



STATE COALITIONS & ROUNDTABLES TASK GROUP

MEETING SUMMARY

Oct. 18th, 2017 @ 4 p.m. EST

CHAIR: Bethany Kintigh

ACS Staff Liaison: Jennifer Nkonga

DISCUSSION TOPICS

4:00 p.m. **Welcome & Roll Call** Bethany

4:05 p.m. **Member Updates/Hot topics** All

1. HPV State Workshops: Marcie Fisher Borne & Sarah Shafir shared that there will be two HPV workshops for 22 states in 2018 sponsored by Comp Cancer and implemented by the Comp Cancer National Partners Program and the ACS VACs project. Focus will be on evidence-based interventions, and encouraging state teams to develop action plans for their respective states. There was a workshop like this before in 2016—11 states funded then. There will be follow up technical assistance. Currently they're exploring date and location options; toying with hosting in two diff. parts of country to have a regional approach.
2. ACS VACS:
 - Marcie shared that they are finalizing updates to the national HPV Initiatives Partnership Map—she asked members to reply to the invitation email sent to task group members to update their map information.
 - Texas—VACS is doing some focus group work with evaluation by RTI; member organizations doing work in Texas are invited to reach out to Marcie to be engaged. Maria Fernandez indicated interest in follow up.
3. Huntsman Cancer Institute: Deanna Kepka's organization is hosting a meeting June 7-8, 2018 in Salt Lake City for NCI cancer centers doing HPV work. She offered an open invite to all members to attend.

4:15 p.m. **NCI Grants Update** Cynthia Vinson

- 12 centers awarded (see list and weblink on slides)
- Focus similar to last round but awardees will look at barriers to hpv vaccination in various settings, especially primary care and pediatric settings
- All will attend the cancer center meeting in Utah in June
- Kickoff call next week to connect grantees to each other

4:25

MATRIX REVIEW—Share Input from Subgroups

All

- Resources categorized:
 - Existing
 - Low hanging fruit/easy to develop
 - Project opportunities
- 1. Bethany provide the group with a high level review of our nine topics, merged down into eight for the work going forward. Subgroups sent in summary worksheets for each topic (except Outcomes) to categorize into three categories: resources existing, easy to develop resources, and future project opportunities.
- 2. Each group was invited to comment on existing resources identified: (see slides for comparative lists).
 - Data group: Matt reviewed sources matrix they developed, which has since been updated. We need also to understand where folks are getting their data from.
 - EBIs: Cindy shared RTIPs and Cancer Control Planet, HPV page that links to resources, links to Community Guide.
 - Education: Kristin noted there are many existing resources and the challenge is not to include everything; limit to the bigger sites and link out to other resources. We need to promote the primary key resources listed. Suggested updates:
 - ADD: CDC Clinicians site
 - Change the sequencing from alpha to process
 - Stakeholders: Bethany—Contact map from ACS VACs is a key resource. We could develop guidance documents on coalitions structures.
 - Resources: Aliyah noted they honed in on specialized resources for populations—military, county health, latino populations.
 - Coalition Engagement/Mgmt: Sarah noted their group wanted to be clear that we're not promoting building new HPV coalitions if there are already coalitions...need to encourage an enviro scan of what you already have, work with existing partnerships and align goals. The ACS Steps Guide is a good resource. We can help encourage them to bring the right people/organizations to the table.

3. Each group was invited to offer comments on work we could do in the short term (3-4 months) to develop new resources/tools (see slides for complete list):
- EDUCATION: put CMEs available in one document—must update frequently; could also do a CME calendar that would be updated and include links to existing CMEs. Link to the Provider Ed Task Group work.
 - Stakeholders: contribute to updating the VACs map; Develop a fact sheet “Answer to what can we do” ...look at who is on their Roundtable...marry these docs together to ensure diverse participation.
 - Resources: Consider focusing on unconventional partners—draw them in through translating videos, add closed captioning for Spanish; develop a tip sheet for hpv cancer survivors on how to share and document their stories to document. Showcase ecosystem partnering: for example, how South Dakota’s health department, comp cancer, coalitions came together.
 - State Coalitions—create a listserv to exchange information; offer a series of webinars that could be facilitated by the HPV Roundtable to develop coalitions’ capacity, showcase diff. state efforts, highlight quality improvement successes.
 - Stakeholders—Develop a stakeholder fact sheet—how to reassess their work, evaluate if the right players are engaged, give ideas on sustaining engagement, and ideas to make impact going forward—ex: anti-vaccine groups in Iowa, look at their future projects and how you can drive your coalition priorities...are right partners at table, and those who may challenge you?
 - RESOURCES: Consider developing a Men’s survivor school...model on Cervivor; develop more population specific resources
 - COALITION MANAGEMENT: Build out a “Steps Guide to Establishing Coalitions/managing coalitions” (essentially our task group idea for the online *HPV Coalition Guide*)—provide a set of recommendations on how to do an environmental scan. Provide best practice ideas about partnership and thinking about sustainability measures. Take maintenance ideas from CCNP’s 9 Habits of Coalitions as a framework.
 - a. New tools—develop templates (compilation of group membership/ management tools): template agendas/ppts; enviro scan; sponsorship agreements; coalition charter; project proposals; LOTS TO DO HERE!

4:45

Updates on Dallas Meeting

Bethany & Jennifer

- Agenda overview
- Expectations

Bethany and Jennifer reminded members of the Dallas meeting. Agenda is forthcoming and will include discussion questions. Those attending should come prepared with answers to the discussion questions. Attendance is now at 20 (up from 16 on call).

Those who cannot attend in person will be invited to 1-2 hours of the meeting via call-in. Information forthcoming.

5:00

ADJOURN

NEXT MEETING: Wed., Nov. 8th, 9 a.m.-4 p.m. CST in Dallas