Associated Cancers—United States 1999—2015:
https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a2.htm?s_cid=mm6733a2_w

- CDC Medscape CME: Making the Case: Championing for HPV Cancer Prevention in Your Practice: <https://www.medscape.org/viewarticle/898084>
- Rates have gone up a little bit
- Urban rural disparity
- Need research on rural barriers
- Encourage telemedicine
- Need to build a strong social media presence (something the HPV RT does well)

OPPS for this TASK GROUP:

- The group discussed what opportunities we might have around the report recommendations.
 - 2.2: connecting immunization and cancer advocacy groups: this is something we should explore, not sure yet what may be a good opp
 - 2.1--ASTHO infographic of rates can be helpful...follow up on this, will be posted next week
 - 4.2:
 - we could encourage technology in rural areas; how to help disseminate HPV RT materials, specifically the action guides? can we package guides for rural areas?
 - Cancer center supplements going out to 18 CC to look at rural partnerships, some related to HPV/cerv. May be an opp there. There's a meeting in Kansas City on Oct. 25-26th for rural supplements, so there may be a way to share info at that event via Cindy. They can also discuss technology system delivery.
 - ECHO: ACS is starting a partnership with the Univ. Medical Center in Mississippi, recruiting private providers at 10 rural clinics, showing them how to use data and strong rec, 1:1 TA, QI model similar to AAP model. Still in planning phase. May have lessons to share down the line.
 - **ACTION REQUESTED:**
 - Review and share the NVAC report
 - Consider ideas for how this group can help advance the recommendations and let us know if you take action
 - Bring feedback back at next call

IV. Project Work & Discussion

A. OBJ #1: [ONLINE GUIDE](#)

- Online guide promoted at CCNP meeting with 22 states via the new sell sheet we finalized after June meeting
- No members had any new feedback on the online guide and seemed satisfied with the guide as is
- Webpage analytics of Online Guide:
 - 489 unique view since March 2018, 964 total pageviews
 - one of top 10 pages, doing really well on # of site visitors
- **ACTION REQUESTED:**
 - Promote the Online Guide via your organizational channels and use the sell sheet at events to promote (in [Resource Library](#))
 - check out [member only area of our task group page](#)--all files current

B. OBJ #2: ONLINE FORUM

- Staff are engaging the HPV RT web vendor to explore creating interactive collaboration/learning/exchange options to facilitate state-to-state exchange on our website. We will provide an update on next call.

- As agreed upon in June call, work has been done to develop a survey for state HPV coalitions based on input provided.
- Members are asked to review the survey and provide comments by email; it should take no more than 10 minutes.
- States will be asked to complete as a leadership team as first preference. If not possible, 3 responses by state will be allowed.
- Key contacts will be existing lead contact, ACS staff, CC staff, and DOH Immunization staff.
- **ACTION REQUIRED: TIME SENSITIVE**
 - Need survey review by Sep. 27th
 - Link: https://www.surveymonkey.com/r/HPV_statecoalitions

C. OBJ#3: STATE LEVEL INITIATIVES

- Announced that the HPV RT received \$92,000 supplement to host a SE regional HPV Coalition Leadership Summit in early 2019. Seven states identified (see slides).
- Group discussion and decisions:
 - EVENT DATE: March 4-5th, 2019, Intl. HPV Awareness Day (majority voted in favor, no one opposed date)
 - CONTENT: We will use the framework of the Online Guide “buckets” to structure the summit content.
 - APPEAL: event is an opp to talk to and learn from other state leaders, learn about successful strategies/collaborations.
 - SPONSORSHIP: if we want to have more of an upscale and/or larger scale dinner event to celebrate Intl. HPV awareness day, the group suggested partnering for sponsorship with a payor or health system, not industry
- **ACTION REQUIRED:**
 - Hold March 4-5th, 2019 on your calendar if you are interested in attending AL Summit

NEXT TASK GROUP CALL:

Oct. 24th, 2018 @ 4 p.m EST

http://acswebmeetings.adobeconnect.com/hpv_statetaskgroup/