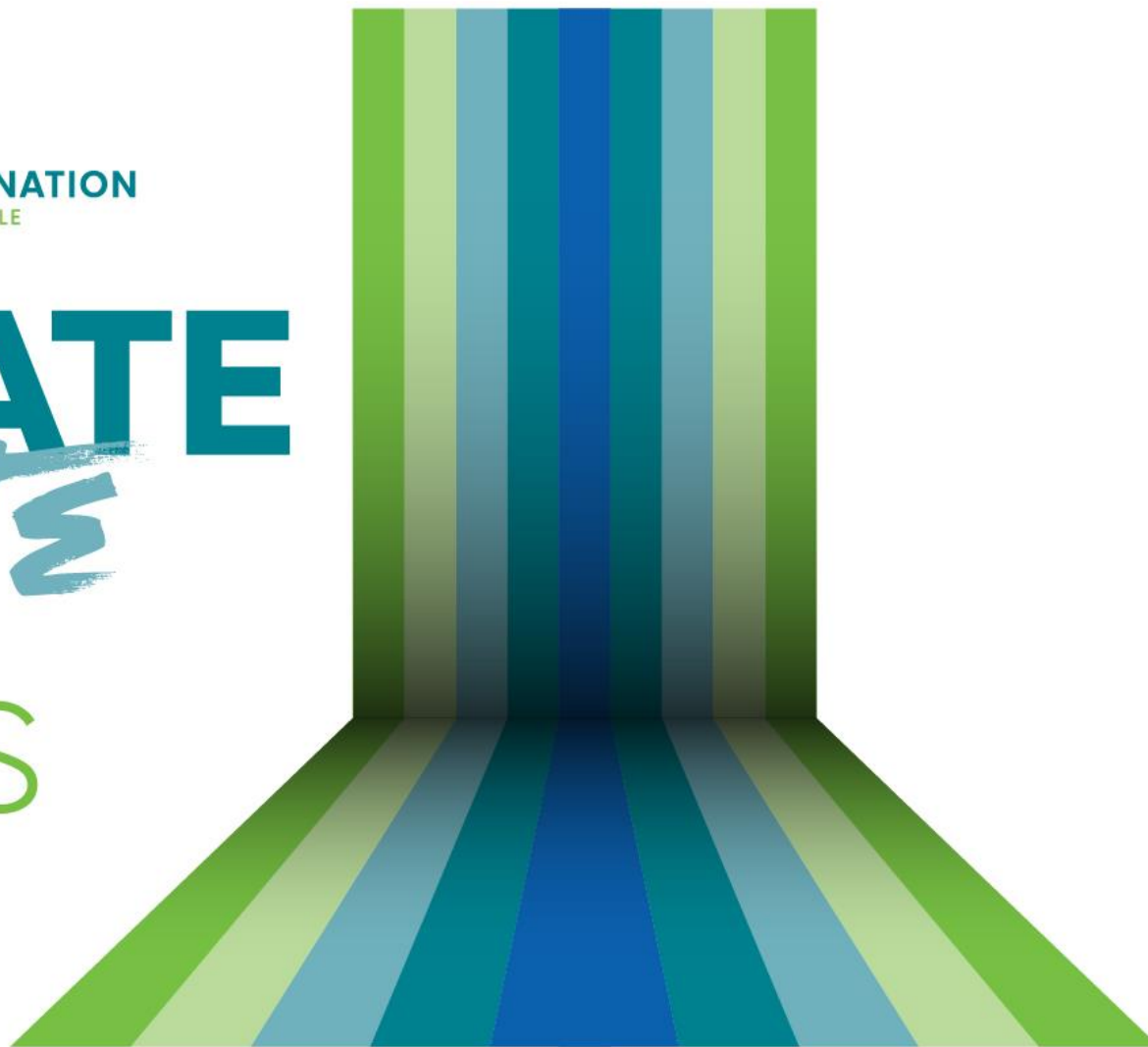




# CELEBRATE & INNOVATE 10 YEARS





**Rebecca Perkins, MD, MSc**  
*Associate Professor of Obstetrics and Gynecology,  
Boston University School of Medicine  
OB/GYN, Boston Medical Center*

# Welcome:

## Advancing HPV Vaccination Equity



# Advancing HPV Vaccination Equity

## Wednesday, October 9: Advancing HPV Vaccination Equity

12:00 PM ET

### Welcome to the Celebration:

- Rebecca Perkins, MD, MSc, American College of Obstetricians and Gynecologists (ACOG)

12:05 PM ET

### HPV Vaccination and (In)equity: The Big Picture

- Jennifer C. Erves, PhD, Vanderbilt University Medical Center

12:15 PM ET

### Panel Q&A: HPV Vaccination Equity within Special Populations

- Moderator: Ashanda Saint Jean, MD, FACOG, National Hispanic Medical Association
- Mollie Aleshire, DNP, MSN, APRN, FNP-BC, PPCNP-BC, FNAP, University of Louisville School of Nursing
- Daisy Morales-Campos, PhD, The University of Texas Health Science Center at Houston, School of Public Health, San Antonio Regional Campus
- Synovia Moss, MPA, Good Health Women's Immunization Networks (Good Health WINS), National Council of Negro Women, Inc.

12:50 PM ET:

### HPV Vaccination Equity: Access with Non-Traditional Providers

- Moderator: Ashanda Saint Jean, MD, FACOG, National Hispanic Medical Association
- Alice P. Chen, DMD, FAAPD, Roseman University
- Parth Shah, PharmD, PhD, Hutchinson Institute for Cancer Outcomes Research (HICOR) and the Cancer Prevention Program, Public Health Sciences Division, Fred Hutchinson Cancer Center
- Karen Schwind, BSN, RN, NCSN, Texas School Nurses Association

1:25 PM ET

### Celebration Wrap-Up & After Party

- Kiara Long, MPH, American Cancer Society

Funding for this meeting was made possible (in part) by IP21-2105 from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official 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.







**Jennifer C. Erves, PhD, MPH,  
MAEd, MS, CHES**

Associate Professor, Department of Health Policy,  
Director of Community Engaged Research, Office of  
Health Equity, *Vanderbilt University Medical Center*

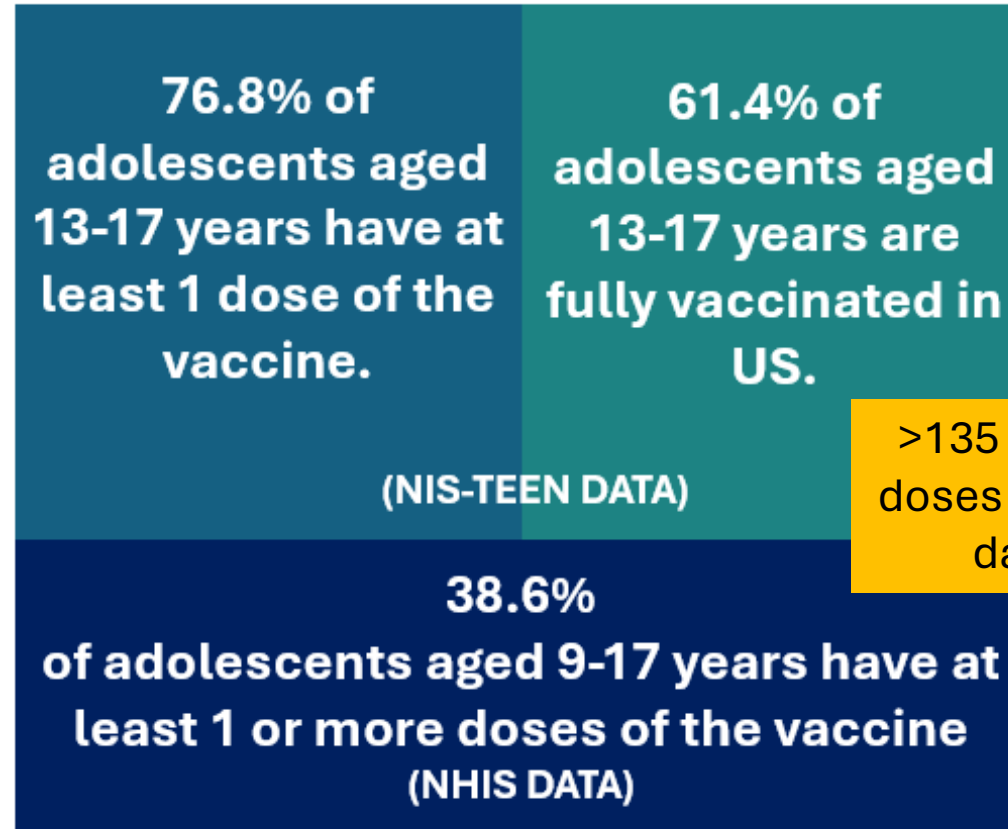
# HPV Vaccination and (In)Equity: The Big Picture



# HPV Vaccination: Where we are as of 2023?



**More than 90% of HPV cancers  
can be prevented if vaccinated  
between 9-12 years!**

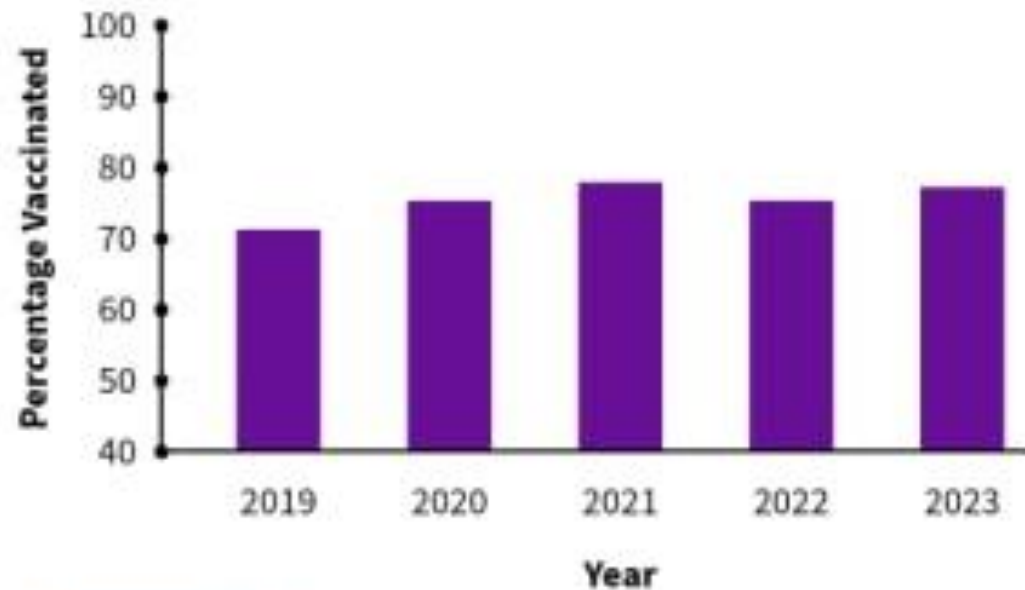


**>135 million  
doses given to  
date.**

CDC. [HPV Vaccine Safety and Effectiveness Data](#) | HPV | CDC



# HPV vaccination coverage has not improved since the pandemic\*






\*≥1 Dose HPV vaccine coverage,  
2019-2023 National Immunization Survey-Teen data

bit.ly/m

August



Pingali C, et al. *MMWR Morb Mortal Wkly Rep.* 2024;doi:10.15585/mmwr.mm7333a1.

<p>racial and ethnic minority groups;</p> 	<p>immigrants;</p> 	<p>Individuals of low or high socioeconomic status</p> 
<p>individuals who lack or have limited health insurance coverage;</p> 	<p>residents in certain geographic locations, including rural areas;</p> 	<p>Members of the sexual and gender minority communities</p> 
<p>refugees or asylum seekers;</p> 	<p>adolescents and young adults; and</p> 	

# Disparities exist in HPV awareness and vaccination.

## What Groups?



Adapted from 2022 American Association for Cancer Research. AACR Cancer Progress Report.



# Disparities at a Glance...

MORE Likely	2022 NHIS Survey: Among children aged 9-17 years, girls (42.9%) are <b>more likely</b> than boys (34.6%) to have received one or more HPV vaccine doses.
LESS Likely	2023: Among adolescents aged 13-17 years, those living in rural areas ( <b>53.1%</b> ) <b>less likely</b> to be HPV vaccinated compared to those living in urban areas ( <b>64.4%</b> ).
TWICE as likely	2022 NHIS Survey: Children ages 9-17 with <b>private health insurance (41.5%)</b> were <b>more likely</b> to have received ≥1 dose HPV compared with <b>children without insurance (20.7%)</b> .
ABOVE and BELOW National Average	2023: HPV vaccination coverage in some of the states is <b>significantly lower</b> (Mississippi, 38.5%) <b>or higher</b> (Rhode Island,85.2 ) <b>than National Average (61.4%)</b> .
LESS Likely	2022: Immigrants or refugees were <b>38% less likely</b> to have received at least one dose of the HPV vaccine.
LESS Likely	Knowledge on HPV and associated vaccines and malignancies <b>is significantly lower</b> among Black persons and other racial minorities compared to White persons.  2006-2017: Minorities were 8.6% [5.6%, 11.7%] <b>less likely</b> than Whites to follow-through with the full HPV vaccine series.
Almost Half	2022 NHIS Survey: <b>Almost half (42.1% )</b> of children aged 9-17 years whose parents had <b>higher education level</b> had their children receive ≥1 dose HPV compared to other lower level of education.



# Driven by Immunization Inequity

- Immunization Inequity is the systematic difference in access to HPV immunization.
- Leads to unavoidable and unfair differences in health outcomes (HPV and sequelae) in communities.
- **Inequities in Social Determinants of Health (SDOH) are a major driver of HPV associated disparities!**



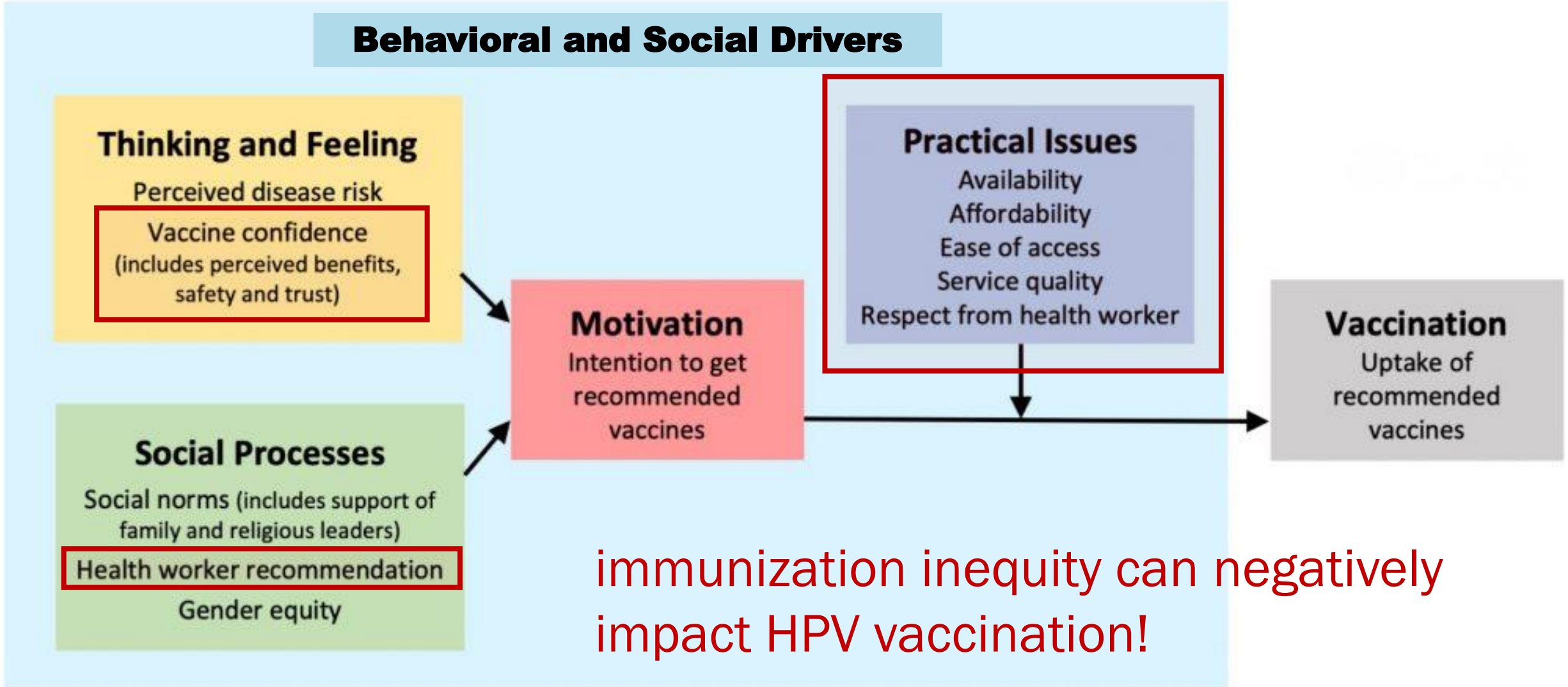
# Barriers to Equitable HPV Vaccine Distribution and Administration

Data and Operational Challenges	Access Challenges	Misinformation and Vaccine Hesitancy
<ul style="list-style-type: none"> <li>❖ Limited data quality (e.g., lack of or limitations on geographic coverage or high-risk populations; untimely reporting; inaccurate data)</li> <li>❖ Limited ability to assess individual programs</li> <li>❖ Lack of interoperability between health information systems to share data</li> </ul>	<ul style="list-style-type: none"> <li>❖ Few access points.</li> <li>❖ <b>Structural Barriers: lack workplace flexibility, convenience, a provider recommendation and communication, and transportation.</b></li> <li>❖ Existing Policies.</li> <li>❖ Limited outreach and scheduling</li> <li>❖ (Perceived) Cost of vaccine</li> <li>❖ Insurance Coverage</li> </ul>	<ul style="list-style-type: none"> <li>❖ <b>Vaccine misinformation spoken unintentionally</b></li> <li>❖ <b>Disinformation targeting communities of color</b></li> <li>❖ Child too young or vaccine not needed</li> <li>❖ <b>Wait and see: safety and efficacy data needed</b></li> <li>❖ <b>Mistrust: healthcare system, government, research, and “PHARMA”.</b></li> </ul>



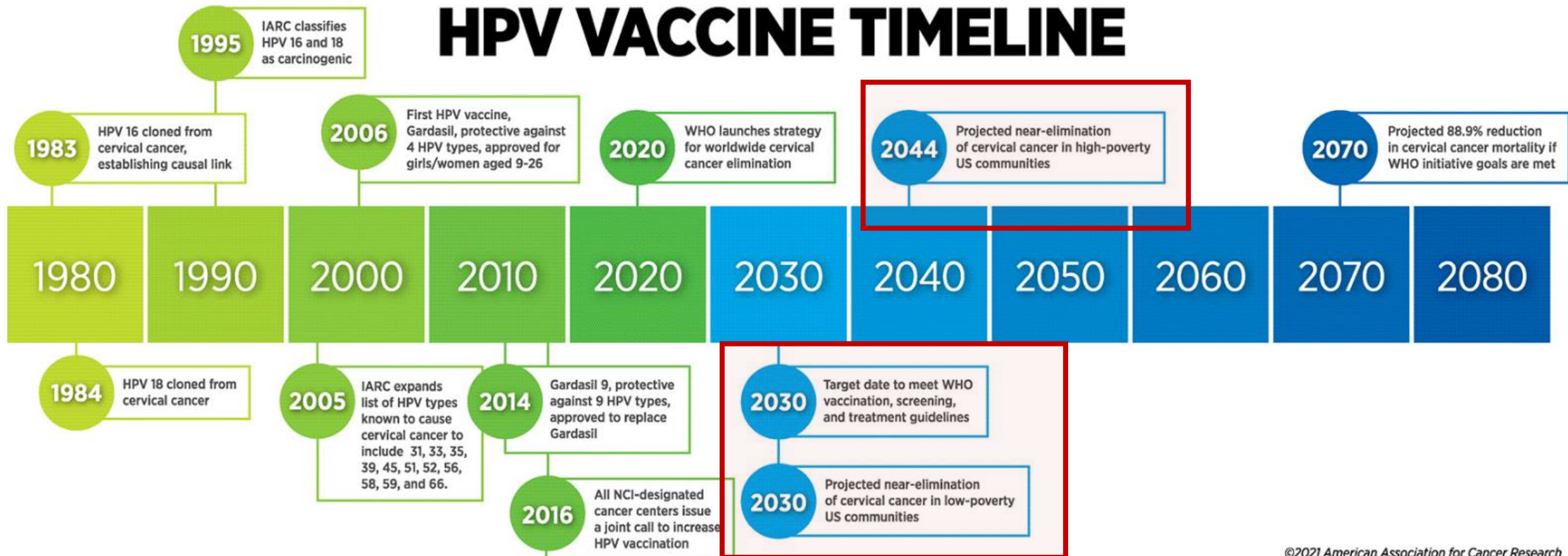
Cunningham-Erves J et al. Gynecol Oncol. 2018 Jun;149(3):506-512. doi: 10.1016/j.ygyno.2018.03.047. PMID: 29588103.; Cunningham-Erves J et al.. J Racial Ethn Health Disparities. doi: 10.1007/s40615-023-01754-8. PMID: 37603225; Cunningham-Erves JL et al. Pediatr Infect Dis J. 2018 Aug;37(8):e222-e225. doi: 10.1097/INF.0000000000001906. PMID: 29329167. Rahmadhan MAWP, Handayani PW. Hum Vaccin Immunother. 2023 Aug;19(2):2257054. doi: 10.1080/21645515.2023.2257054. PMID: 37747287; Kim S, et al. Vaccines. 2023; 11(4):728. <https://doi.org/10.3390/vaccines11040728>. Amboree TL, Darkoh C. J Racial Ethn Health Disparities. 2021 Oct;8(5):1192-1207. doi: 10.1007/s40615-020-00877-6. PMID: 33025422.

Behavioral and social drivers of vaccination framework shows...



Source: The BeSD working group. Based on Brewer et al. Psychol Sci Public Interest. (2017).

# These disparities could hamper our ability to meet some of our milestones...



©2021 American Association for Cancer Research

Jones, C. The Past, Present, and Future of HPV: Can Vaccination Help Eliminate Cervical Cancer? <https://www.aacr.org/blog/2021/09/28/the-past-present-and-future-of-hpv-can-vaccination-help-eliminate-cervical-cancer/>





# Health Equity:

## A Call TO Action

“State in which everyone has a **fair and just** opportunity to attain their **highest** level of health,” including awareness and access to immunizations.



**“I just need reasons and assurance [from the provider] that everything is going to be okay.”  
[improved provider communication]**

**“Yeah, and I wish that offices were open during later hours, which would make more sense because not every parent could take a day off.” [Access to clinic]**



**“the only thing that could motivate me to continue the remaining two shots... is access to educational materials.” [Access to educational material]**

# Building HPV Vaccine Equity means...

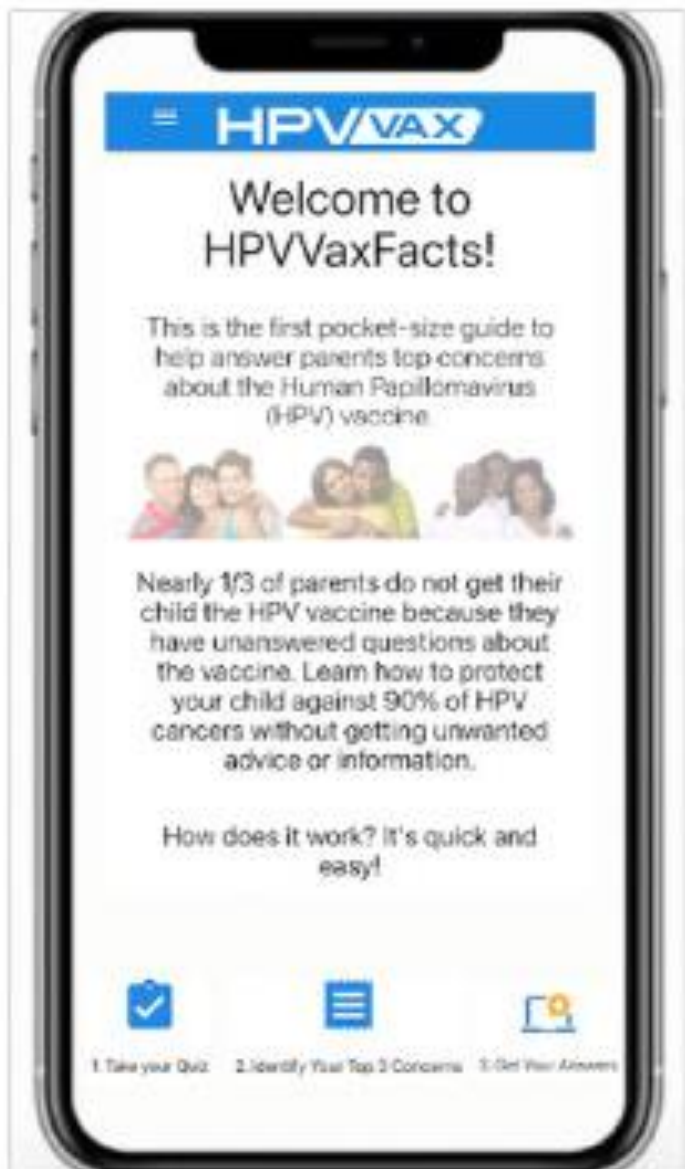
## Addressing Drivers fueling SDOH Inequities

- **Build Access:** Host vaccine clinics; Maximize Medicaid Enrollment; Provide or offer transportation; **Support Alternative Settings (Pharmacies, Schools, Health Departments)**, Offer after-hour and weekend visits; Provide reminders
- **Build Confidence:** Engage partners (e.g., providers, CBOs, CHWs); **Build trust**; Offer culturally-appropriate education; **Effective messages in materials and campaigns**; Create social norms; “**Increase footwork**”
- **Build Demand:** Advocate for policy change; **Build confidence, skills, and cultural sensitivity of providers**; Track vaccination in real time

What is at the root of these efforts?  
Revisiting current partners' infrastructure and building multi-sector partnerships!!



## Home page



**Table 1: HPV Vaccine Rates by Study Arm in Pilot Feasibility Study, n=67**

	HPV (n)	Nutrition (n)	Total (n)
Vaccinated	13	9	22
Unvaccinated	21	24	45
Total	34	33	67

**Post-Intervention:  
38% had initiated the HPV vaccine!**

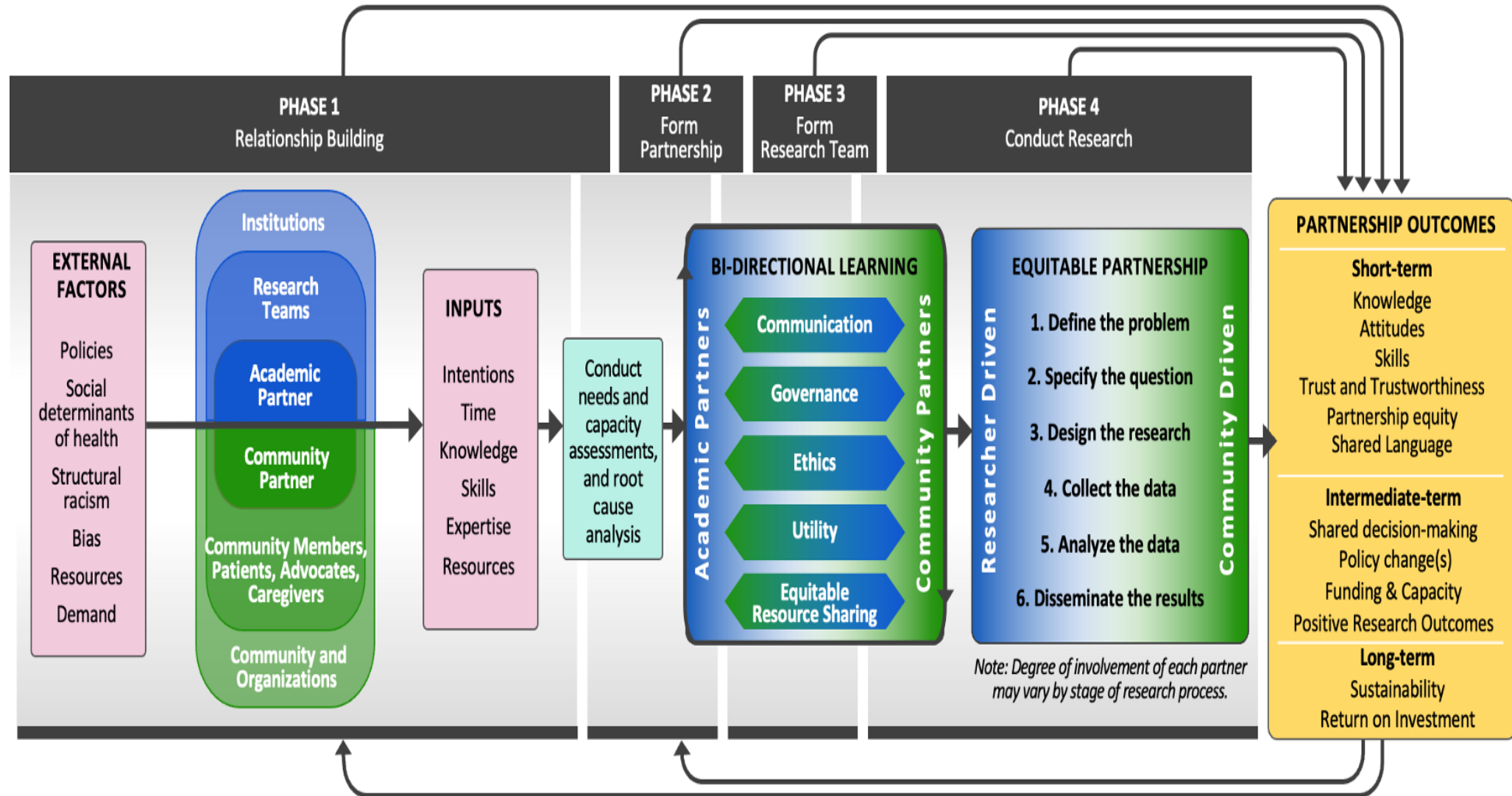
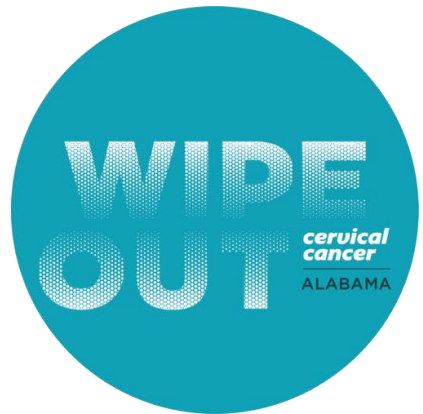
**Table 2: Psychosocial Factors by Study Arm, n=67**

	HPV Program		Nutrition Program	
	Pre ( $\mu$ , SD)	Post ( $\mu$ , SD)	Pre ( $\mu$ , SD)	Post ( $\mu$ , SD)
Knowledge	2.0 (2.2)	1.4 (1.7)	2.2 (2.3)	2.1 (2.5)
Attitudes	<b>26.5 (9.1)</b>	<b>22.6 (8.6)</b>	<b>27.5 (7.4)</b>	<b>25.8 (7.8)</b>





# Engaging Community is Key: How can we?



ORIGINAL ARTICLE OPEN ACCESS

**The Bidirectional Engagement and Equity (BEE) Research Framework to Guide Community-Academic Partnerships: Developed From a Narrative Review and Diverse Stakeholder Perspectives**

Jennifer Cunningham-Erves<sup>1,2</sup> | Tilicia Mayo-Gamble<sup>3</sup> | LaNese Campbell<sup>4</sup> | Bishop Calvin Barlow<sup>5</sup> | Claudia Barajas<sup>5</sup> | Jessica L. Jones<sup>6</sup> | Karen Winkfield<sup>5,6,7</sup>

\*Example resources are space, money, staff and/or partners, and technology. \*\*Example research outcomes are recruitment and retention rates, knowledge, engagement in behavior, and health outcome. \*\*\*Communication, governance, ethics, utility, and equitable resource sharing are partnership principles.

# Key Takeaways

HPV vaccination disparities exist.

Multilevel barriers (inequities) exist that fuel HPV vaccination disparities.

Multilevel approaches are necessary: interventions, components, and stakeholders.

Community leaders, members, and patients must be at the table as we develop HPV vaccination health equity plans.



**“At this critical moment, vaccine equity is  
the biggest moral test before the global  
community.”**

~United Nations Secretary General Antonio Guterres

**JENNIFER CUNNINGHAM-ERVES, MPH, PHD, MAED, MS, CHES  
VANDERBILT UNIVERSITY MEDICAL CENTER  
JENNIFER.ERVES@VUMC.ORG**





**Mollie Aleshire, DNP, MSN,  
APRN, FNP-BC, PPCNP-BC, FNAP**  
Assistant Professor, DNP Project Coordinator,  
University of Louisville School of Nursing



**Daisy Y. Morales-Campos, PhD**  
Associate Professor, The University of Texas  
Health Science Center at Houston, School of Public  
Health, San Antonio Regional Campus



**Synovia Moss, MPA**  
National Project Manager, Good Health  
Women's Immunization Networks (Good Health  
WINs), National Council of Negro Women, Inc.



**Ashanda Saint Jean, MD, FACOG**  
Chair of OBGYN, National Hispanic  
Medical Association

# Panel: Vaccination Equity Within Special Populations







**Alice P. Chen, DMD, FAAP**  
Associate Professor, Roseman University



**Karen Schwind, BSN, RN, NCSN**  
Past President, Texas School Nurse  
Organization



**Parth Shah, PharmD, PhD**  
Assistant Professor, Hutchinson Institute for Cancer  
Outcomes Research (HICOR) and the Cancer  
Prevention Program in the Public Health Sciences  
Division at Fred Hutchinson Cancer Center



**Ashanda Saint Jean, MD, FACOG**  
Chair of OBGYN, National Hispanic  
Medical Association

## Panel: Addressing Equity with Non-Traditional Providers





**Kiara Long, MPH**  
Program Manager, National HPV Vaccination  
Roundtable  
American Cancer Society

# Wrap Up & After Party



# The After Party: Diversity, Equity, & Inclusion in HPV Vaccination Task Group






**Jennifer C. Erves, PhD, MPH,  
MAEd, MS, CHES**


Associate Professor, Department of Health Policy,  
Director of Community Engaged Research, Office of  
Health Equity, *Vanderbilt University Medical Center*

New Task Group to be  
launched in Nov/Dec 2024!



# Join the Party: Shaping Smiles, Preventing Cancer: The Oral Health Professionals Guide to HPV Vaccinations






**Shaping Smiles, Preventing Cancer.**  
**The Oral Health Professionals Guide to HPV Vaccinations**


**Free ADA-CERP for Oral Health Professionals**

Oral health providers play a critical role in combatting growing rates of human papillomavirus (HPV)-positive oropharyngeal cancers. The American Cancer Society, ACS National HPV Vaccination Roundtable, Crossroads Utah AHEC, and the National Network for Oral Health Access are partnering to provide on-demand HPV education to oral health professionals to increase knowledge and uptake of HPV vaccination to prevent against HPV-related oropharyngeal cancers.




**HPV Vaccine is Cancer Prevention**

The HPV vaccination can protect against 6 different types of cancer affecting all genders.




**Oropharyngeal Cancers Are the Most Prevalent HPV Cancer**

More than 14,000 people get diagnosed with oropharyngeal cancer each year. And incidence and mortality rates are increasing 2% each year.



**HPV vaccination is for all children :**

All national health organizations recommend on time (age 9-12) vaccination for all boys and girls. Catch up vaccination is recommended for all adolescents who are not up to date.




**Vaccine Decline:**

For the second consecutive year, HPV vaccination coverage has not increased among adolescents. And it always underperform compared to other vaccines, Tdap and MenACWY.

Module	Topic
1	HPV 101: Everything You Need to Know
2	A Guide to Oral Screenings and HPV-Related Malignancies
3	Screening, Treatment & Survivorship of HPV-Related Orophayngeal Cancer
4	Best Practices from the Field: Dental Professionals Increasing HPV Vaccinations


**To register, click here**



**Continuing Education (CE) provider:**


This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the host organization and the National Network for Oral Health Access.

ADA CERP Continuing Dental Education credits will be available to participants.



The National Network for Oral Health Access (NNOHA) is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [ADA.org/CERP](http://ADA.org/CERP)



**For questions please contact: Ashley Lach, Program Manager, [Ashley.Lach@cancer.org](mailto:Ashley.Lach@cancer.org)**



# ACS HPVRT Early Career Development Program

## HPV Vaccination Disparities



- The ACS National HPV Vaccination Roundtable Emerging Leaders Program proves to be a promising programmatic model for identifying and addressing HPV vaccination geographic disparities in the United States.
- Established on the pillars of professional development and training, mentorship from National HPV leaders, community engagement and collaboration and project development, the program
  - promotes career advancement
  - fosters networking and increased engagement
  - increases opportunities to address health equity issues and disparity reduction

**2025 Cohort Announcement Coming Soon!**



# Early Career Development Program – HPV Vaccination Disparities



**William A. Calo, PhD, JD**  
Associate Director of Community  
Outreach and Engagement  
Penn State Cancer Institute



**Matthew Bobo, MPH**  
Sr. Director Immunization/ MCAH  
National Association of  
County & City Health Officials



**Shannon M. Christy, PhD**  
Assistant Member  
Department of Health Outcomes and  
Behavior, Moffitt Cancer Center



**Jane Gerndt, MPH**  
Program Manager,  
Prevention & Early Detection  
American Cancer Society



**Ashanda Saint Jean, M.D.,  
F.A.C.O.G.**  
Associate Professor of Obstetrics and  
Gynecology at New York Medical  
College



**Barbara S. Schuler, MPH**  
Founder and CEO  
VAX 2 STOP CANCER



**Deanna GK Teoh, MD, MS,  
F.A.C.O.G**  
Associate Professor  
Department of Obstetrics,  
Gynecology & Women's Health  
University of Minnesota



**Sherrie Flynt Wallington, PhD**  
Associate Professor, Health  
Disparities and Oncology  
Milken Institute School of Public  
Health  
GW Cancer Center

# The After Party: Take the Session Evaluation Survey

2024 ACS HPVRT National  
Meeting Feedback Survey: Day 3





# Let the Celebration Continue:

## See you tomorrow for HPV Vaccination Collaborations & Partnerships!



**CELEBRATE**  
*& INNOVATE*  
10 YEARS



Heather Brandt, PhD



Ashley Lach MHA, CPHQ



Sara Lolley, MPH



Kristin Oliver, MD, MHS



Lisa Robertson, MPH



Margot Savoy MD, MPH, FAAFP,  
FABC, FAAPL, CPE, CMQ



Michael Seserman, MPH



Manika Suryadevara, MD  
MPH



Annalea Trask

## HPV Vaccination Collaborations & Partnerships

Thursday, October 10 | 12:00 pm-1:30 pm ET







**National Minority  
Health Month**

**DID YOU  
KNOW?**

**African Americans are  
10 percent less likely  
to have received the  
HPV vaccine as white  
populations.**

(DHHS Office of Minority Health)

**Thank you!**

