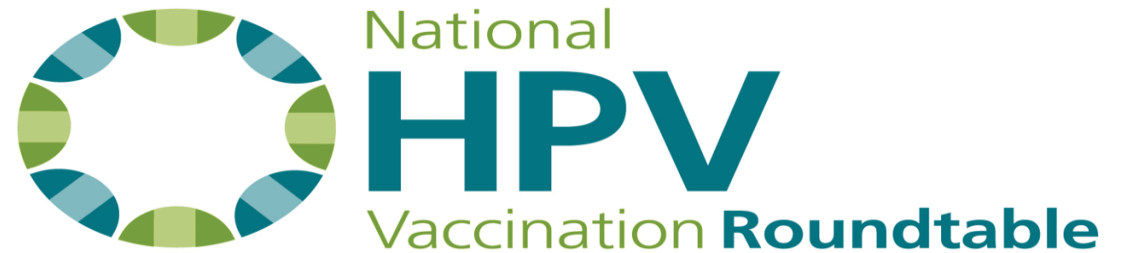




BIRMINGHAM, AL
March 4-5, 2019

*State Coalitions & Roundtables
Task Group Presents:*

REGIONAL LEADERSHIP SUMMIT OF SOUTHEASTERN U.S. HPV COALITIONS



WELCOME FROM OUR CHAIR

Bethany Kintigh RN, BSN

Immunization Program Manager

Bureau of Immunization and TB

Division of ADPER & EH, Iowa Department of Public Health

Representative of the Association of Immunization Managers





Des Moines, Iowa MAY 2017



REPORT FROM THE MIDWEST MULTI-STATE
LISTENING SESSION: MAY 17, 2017

A Project of the State Coalitions &
Roundtables Task Group



RELEASED JULY 28, 2017

ONLINE GUIDE for State Coalitions



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.

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

Data

Education

Evidence Based Interventions

Policy

Stakeholders

Targeted Audiences

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

hpvrroundtable.org/state-coalition-guide



THANK YOU, CDC!

Funding for this meeting was made possible (in part) by the Centers for Disease Control and Prevention Cooperative Agreement grant number NH23IP922551-03, CFDA # 93.733.

The content of this meeting does not necessarily reflect the office policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



WELCOME FROM OUR HOST

Michael J. Birrer, MD, PhD

Director, O'Neal Comprehensive Cancer Center

The University of Alabama at Birmingham

Professor of Medicine/Hematology & Oncology

Evalina B. Spencer Chair in Oncology

MEETING PURPOSE:



To convene coalition
leaders for networking,
best practice sharing,
professional
development, idea
generation, and tangible
problem solving



KEYNOTE SPEAKER

Isabel C. Scarinci, PhD, MPH

Professor, Department of Medicine

Associate Director for Globalization and Cancer

O'Neal Comprehensive Cancer Center

University of Alabama at Birmingham

Together, we can prevent cancer

**> 30,000 cancers
each year!**





There are many paths to the top of the
HPV vaccination summit!

HPV Coalition Leaders:

2019 Leadership Summit

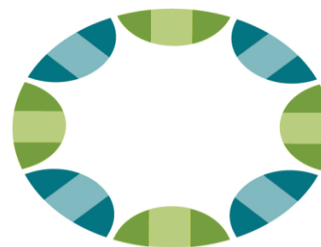
March 4-5, 2019, Birmingham, AL

Updated Feb. 21, 2019

STATE TEAMS ROSTER

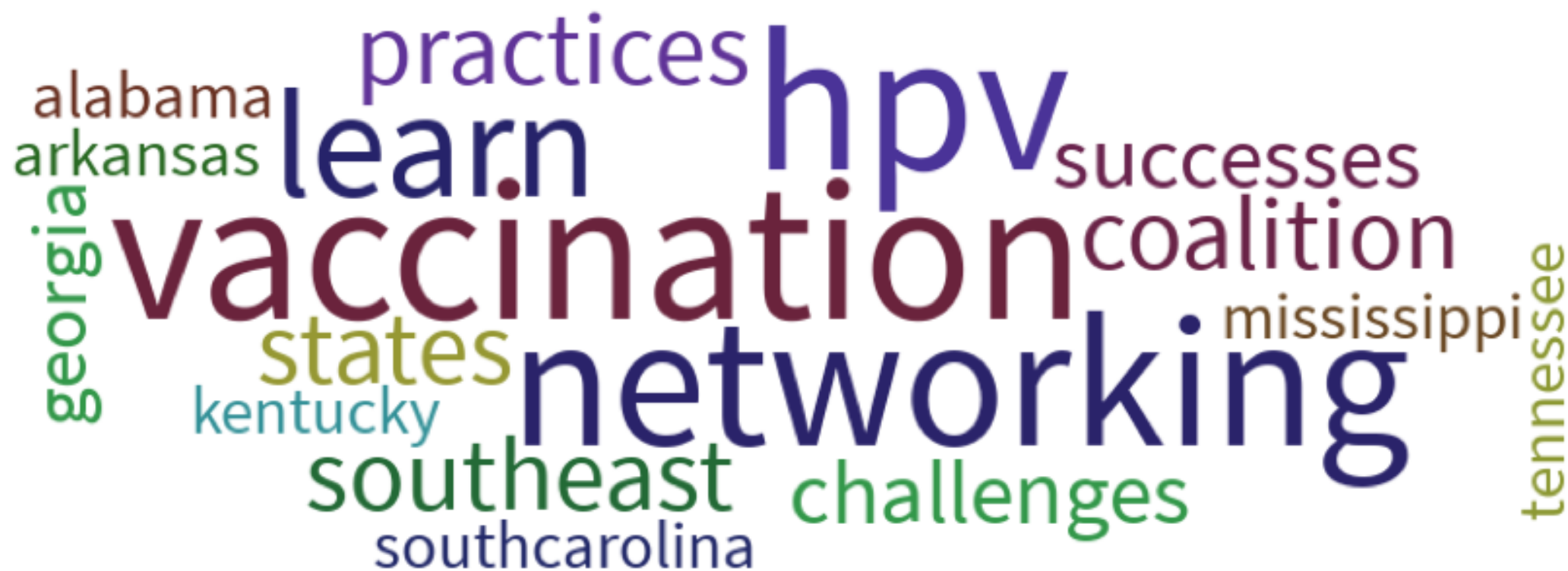
No.	First	Last	Organization	Title	Email
ALABAMA: Alabama Adolescent Immunization & Risk Factors					
1	Lori	Blanton	ACS	Sr. Director, Hospital Systems	lori.blanton@cancer.org
2	Casey	Daniel	University of South Alabama	Assistant Professor of Oncologic Sciences	cdaniel@health.southalabama.edu
3	Angela	Davis	ACS	State Health Systems Manager	Angela.Davis@cancer.org
4	Gavin	Graf	AL Dept. of Public Health	Cancer Prevention Branch Director	gavin.graf@adph.state.al.us
5	Cindy	Lessinger	AL Dept. of Public Health	Immunizations Director	cindy.lessinger@adph.state.al.us
6	Jennifer	Pierce	Univ. of South Alabama, Mitchell Cancer Institute	Director of Cancer Control and Prevention, GYN-ONC	jypierce@health.southalabama.edu
7	Isabel	Scarinci	University of Alabama at Birmingham	Associate Director for Globalization and Cancer Disparities, Comprehensive Cancer Center	iscarinci@uab.edu
ARKANSAS: Immunize AR					
1	Dauidia	DeLaCruz	Arkansas Immunization Action Coalition	HPV Workgroup Coordinator	HPVWorkgroup@iamx.org
2	Jennifer	Dillaha	Arkansas DOH	Medical Director, Immunizations & Medical Advisor, Health Literacy	jennifer.dillaha@arkansas.gov
3	Treg	Long	ACS	State Health Systems Manager	Treg.M.Long@cancer.org
4	Heather	Mercer	Immunize AR	Executive Director	Heather@immunizear.org
5	Benjamin	Twiet	Univ. of Arkansas Medical Sciences, College of Pharmacy	Assistant Professor, Center for Implementation Research	BSTwiet@uams.edu
6	Kristyn	Vang	Arkansas DOH	Cancer Epidemiologist	Kristyn.Vang@arkansas.gov
GEORGIA: Georgia Cancer Control Consortium (GCC), HPV Workgroup					
1	Noreen	Dahill	GA Chapter, American Academy of Pediatrics	Immunization Coordinator	ndahill@gazap.org
2	Saron	Ephraim	GA Dept. of Public Health, Immunization Program	Immunization Coordinator	saron.ephraim@dph.ga.gov
3	Carol	Lindhorst	ACS	Sr. Director, State & Primary Care Systems	carol.lindhorst@cancer.org
4	Crystal	Owens	Community Health Care System, Inc.	Medical Director	cowens@chcga.org
5	Tonya	Phillips	ACS	Sr. Manager, Primary Care Systems	tonya.phillips@cancer.org
KENTUCKY					
1	Benita	Decker	KY DPH	Family Planning and Adolescent Health Program Manager	benita.decker@ky.gov
2	Elizabeth	Holtzclaw	ACS	State Health Systems	elizabeth.holtzclaw@cancer.org
3	Tracy	Kielman	KY Immunization Coalition	KY Vaccine Program Field Rep	TracyD.Kielman@ky.gov
4	Scott	Lajoie	University of Kentucky	School of Public Health and Information Sciences	scott.lajoie@louisville.edu
5	Emily	Meserli	University of Kentucky	Clinical Faculty, Community & Public Health Nursing	ecme225@uky.edu
6	Julie	Miracle	KY Immunization Program	RN Adult Coordinator	julie.miracle@ky.gov

What an impressive audience!



National
HPV
Vaccination Roundtable

What expectations do you have for the Leadership Summit?





Hello Southeast...

Who's Here?



ACTIVITY:

The Gambler

*What is the one
BIG QUESTION
that you would like the group
to discuss today?*

SAMPLE BIG QUESTIONS



- 1. What unique cultural values of the southeastern states can we leverage to influence parents?*
- 2. What initiative has proven the most impactful and how can we replicate that elsewhere?*
- 3. What is the most important thing we could achieve as a region by the end of 2019?*

Dealer's Rules:



1. **Submit your 1 BIG QUESTION to Polleverywhere, then note it on a post it to take with you.**

2. Find your card group.

3. Meet your group:

- Name
- Organization/role
- State
- Specific expertise—share one personal, one professional
- Your big question





4. Make a group decision:
decide on one question from
the group that you want to ask
another group.

5. Merge with another group (2s with 3s, 4s, with 5s, etc.)



- Power intros—name/org (5 mins)
- Each group poses their big question to the other group and has a short discussion of ideas.
- 10 mins per each question

Ambassadors: capture bulleted ideas on posters

DEBRIEF:

GROUP DISCUSSION

Transition to classroom



STATE SHOWCASES:

**STATE OF OUR
SOUTHERN UNION**



ARKANSAS

The High HPV Rates State



**TEAM ARKANSAS -WE DO NOT COMPETE
WITH ONE ANOTHER, WE COMPLETE ONE
ANOTHER**

Jennifer Dillaha, MD - Medical Director,
Immunizations/Medical Advisor Health
Literacy, Arkansas Department of Health

Kristyn Vang, MPH - Epidemiologist,
Arkansas Central Cancer Registry,
Arkansas Department of Health

Heather Mercer- Executive Director,
Arkansas Immunization Action Coalition

Claudia DelaCruz - HPV Prevention
Workgroup Coordinator, Arkansas
Immunization Action Coalition

Benjamin Teeter, PhD - Assistant Professor-
Center for Implementation Research,
UAMS College of Pharmacy

Treg Long, OD - Health Systems Manager,
State & Primary Care Systems, American
Cancer Society

FUN FACTS

It's strictly prohibited by law to mispronounce the state name. It's "Ar-kan-saw."

The next time you're moved to tears by a great movie moment made perfect by the soundtrack, thank Pine Bluff native Freeman Owens, the first person to successfully add sound to film.

It is illegal for the Arkansas River to rise above the Main Street Bridge in Little Rock. Take that, Mother Nature.

The Crater of Diamonds State Park is the world's only diamond-bearing site accessible to the public. Arkansas is the first place, outside of South Africa, where diamonds were found at their original volcanic source. Park visitors find more than 600 diamonds per year. Most recently, in 2017 Kalel Langford found a 7.44 carat diamond.

Our population size is around 3 million



THE ARKANSAS IMMUNIZATION ACTION COALITION



The Arkansas Immunization Action Coalition is a non-profit 501 (c)(3).

AR Dept of Health and the AR Cancer Coalition provide limited funding support, with additional support from the Blue & You Foundation.

We have an HPV Prevention Workgroup Coordinator supervised by the AR Immunization Action Coalition (ImmunizeAR) Executive Director

The HPV Prevention Workgroup meets every other month on the 3rd Thursday at the Arkansas Pharmacy Association and can access via online if needed.

ImmunizeAR is a non-profit organization dedicated to improving vaccination rates for all Arkansans through education, advocacy, and statewide partnerships.

The HPV Prevention Workgroup is a group of stakeholders around the state who meet every other month to discuss ways to raise awareness and acceptance of the HPV Vaccine.

ImmunizeAR is dedicated to raising the public's awareness of vaccine-preventable disease.

Our dream? Every eligible child vaccinated and eradication of HPV related cancers.

PRIDE POINTS

We are working with the dental providers to develop a toolkit to support their efforts to promote HPV vaccination, including how to write a prescription for the HPV vaccine.

Recently the CDC and SEER released a new dataset for cancer researchers to conduct in depth analyses at the national and state level. The data was used to look at HPV cancer in Arkansas at a detailed level, something that has not been done previously in Arkansas. The results will aid both cancer prevention and immunization efforts locally by describing the population impacted by HPV cancers.

We created a postcard for dental professionals to start a conversation with their adolescent patients about HPV and oral cancers.

In May of 2018 we hosted the first HPV Summit for Medical & Dental Professionals. There were 100 people in attendance. We just completed the 2nd HPV Summit for Medical & Dental Professionals on March 1. There were 120 people in attendance.



LESSONS LEARNED

It took only a single dental hygienist to promote a new policy when she made a query to the State Board of Dental Examiners for them to determine that writing a prescription for HPV vaccine is within a dentist's scope of practice.

We need staff/people with dedicated time to work on increasing HPV vaccination rates.

People are excited about the HPV Toolkit but getting them to use it isn't easy

We are still trying to get providers to stop saying the HPV vaccine isn't required for school

Peoples' perceptions are not easily changed (nothing new there, right?)

The power of story-telling, personal stories work!

Well trained (in HPV vaccine) health professionals are the key to overcoming vaccine hesitancy.

3 THINGS TO ASK

How do you keep people engaged?

How do you remain focused? Setting goals

Sustainability - improvement of efforts and reach

Assessing/measuring impact

Which projects/initiatives have produced the best results, will you be willing to share?

How do you build capacity, a truly connected HPV network.



DON'T QUIT

A hand is shown writing the words "DON'T QUIT" in dark blue marker on a light gray background. The letters "N", "I", "T", "Q", and "U" are heavily crossed out with multiple diagonal red strokes. The hand holding the marker is visible at the bottom left, with the index finger pointing towards the red markings.

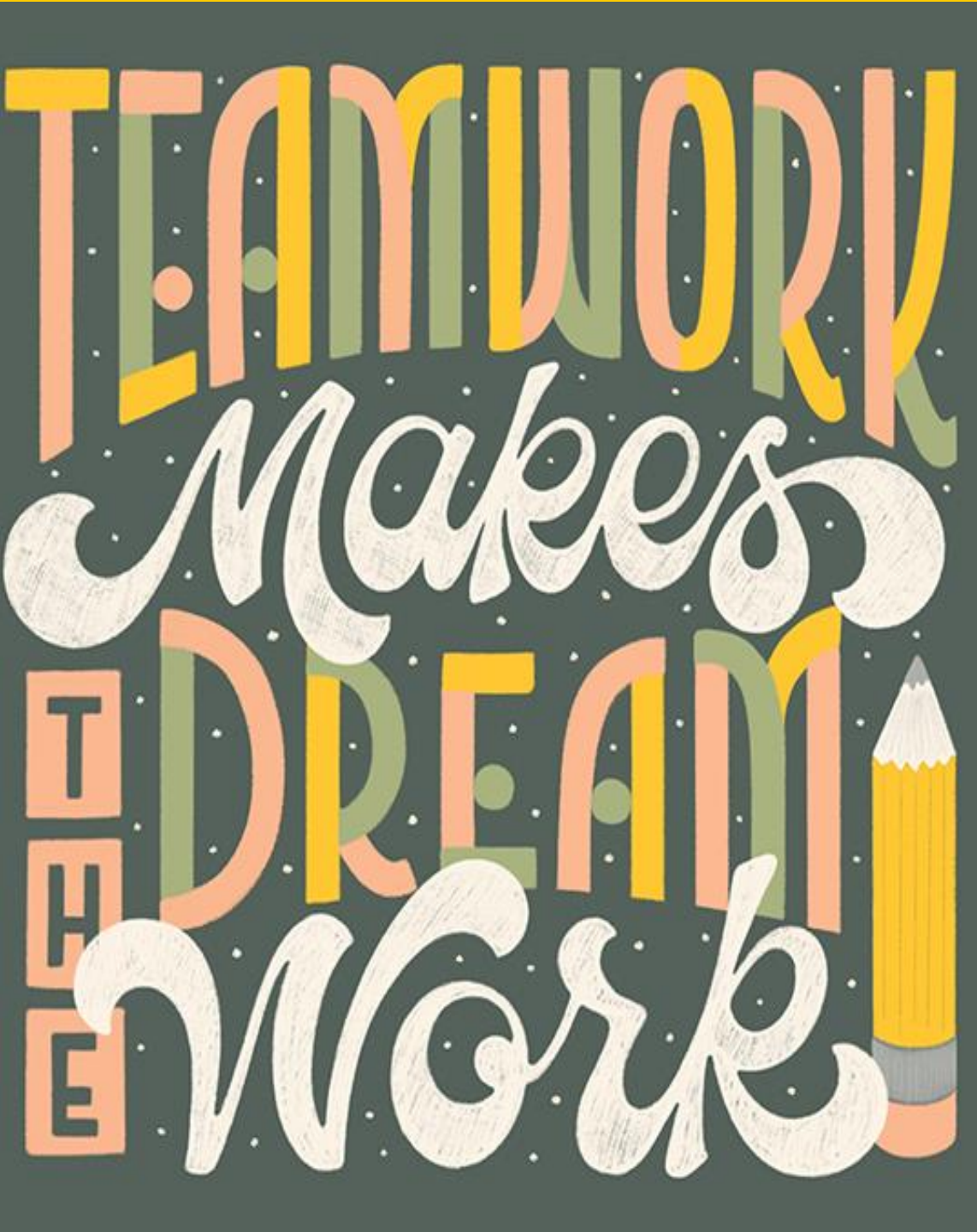
**We will remain committed to
raise HPV vaccination
awareness**



fun fact

Mobile, Alabama is the original home of Mardi Gras, started in 1703 by French Settlers.





our team

Our team, started by Dr. Isabel Scarinci, UAB has been working on HPV Vaccination efforts in Alabama formally since 2015. Currently, we have leadership involved from the Alabama Department of Public Health, UAB, USA – Mitchell Cancer Institute, ACS, AAP, AAFP, BCBS, Medicaid, Pharmacy Association, Dental Association and others.

Our teams are divided into workgroups:

- Provider Education
- Public Education
- Data
- Policy and Health Systems Change

pride points

- Health Plans adopting HPV Vaccination as a quality metric and focusing efforts on provider education
- Statewide Education and GO TEAL AND WHITE Campaigns
- CDC Local Media Buy
- UAB O'Neal Comprehensive Cancer Center
 - Published results from Environmental Scan
 - Engaged local Cervical Cancer Survivor
 - Statewide Summer Social Media Campaign
- 3rd Party initiatives – Pharmacy, Dental and School-Based Clinics



ASK YOUR PHARMACIST HOW HPV VACCINATION IS CANCER PREVENTION
AVAILABLE AT CITY DRUGS OF GROVE HILL • 251.275.3669

2 SHOTS BEFORE AGE 15 GIVE FULL PROTECTION

280 MILLION DOSES GIVEN WORLDWIDE

SAFE AND EFFECTIVE

EVERY 20 MINUTES

SOMEONE IN THE U.S. IS DIAGNOSED WITH A CANCER CAUSED BY HPV.

8 out of 10 PEOPLE WILL GET HPV IN THEIR LIFETIME

IF THERE WERE A VACCINE AGAINST CANCER, WOULDN'T YOU GET IT FOR YOUR KIDS?

GIRLS AND BOYS SHOULD BE VACCINATED

HPV CAUSES OVER 33,000 CANCERS EACH YEAR

THAT WOULD FILL CLARKE COUNTY HIGH SCHOOL'S FOOTBALL STADIUM OVER 8 TIMES!

HPV VACCINATION PREVENTS SIX DIFFERENT TYPES OF CANCER

FOR MORE INFORMATION, PLEASE VISIT: WWW.CDC.GOV/VACCINES/TEENS

CITY DRUGS Of Grove Hill

USA HEALTH MITCHELL CANCER INSTITUTE

APCI

PRESCRIPTIONS FOR
NAME: YOUR CHILD
AGE: 11-12 YEARS OLD
Tdap
HPV
MENINGOCOCCAL

Lessons Learned

- Difficulty engaging providers
- Importance of statewide immunization registry
- Challenge engaging large hospital systems
- Collaborations with unlikely partners such as dentistry and schools

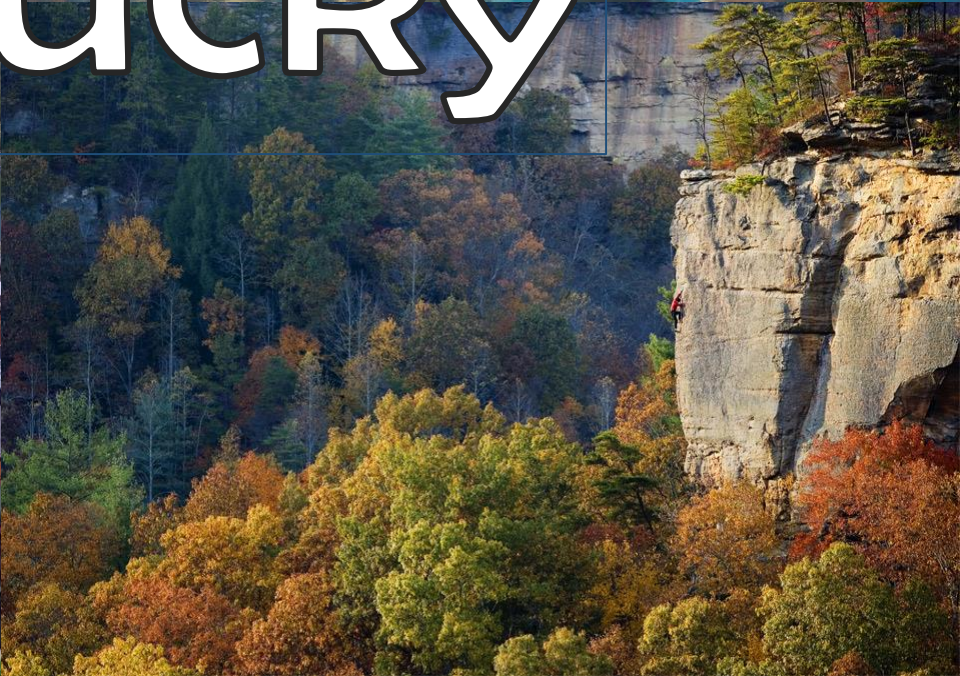


better together

Questions for our partner states:

1. How to better engage providers (AAP, AAFP, vaccination clinics)
2. Success in working with pharmacy and school-based vaccinations
3. Ideas for engaging large health systems



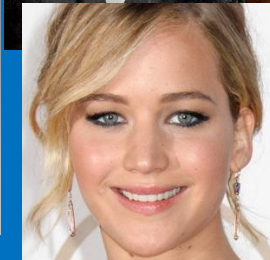
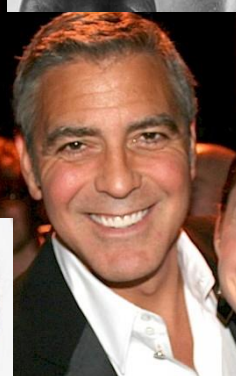
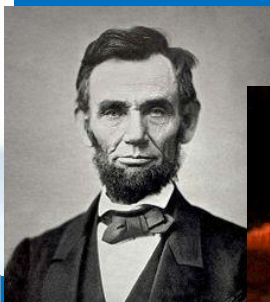
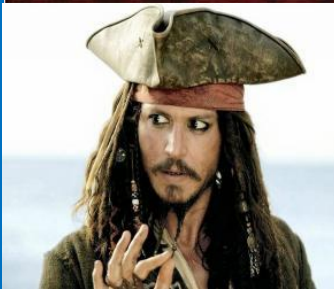
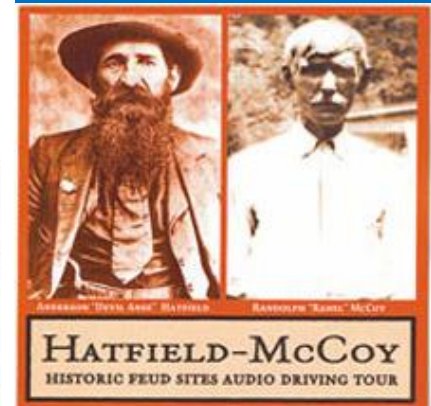
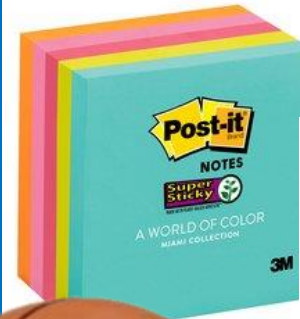
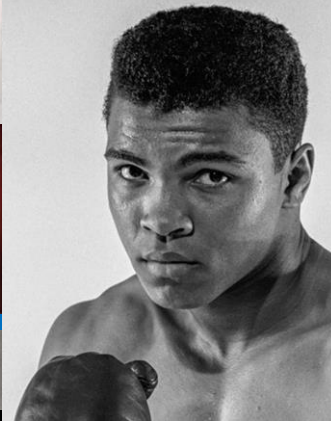


Kentucky

Fun Facts:



THE KENTUCKY BOURBON EXPERIENCE



Our Team:



Providers

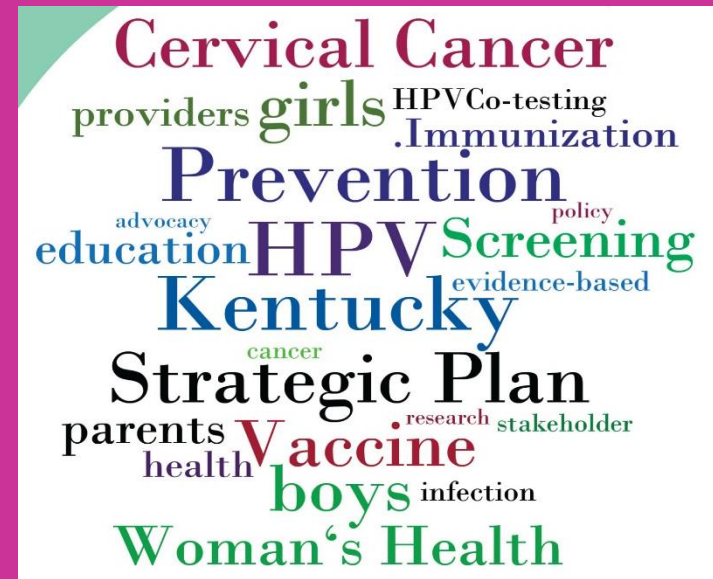


Community Stakeholders

Pride Points:

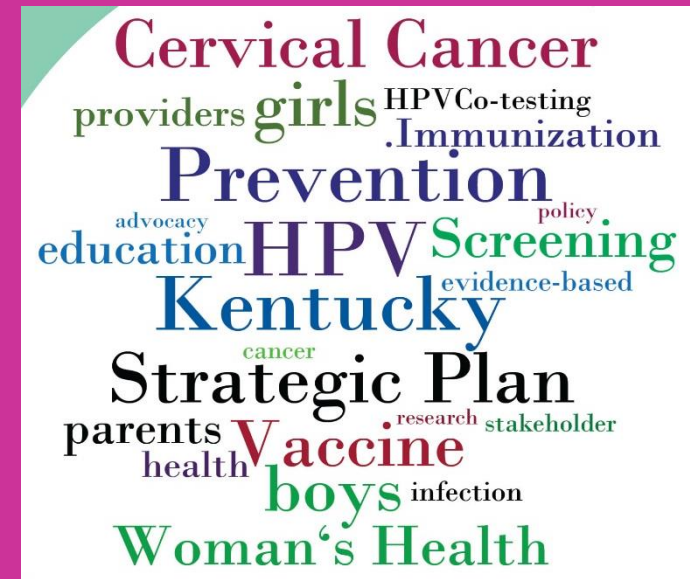
- Greater than 10 year history of state work in HPV and cervical cancer prevention.
- HPV Strategic Plan established in 2015.
- Southern Ohio-Northern Kentucky Regional HPV Focus Group established in the fall, 2018. Three workgroups:
 - ❖ Provider Education Group
 - ❖ State Immunization Registry Group
 - ❖ Community Engagement Group

The regional focus group has brought local providers, stakeholders and researchers together in a tangible way that a statewide group was not able to accomplish. Plans to replicate this group across various regions in the state are being developed.



Pride Points:

- **U of L Project ECHO** - providers virtually meet together each month in a grand rounds-type format to discuss issues related to cervical cancer.
- **UK Markey Cancer Center Young Scientist Program**- a group of students from eastern Kentucky have chosen HPV as their project.
- **DPH Immunization Branch**
 - ❖ Immunization Registry
 - ❖ Working with the Department for Medicaid Services and MCOs to identify students who need vaccination and reaching out to increase vaccination rates.



Lessons Learned:

- Regional groups are more effective than a statewide coalition but state leadership is needed.
- Community champions are necessary for work to be effective at that level.
- **Networking is essential** (providers, educators, healthcare workers, community stakeholders).
- **Support at administrative levels is a plus but work can continue without support from administrative officials.**



- High quality data is key and challenging to obtain.

Better Together:



Interested in Learning from Other States:

- Successes and challenges
- How you are funding your project(s)?
- Do you have accurate vaccination reporting and, if so, how did you accomplish this?
- Next steps for your HPV and cervical cancer initiative



Thank You!



HPV Cancer Free Coalition Tennessee

Our Team



Co-Chairs:

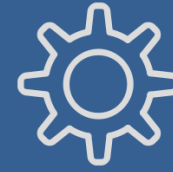
- **Kelly Moore, MD, MPH**
- **Pamela Hull, PhD**

Representatives:

- **Ron Alvarez, MD**
- **Michelle Fiscus, MD**
- **Rochelle Roberts**
- **Rebecca Robinson**
- **Carol Minor**

www.hpvcancerfree.org

← Memories



- **2006-2008: State Cervical Cancer Elimination Taskforce**
- **2008-2012: Tennessee Cancer Coalition formed the women's health resource committee**
- **2012: Cervical Cancer Free Tennessee Coalition**
- **2018: Changed name to HPV Cancer Free Coalition**

About Us

Mission: Decrease the incidence of HPV related cancers in Tennessee through vaccination, screening, and early detection.

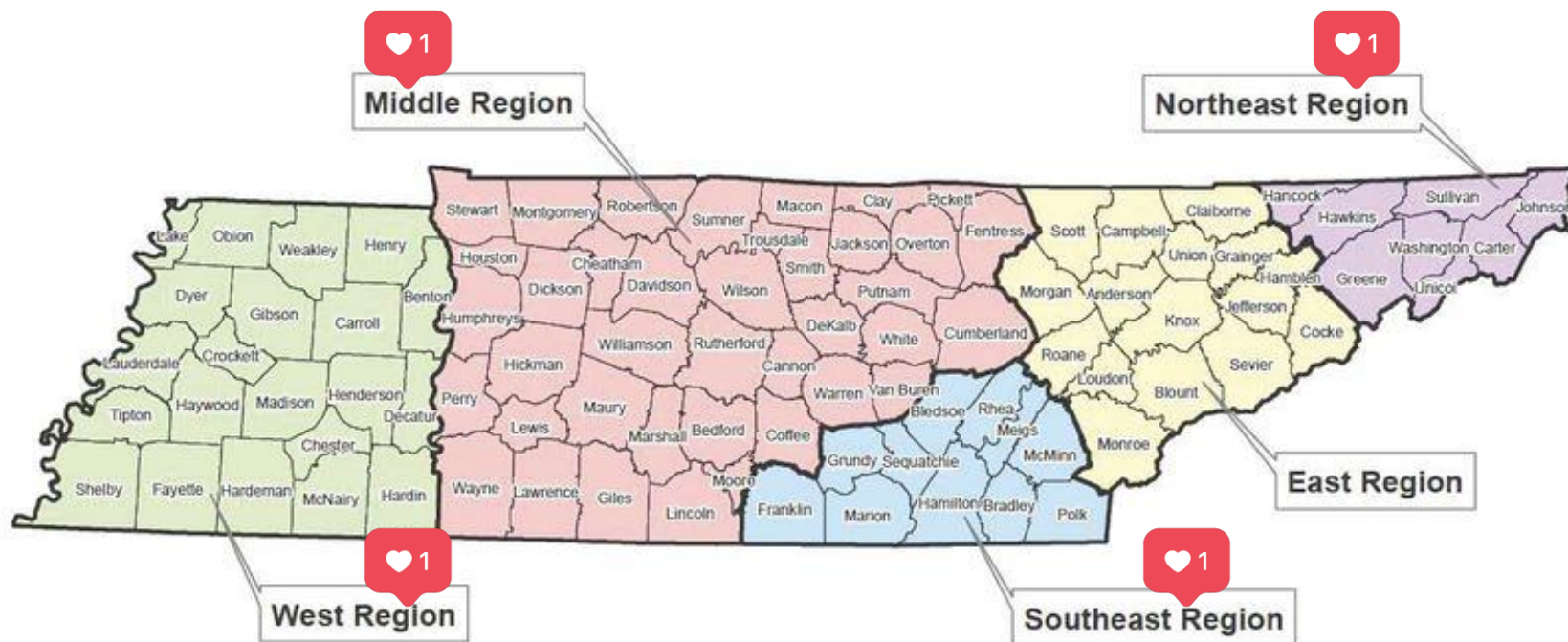
Approach:

- **Education for clinicians and consumers**
- **Primary prevention: HPV vaccine promotion**
- **Secondary prevention: Screening and intervention**

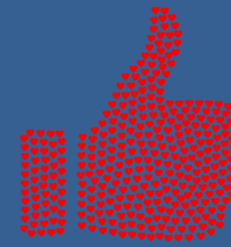
About Us



Statewide coalition w/ regional workgroups



Pride Points



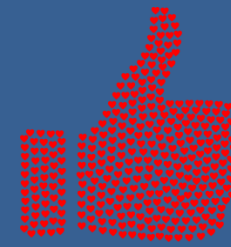
West TN:

- 13 events reaching 365 health professional trainees
 - UT Family Medicine Residency Program
 - TN Technology Schools LPN classes
 - UT-Martin Nursing program
- Outreach to 500+ high school students/school nurses in Memphis area (St. Jude)

Middle TN:

- NCI-funded study with 24 pediatric practices testing in-person vs. web-based QI coaching (70,000+ patients) (Vanderbilt, Cumberland Pediatric Foundation)

Pride Points



NE TN:

- 16 vaccines given at onsite HPV vaccination clinics in East TN State University
- Continue to distribute *Bug Your Doc* materials to primary care providers

www.get3shots.org

Statewide:

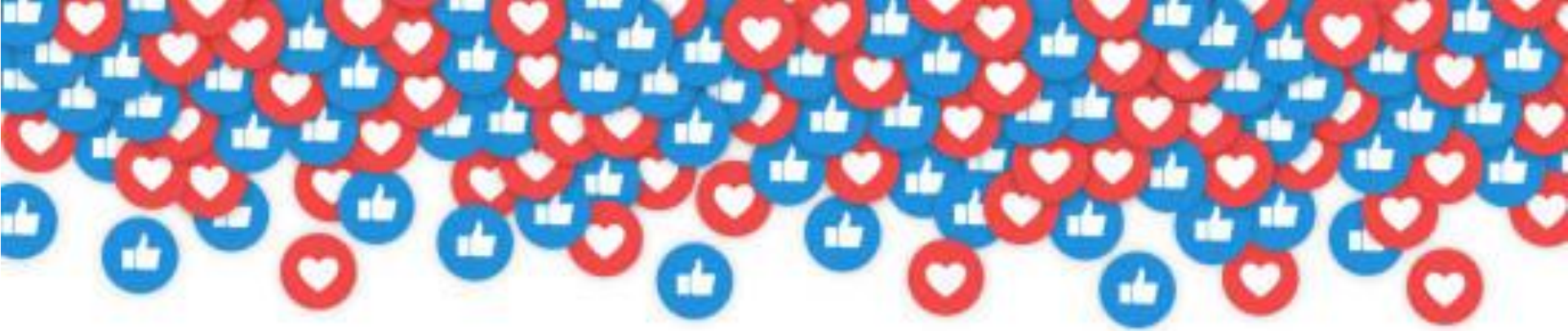
- Distributed *Bug Your Doc* materials reaching 560,000+
 - 5,000 to local health departments
 - 150 at VFC Immunization Update Conferences
 - 16 organizations in TN and 4 nationally

Lessons Learned

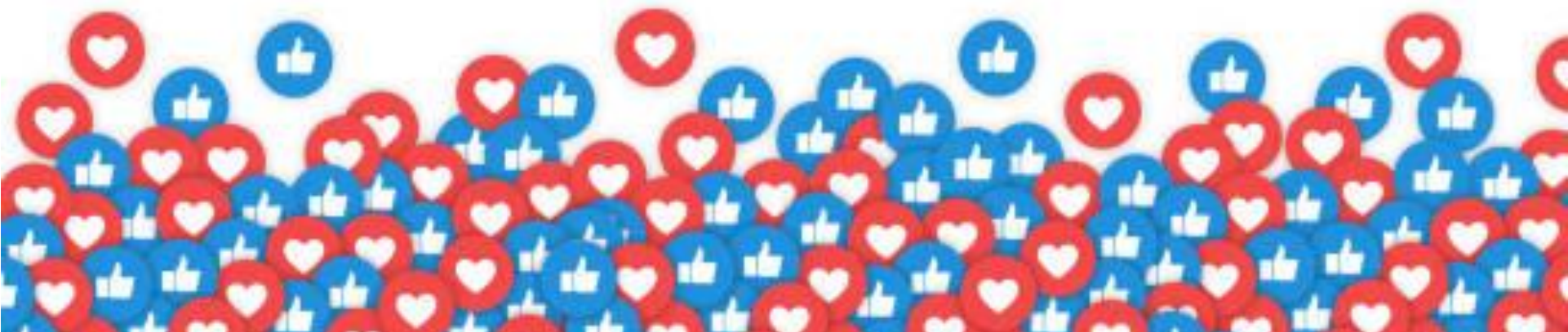
- 1. Regional approach emphasizes local engagement with statewide synergy**
- 2. Critical to engage with healthcare providers (ex. pediatricians, family physicians, student health, dental, school nurses, local health departments)**
- 3. Use consistent messaging focused on bundling (Tdap/HPV#1/Men-ACWY#1) at same visit) and cancer prevention**

Better Together

- 1. How have others addressed challenges to fund local initiatives?**
- 2. How have others effectively leveraged social media and dealt with anti-vaccine backlash?**
- 3. How have coalitions engaged hospitals/cancer centers/FQHCs by leveraging CHNA/CoC/CMS requirements?**



Thank you!
#hpvcancerfreetn



BREAK



SOUTH CAROLINA



Fun Fact

Did you know that Charleston has been voted the #1 city in the United States for SIX years running by Travel & Leisure?

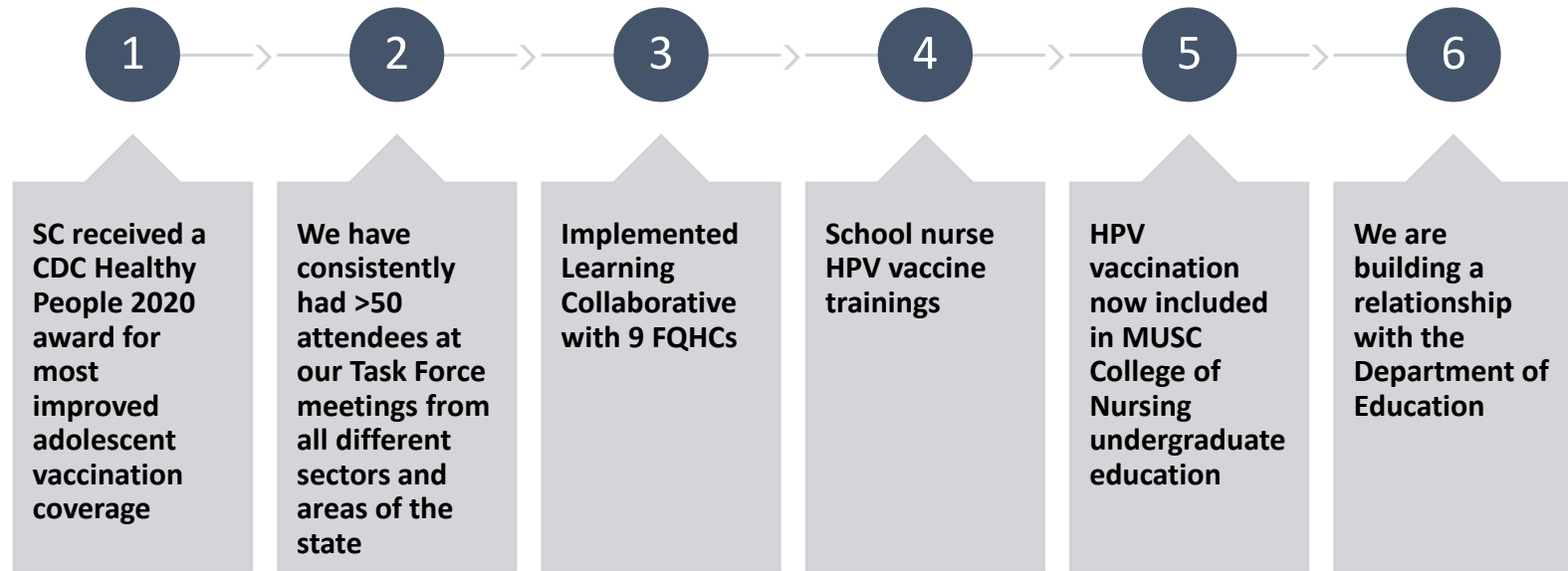
Our Team – SC Adolescent Immunization Taskforce

Representatives

- **Deborah Alfano**
- **Brian Conner**
- **Tracy Foo**
- **Kim Hale**
- **Philip Mubarak**
- **Becky White**



Pride Points



Lessons Learned

Importance of engaging every sector.

Communication, communication, communication. How to best share best practices. Consistent communication keeps people engaged.

Recognition helps motivate stakeholders.

Importance of creating and maintaining urgency to keep stakeholders engaged.



South Carolina Adolescent Immunization Task Force



Better Together

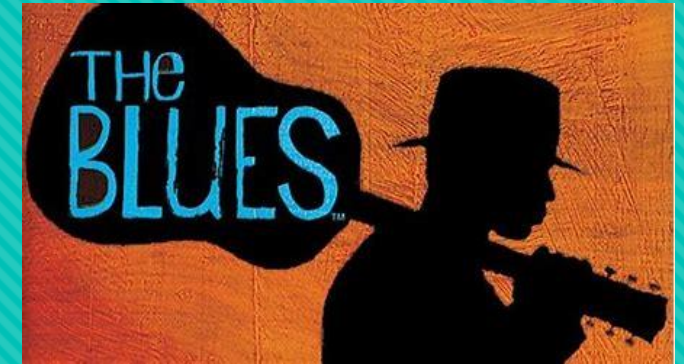
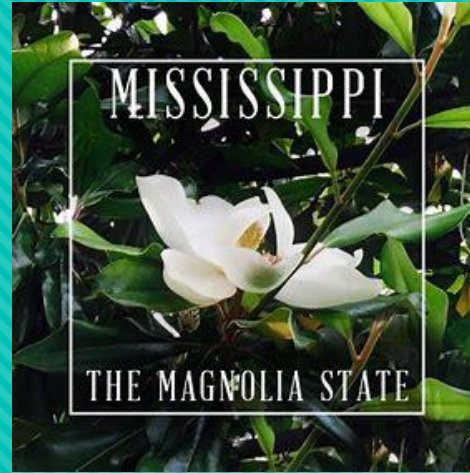
How do you fund your coalition?
How do you take a coalition from
a workgroup to a formal
organization?

How do you stay action focused
and maintain engagement of
stakeholders?

How do you measure success
(besides immunization rates)?



Thank you!

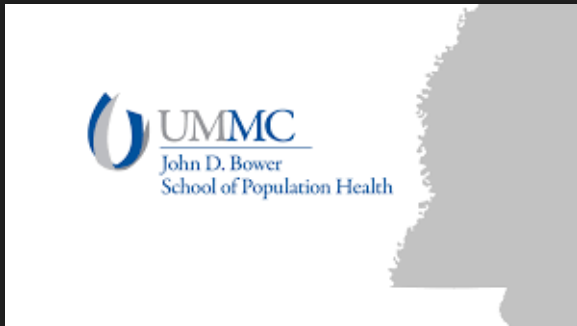


Mississippi:

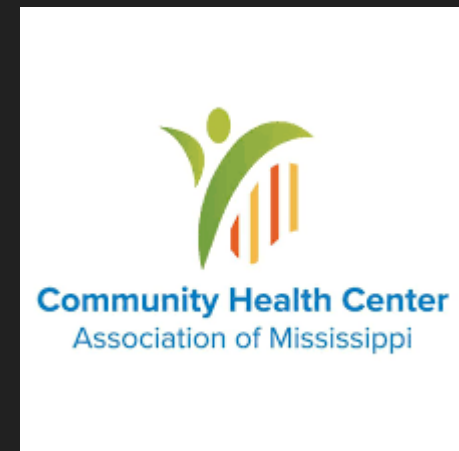
- The Magnolia State
- Birthplace of Elvis (Tupelo, MS) and Oprah (Kosciusko, MS)
- The University of Mississippi Medical Center - 1st human lung transplant in 1963, followed by the world's 1st heart transplant a year later.
- Barq's Root Beer was created in Biloxi
- Mississippi is the birthplace of the Blues
- Home of the Mississippi River, the largest in the US and fourth-longest river in the world.

Mississippi HPV Workgroup

Current



Future



Pride Points in Mississippi

- MS' first Project ECHO clinic – launching from UMMC - April 2019
- MSDH Immunization Dept. QI projects with 5 largest providers
- MSDH Comprehensive Cancer Control & UMMC Cancer Registry developing VAX MAPS



Lessons Learned



- Time
- Patience
- Sell the benefits of partnership
- Engage new and non-conventional partners
- Secure buy-in
- Build excitement

Better Together

NEW WEBINAR SERIES:

The Nine Habits of Successful Comprehensive Cancer Control Coalitions





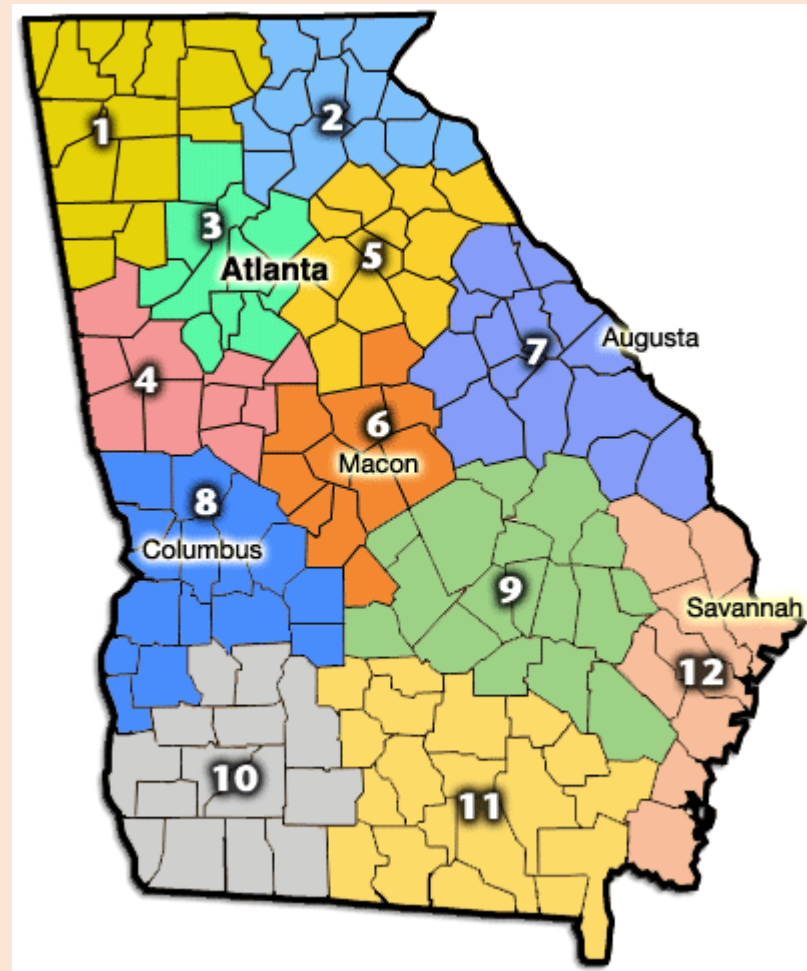
**Let's Stretch...
with HPV Yoga!**

GA HPV Workgroup



Fun Fact

- Home of 159 counties



Membership

Member Organizations

- Northwest Georgia Regional Cancer Coalition
- MERCK
- Georgia Health Policy Center (GHPC)
- Winship Cancer Institute
- Cancer Pathways
- Georgia Department of Public Health (DPH)
- Three Rivers AHEC
- Dekalb Medical Center and Primary Care Center
- Georgia Chapter American Academy of Pediatrics
- University of Georgia-College of Public Health - Academic Affairs
- Obstetrician /Gynecologist, Morehouse School of Medicine
- American Cancer Society

2019 Cervical Cancer Awareness Day at the Georgia Capitol



Pride Points

Goal:

To increase the number of females and males who complete the Human Papilloma Virus (HPV) vaccine series in accordance with the National Advisory Committee on Immunization Practices (ACIP) recommendations.

Objective 1

- By 2024, to achieve a **60% or 80% increase** in the number of adolescents in Georgia who have completed the HPV vaccination series
- *(Data Source: NIS Teen Survey, GRITS immunization records, HEDIS measures, NQAS ranking systems, or HPV Report Card to VFC provider, etc.)*
- **Strategy:** Target private and public health care facilities to promote policy and health system changes to prioritize HPV vaccination.
- <https://dph.georgia.gov/blog/2016-01-08/georgia-recognized-increasing-rate-hpv-vaccine-among-adolescent-girls>

Objective 2

- By 2024, to see improved knowledge about HPV vaccination as cancer prevention among Georgia middle school, high school, and college students. (Health systems focused)
- *(Data Source: Someone You Love evaluation form, pre and post tests before and after community events and school campaigns, etc.)*
- **Strategy:** Expand small media projects such as Someone You Love, Lady Ganga, Parent-Child HPV Educational Events, and school prevention education campaigns.

Questions of Other States

- In absence of funding how do you continue to make progress?
- Rural Disparities – How are states approaching?
- Health system engagement- How to move beyond improved knowledge to action?



Thank You



CROWDSOURCING:

Its 2024 (5 years from now). The region has made dramatic strides in increasing HPV vaccination rates though collective action.

What collective strategy made the biggest impact?

CROWDSOURCING:

1. Trade cards (no reading just 1 for 1 exchange)
2. Bell rings
3. Pair up
4. Read cards
5. Put 1-5 score on back
6. Repeat process when instructed (4 more times)

CROWDSOURCING:

- 1 = good idea
- 3 = very good idea
- 5 = absolutely amazing idea, we need to implement!

What collective strategy made the biggest impact?

CROWDSOURCING:

1. Take the card in your hand (it should have 5 scores)
2. Add them up and circle the total

(If you don't have 5 scores create 5 (e.g. if most scores are ~3 give it another 3, etc.)

An Evening in Birmingham

- Shuttle will take you back to hotel
- Shuttle leaves at 5:30 & 5:50 from hotel...several trips likely
- Cash bar

