HPV COALITIONS SURVEY RESULTS					SE U.S. Summit States Only					
State	HEALTH PLANS	HEALTH SYSTEMS	PROVIDER ASSOCIATIONS	STATE & LOCAL HEALTH DEPTS.	PR	IORITIES	KEY ACTIVITIES	SU	ICCESSES & IMPACT	CHALLENGES
AL: AL Adolescent Immunizations Task Force	The coalition has members from VIVA Health, Blue Cross Blue Shield of Alabama, Alabama Medicaid Agency	UAB, Children's Hospital, University of South Alabama	AAP, AAFP, AL Pharmacy Association, AL Dental Assoc., AL Dept of Education, AL Primary Health Care, and AL College of Ob/GYN	ADPH, Mobile and Jefferson County Health Department	2.	Provider Ed Parental Ed Policy	 Planning Statewide Adolescent Vaccine Summit Educational Campaign Alternative Vaccine Opportunities 	•	Increased collaboration and integration of efforts. Strong Vaccination Registry (ImmPRINT)	Lack of AAP and AAFP leadership support and action Health system integration - have individuals involved, but not entire systems How to keep everyone engaged in moving forward rather than just giving updates Need help engaging marginalized groups, suburban parents, junior league, and other civic organizations
AR: Immunize AR	ARMedicaid, AR BCBS (they just included HPV Vacs in their Patient Centered Medical Home quality metrics)	AR Children's Hospital, UAMS, several Community Health Center clinics, CHI St. Vincent Hospital in Hot Springs, St. Bernards Healthcare in Jonesboro, several private clinics	AR Immunization Action Coalition, AR Pharmacists Association, AAP, AR Dental Assoc, AAFP,	AR Department of Health, many of the local health department units	2.	our state data (including HPV associated cancers)	1. Data gathering 2. Holding HPV Summits and sharing HPV Vacs information during AR Immunization Action Coalition summits 3. Updating our HPV Vacs Arkansas educational tools and resources	•	AR held its first HPV Vacs Summit in May 2018, and will host the 2 nd in March 2019 AR was listed as having one of the largest increases in HPV Vacs rates between 2013-2017 at 7.3% AR has had success working with dental providers AR Wellness Coalition shared immunization	Keeping HPV workgroup members involved Trying to track our work so people can see where they can fit in

Nov. 2018 National HPV Coalition Survey Results (includes Feb. 2019 SE state updates)

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							resources/including HPV Vac with healthcare providers all across AR		
GA: Georgia Cancer Control Consortium (GC3), HPV Workgroup		In July 2018, conducted the Georgia HPV Healthcare Leadership Forum that focused on HPV efforts with health systems.	Strong partnerships with American Academy of Pediatrics- Georgia Chapter, American College of Physicians-Georgia Chapter and Georgia Academy of Family Physicians.	Active members of the HPV work group. Includes representation from Chronic Disease Prevention, Immunizations and Oral Health.	1. Developing HPV goals, objectives and strategies /activities for the new 2019-2024 cancer plan. 2. Conducting statewide viewing for Someone You Love. 3. Planning for Cervical Cancer Awareness Day at the Georgia Capital held on January 30, 2019. This includes recognizing a small, medium and large healthcare system as HPV	1. Two consistent cochairs and monthly one-hour calls. 2. Someone You Love sub-committee consisting of active members that represents diverse organizations that focuses on five target groups to implement the viewings: 1) Colleges/Universities; 2) Girl Scouts; 3) Community Organizations; 4) School Curriculum; and 5) Healthcare Professionals 3. Maintaining state legislators as engaged HPV Champions and meeting with them regularly.	Maintaining an active HPV Prevention and Education Work Group because as a collective we're able to achieve more and advance Georgia's HPV prevention efforts.	An effective strategy and platform to market the message that HPV vaccination is cancer prevention-especially via social media. Need help engaging health plans, pharmacies, media, and marketing.	

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					Provider Champions.					
KY: Kentucky Immunization Coalition		St. Elizabeth Healthcare		Provide resources to health departments, works closely with the KY Vaccine Program	1. Ease of access to the KY Immunization Registry 2. Provide education to the community 3. Provider and staff education	 Working on changing the way the registry is accessed/data exchange Provide educational materials to providers and staff HPV campaign directed to the public/parents 	Letter to the state secretary requesting a change in registry access	Financial Need help engaging KY Chapter of American Academy of Pediatrics Parent groups		
MS: HPV Workgroup	The MS HPV workgroup does not currently have representation from a health plan, but we do have interest from 2 Medicaid managed care plans (UHC and Molina) to become involved once an official coalition begins.	University of MS Medical Center (HPV ECHO planning) and FQHC involvement	MS chapter of AAP and Community Health Center Association of MS	Active members of workgroup include MSDH immunizations and comp cancer departments	Provider ed Provider engagement	 In 2018, the workgroup began looking at HPV data and discussions on how to disseminate info Working with 3 FQHC's in 2019 on quality improvement projects 	Massive HPV mailout to private practice providers in MS Someone You Love video shown during the ACS Clinicians Dinner at the Annual Community Health Center Association of Mississippi conference along with a cervical cancer survivor sharing testimony. 30 clinicians and staff in attendance.	No funding at this time Working to expand workgroup into an official HPV coalition so adding additional partners will be critical. Need to get AAP and AAFP involved.		

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SC:	We have participants	Our large	SC AAP, SC Primary	We are a	1. Consistent	3. Working on creating a HPV map for MS stating vac rates and cancer rates to distribute in 2019 1. Adding vaccine	HPV ECHO recruitment in 2018. ECHO scheduled to begin April 2019. MSDH Immunizations has identified 5 of the largest TDAP providers with low HPV completion rates to focus on in 2019. We are just getting	Currently we do not have any	
SC Adolescent Immunization Task Force	from our Medicaid managed care plans, DHHS (Medicaid), Blue Cross Blue Shield	health systems in the state are represented	Health Care Association (FQHCs), SC Pharmacy Association, SC ACOG,	centralized health department, but we have participation from immunization division, cancer division, school nurse consultant, oral health, regional/local health department nurses and staff.	Messaging - adolescent vaccine bundle 2. Promoting best practices 3. Sharing resources	language to the SC sports physical form 2. Developing consistent messaging and goals and drafting a letter signed by partners to send to health systems and providers encouraging adolescent vaccination 3. Provider education efforts	started, have held 3 meetings so far and worked on a SWOT analysis and developing action plans for working to achieve goals.	funding. We would like to create a website and it is difficult to fund through the health department. We are working to find a partner who might be able to pay hosting fees. Need help engaging family physicians and the SC AFP	

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TN: TN HPV Cancer-Free Coalition		Vanderbilt Medical Center; ETSU; West TN Healthcare; St. Jude's; UT Health Sciences	AAP TN, Cumberland Pediatric Group	TN DOH	1. Increasing on-time vaccination 2. Increasing cervical cancer screening and early detection	 Educating health care providers, students, and staff Promotion of Bundling of routine pre-teen immunizations (Tdap, HPV,MCV4) Education and Outreach to parents and teens 	Local Health Department monthly 3- star reports promote clinic-level improvement efforts in bundling of the 3 routine preteen immunizations at a single visit, especially during the back to school rush. This resulted in a publication. Coalition partners participate in applying for and carrying out the NIH grant awarded to Vanderbilt to focus on practice-level improvement in HPV vaccination rates. Coalition partners have participated in conferences, some awarding CME, around the state focused on HPV screening and vaccine education of clinicians.	Staff turnover among key partners in the coalition has slowed the pace of activities. Also, since the recent transition to HPV prevention instead of cervical cancer prevention, responsibility for staffing activities within the health department is being shifted. In general, the coalition energy and activities are at the regional level; this regional focus has allowed partners to concentrate on local priorities, but there is less of an identification with the statewide organization. Regions without leadership there has less activity. Limited or absent funding for promotional media.		