**Sessions for February 2018 Meeting**

Speakers in green will need to be traveled

Items in yellow pending

Session #1: Social Media and Vaccine Confidence

*Format*

* 75 minute session
* 3 talks (15 minutes each) and remaining time for discussion

*Moderator*

* *Tamika Felder – introduce the speakers, they will do their talks, kick-off the Q/A and manage questions for the audience.*

*Speakers*

* Adam Dunn, PhD (Australian Institute of Health Innovation, Macquarie University) – pre-recorded presentation. Call-in or Skype in for Q/A.
* Colleen Nguyen (Boston Children’s Hospital; from John Brownstein’s research team)
* Eve Dube (CHU de Québec-Université Laval Research Center)

Questions/Topics:

* Do we know the titles of their presentations?

Session #2: Engaging Healthcare Providers

*Format*

* 60 minute expert panel session

*Moderator*

* Melissa Gilkey

*Speakers*

* Rebecca Perkins, MD (Boston University Medical School)
* Kristin Oliver, MD, MHS (School of Medicine at Mount Sanai)
* Amanda Dempsey, MD, PhD (University of Colorado School of Medicine)

*Topics/Questions to be Covered*

* What are the best strategies for getting providers interested and engaged with interventions occurring at their practices?
* **Difference between getting people to attend a session/training particularly with incentives compared to the slightly different issue in carrying out the actual QI or training.**
* Issues of incentives, mode of engagement, characteristics of intervention: what’s practical and who are the providers we are talking about/who are we talking about reaching and with what? Provider teams include entire office with rationale for why they should (or shouldn’t) be included. What is the extent that other people in the health care team can be involved.
* Tension in terms of a lot of attention and burden being placed on providers, but a lot of what we know works doesn’t only fall on providers.
* Data and data quality – assessment feedback work is premised on the assumption that seeing data about how you are doing will be motivating, but what data, how difficult is it to get and what is the quality of the data. Also issue of trust the data. “Clinic has X% coverage and you want to get to Y%.” What type of data motivates providers?

Session #3: Intervention Approaches that Work Best

*Format*

* 60 minute expert panel session

*Moderator*

* Jasmin Tiro

*Speakers*

* Cynthia Rand, MD, MPH (University of Rochester Medical Center)
* Marcie Fisher-Borne, PhD (Director, HPV Vaccination and PI HPV VACs Program at ACS)
* TO BE CONTACTED: IDS speaker

*Topics/Questions to be Covered*

* What are the best levels to intervene on [system-level, individual-level, etc.]?
* What intervention components work best at each of these levels?
* Each of the case studies has some sort of technology component to it. Technological capacity differs by institution. What is the role of technology in implementing intervention approaches and how health systems can keep up with constantly changing technology. What are compromises that have been made in terms of adaptation of interventions or when they had to make choices.
* Ease of implementing different approaches and cost associated with each approach.
* What were the things they had to be flexible on across multiple clinics? What could change or not change to maintain fidelity?
* Multi-level interventions: trade-off between what you can afford and what you want to implement and figuring out the combination that will work best across levels.
* **Disparity focus? Tailor some of these questions to bring in the element of how you might select intervention components.**
* **We focus a lot on disparities at the individual level, but there are also disparities at the clinic level/provider level.**