

## ATTENDEES

**Committee Members:** Bethany Kintigh (Chair), Laura Benson, Achal Bhatt, Shauntay Davis, Marcie Fisher-Borne, Nikki Hayes, Deanna Kepka, Janette Merrill, Citseko Staples Miller, Aaliyah Muhammad, Kristin Oliver, Greg Parkington, Jane Pezua, Sarah Shafir, Trisha Schultz, Kimberly Scott, Alan Simon, Cynthia Vinson, Greg Yoder

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## DISCUSSION TOPICS

### I. Member Updates

- The [Iowa Department of Health](#) developed four 15-minute videos featuring survivors of HPV-related cancers. Task group members are welcome to use these videos for their own organizations.
- The National Immunization Conference is May 15–17, 2017 in Atlanta. People may begin to submit abstracts for the conference in October.
- The National Cancer Institute (NCI) will award supplements to 11 cancer centers across the country. NCI will send an announcement by September 29.
- ACS VACs is in the process of setting up two new state-level HPV vaccination action planning workshops. The workshops will be similar to the May 2015 workshops that featured 11 states and four national partners. The new workshops will likely take place late spring/early summer with 22 states. Details about the workshops are forthcoming.

### II. Review of Phase I: Report Findings from the Midwest Multistate Listening Session

- The group reviewed findings from the Midwest Multistate Listening Session report.
- The Midwest Multistate Listening Session featured 43 attendees from six states. Twelve task group members attended in person, and three task group members participated by phone.
- During the listening session, the group discussed priorities, successes, and needs from each state coalition.
- The following priorities were discussed:
  - Increasing vaccination rates
  - Medicaid
  - Standing orders
  - Educating lawmakers about vaccine safety, cancer prevention, and vaccine hesitancy
  - Addressing vaccine hesitancy, with special attention to cultural beliefs and refugee groups
  - Getting coalition activities started
  - Focusing on vaccine promotion at earlier ages
  - Electronic medical record prompts for providers

- Attaining 501(c)(3) for coalition
- Recognizing efforts in the form of awards
- The following priorities were mentioned by more than one state coalition:
  - Provider education
  - Parent education: using the messaging that the vaccine is cancer prevention, highlighting vaccine safety, utilizing social media
  - Provider scorecards
  - Identifying provider champions
  - Provider and system-level engagement (health, ACS, networks, integrated delivery systems)
  - Unified messaging
- While some states shared the same priorities, these findings also revealed that individual states have unique priorities and needs.
- States were able to build consensus on their projects via surveys, workgroups, existing initiatives, and using existing HPV vaccine data.
- States shared innovative successes and accomplishments during the meeting, including partnering with Managed Care Organizations, giving provider recognition awards, and screening “Someone You Love” for providers and schools.
- During the listening session, states discussed what types of resources they needed. Many of the resources that states requested exist, but awareness of them is lacking. Also, many of the existing resources are not tailored to state coalitions.
- The states identified case studies, QI coaching, and funding opportunities among the items that would be helpful for their efforts.
- The following themes were identified during the listening session:
  - Many states are undertaking similar work and are facing similar challenges.
  - States are looking for existing resources that can be easily adapted and used in their local context. Often these resources exist, but states are unaware.
  - There is a desire to network with other states via the Roundtable.
  - There is a need for assistance with evaluation and measurement methods.
  - Engaging a wide, diverse coalition membership is important to success.
- Attendees reported that they were satisfied with the meeting; this is something to consider as the Roundtable plans future events.
- Everyone that attended the listening session was invited to vote for potential projects for the National HPV Vaccination Roundtable. Each participant had three votes. The results are summarized below:

<b>Idea for Roundtable</b>	<b>Number of Votes</b>
Information to make case to providers, system leaders, and health plans and incentivize vaccine uptake	20
Mentoring and matchmaking opportunities for states	11
Continued Medical Education opportunities for providers including webinars	11
Guidance in understanding data	11
Case studies and one-pagers to bring to meetings to easily share messages	9

Quality improvement coaches or opportunities for QI Coach training and meeting facilitation training	8
Guidance and resources for how to bring other stakeholders into existing coalitions	8
List of evidence-based interventions	6
Guides on pulling data and codes from EHRs/EMRs	6
Evaluation How-to Guide	5
Cultural competency resources	5
Sharing of worst practices	3
EBIs for communication campaigns	2
Resources on how providers can make the HPV vaccination recommendation	2
Provide a voice for state coalitions at national meetings	2
Connect National Roundtable to state and regional partners	2
Recognition of state work at a national level	1
Website listing key information on each state	1
Information on how to get reimbursements for providers' time spent talking to parents	1

### III. Project Phase II Discussion

- Based on the findings from the Midwest Multistate Listening Session, the task group determined that the most useful and efficient use of resources would be to create an online “implementation guide” for state-level roundtables and coalitions.
- The implementation guide will:
  - Be an evergreen resource
  - Be a centralized repository of existing resources—a one-stop shop for resources on many of the topics identified as needs by states
  - Include resources that will be helpful to a wide variety of stakeholders
  - Make finding information easy
- This project can address many of the asks from states and showcase promising practices from states.
- The guide will include the nine topic areas discussed during the Midwest Multistate Listening Session:
  - Coalition engagement
  - Coalition management
  - Data
  - Education
  - Evidence-based interventions
  - Outcomes
  - Policy
  - Stakeholders
  - Resources
- The task group will work to identify what resources are already available and what resources are still needed. To do this, the task group has formed subgroups on each of the nine topic areas.
- The task group will discuss findings from each of the subgroups during the September and October calls and then develop a Phase II action plan during the November meeting in Dallas.

#### IV. Workgroup Presentations

- Three subgroups (Coalition Engagement and Management, Policy, and Stakeholders) presented their findings. The Outcomes task group will present during the October call.
- **Coalition Engagement and Management Subgroup Presentation**
  - The subgroup determined that there are many areas in which coalition engagement and coalition management overlap. Because of this, the group proposed combining these topic areas into one: coalition engagement and management.
  - Bethany Kintigh asked the larger task group whether they had issues with merging the two topics into one; no member expressed concerns.
  - The term “state coalitions” is often used generically and in a broader sense than what members of the cancer control world are accustomed to. Therefore, terminology is an item that will need to be addressed within the implementation guide.
  - Looking at existing work, like that of CCC National Partners and of the Texas HPV Coalition, can help discern the items that need to be addressed.
  - This subgroup will present further findings during the October call.
- **Policy Subgroup Presentation**
  - The subgroup presented a list of policy do’s and don’ts. The list was developed with the understanding that policy is an issue that needs to be addressed at the macro level.
  - Policy Do’s and Don’ts:
    - Do: Evaluate and assess the type of policy change needed to increase vaccination uptake. Consider whether it is a big “P” (e.g., legislation, regulation) policy change or small “p” (e.g., systems level, provider education).
    - Don’t: Devalue the effectiveness and efficiency of small “p” policy change.
    - Do: Consider the current political landscape and any historical challenges updating or changing immunization/vaccination policy (state/local health department, legislature, governor’s office).
    - Don’t: Disregard other states’ challenges implementing policy change.
    - Do: Assess current state HPV and immunization policies.
    - Do: Follow the evidence. Effective policy change is evidence-based. Identify and consider evidence-based policy opportunities that will have meaningful impact on vaccination uptake.
    - Don’t: Advocate for policy change that only focuses on HPV. Consider other age-appropriate vaccines (Tdap, meningococcal) and/or all “ACIP recommended vaccinations.”
    - Don’t: Pursue legislative/regulatory policy change without being prepared for implementation and evaluation.
    - Do: Engage immunization registry staff to understand if there is an opportunity to advocate for increased state funding (appropriations) to improve registry infrastructure, training, education, and utilization.
    - Do: Familiarize your coalition and partners with state and organizational advocacy, lobbying, and ethics rules.

- Don't: Think that you need to codify all policy change; an administrative rule or policy change is a wonderful path of less resistance.
    - Don't: Forget that your state's comprehensive cancer control coalition (CCC) and state department of health are your partners—consult with them.
  - Opportunities and Next Steps:
    - The group presented opportunities and next steps, as follows.
    - Develop a web-based comprehensive policy resource guide, which should include:
      - Information on both small “p” and big “P” policy change
      - Examples of best practices, lessons learned, and missed opportunities and organizational stakeholders involved
      - Suggestions on educating coalition partners and stakeholders about effective, evidence-based policy change
      - Information on evaluation to inform policy change decision-making
      - Suggestions on effective ways to engage and educate policymakers
      - Policy Do's and Don'ts
      - Emphasis on evidence-based public health and immunization policy proposals
    - Organize a small working group of cancer control and immunization partners (national, regional, and state) who have experience with HPV policy advocacy and implementation to help develop and review the guide.
    - Perform a more intense review of cancer control, HPV, and immunization policy guidance to determine other tools and resources to include in the guide.
    - Integrate web-based audio/video into the guide with tips and suggestions from the “experts.”
  - Group discussion of the policy presentation:
    - The task group asked whether the subgroup knew of existing audio/video resources that may be included in the guide, and if not, whether this something the subgroup recommends the task group develop.
      - The policy subgroup does not know of anything that currently exists; it recommended that the task group develop an audio/video resource as an interesting and unique way for people to access information. States also have great examples of policy successes that could be used in this type of resource.
- **Stakeholders Subgroup Presentation**
  - During the Midwest Listening Session, all states agreed that a wide stakeholder network is essential to support coalition work at the state level.
  - Although unique stakeholders were identified, there were nearly as many stakeholders who were identified as missing from state coalitions.
  - To identify potential stakeholders, coalitions can refer to the HPV Vaccine Interactive Contact Map or visit the National HPV Vaccination Roundtable's website.
  - The subgroup identified the following organization types that can be included in coalitions:
    - Academic institutions and cancer centers
    - Advocacy and survivors

- Cancer prevention
- Communication
- Government agencies
- Immunization
- Insurance
- Populations at high risk
- Providers and professional societies
- Public health
- State-based organizations
- Quality improvement
- Research
- Training
- Vaccine manufacturing
- The subgroup identified the following stakeholders that could be included in coalitions:
  - AHECs
  - Professional organizations: AAP, AAFP, ACOG
  - University partners and students
  - Health departments: state, county, and local
  - Cancer registries
  - Parent-teacher organizations
  - Community health workers
  - Nurse associations
  - Health plans: MCOs, Centers for Medicare and Medicaid Services
  - Manufacturers
  - School-based health clinics
  - Health literacy groups and educators
  - Commission on cancer
  - Comprehensive cancer centers
  - Legislative and policy influencers
  - In-clinic stakeholders: pediatricians, ARNPs, PAs, nurses, CMAs
  - Cancer survivors
  - Integrated delivery systems
  - Anti-vaccine groups
  - Funders
  - Private health foundations
  - Farm worker health organizations
  - American School Health Association
- The subgroup also highlighted that more established coalitions may be able to incorporate a wider range of stakeholders than newer coalitions.
- Needs expressed by state coalitions included:
  - Guidance and resources on how to identify and recruit new stakeholder groups (e.g., health systems, general immunization partners)

- Resources to help communicate with different types of stakeholders
- Contact information from important stakeholders
- Guidance to assess and reassess stakeholder list as the coalition grows
- The subgroup will discuss outcomes on the next task group call.

#### **V. HPV Vaccination Roundtable Website**

- Jennifer Nkonga gave a brief tour of the new HPV Vaccination Roundtable website.
- The website will be live by mid-October. It is in review with the website review committee.
- The website promotes members and resources for key audiences, including state coalitions and roundtables.
- The website will include a resource library where users can search for resources by subject and topic matter. Members and the public can submit a resource for inclusion on the website via a submission form on the website.
- Each task group will have a public page with information about the task group's work.
- Task group members can login into the website for access to internal task group materials, such as meeting agendas and summaries.
- The website will include a "Get Involved" tab where users can find a local state coalition.

### **FOLLOW-UP ITEMS AND ACTION STEPS**

- The next task group call is scheduled for October 18 at 4 p.m. EDT.
- During the October call, the group will review a matrix of all existing resources and potential new project opportunities based on small group findings. This will help drive the in-person meeting in November.
- The Roundtable will send an Evite for the November meeting in Dallas. The evite will include information on travel arrangements.