State Coalitions & Roundtables Task Group
Executive Summary

Directly following the HPV & Cancer Conference hosted by the Iowa Cancer Consortium on May 16th, 2017 in Ankeny, Iowa, members from the Iowa Cancer Consortium HPV Workgroup (“Workgroup”) participated in a 90-minute listening session with members from the National HPV Vaccination Roundtable State Coalitions & Roundtables Task Group (“Roundtable”). The goal of this listening session was for members of the Workgroup to share their ideas, priorities, successes and accomplishments with the Roundtable.

Attendees networked with each other in a facilitated rotating conversation, and then moved into facilitated small group conversations around four themes: priorities, successes and accomplishments, work sustainability and the role of the National Roundtable.

Following these conversations, there was an opportunity for dialogue between participants and the Roundtable members.

Participants

This listening session brought together participants from a range of backgrounds who are generally involved with the Workgroup and HPV vaccination promotion efforts across Iowa. Organizations represented included the American Cancer Society, Area Health Education Center, Iowa Department of Public Health, NACCHO, the University of Iowa, the Iowa Cancer Consortium, and Merck among others. Around 40 people attended the listening session (approximately half from Iowa and half representing Roundtable member organizations).

Why now? Why Iowa?

Contextualizing this listening session in the broader work of the National HPV Vaccination Roundtable efforts helped participants to understand why they were present and why it mattered. The idea for this listening session and subsequent multi-state listening session originated from a meeting of the National Roundtable in which members were asked “what if we could do anything?” From this discussion the idea that garnered the most support was: what if the Roundtable could focus on and support state work-- and thus a new national task group was formed to do just that in Fall 2016. The State Coalitions & Roundtables Task Group is charged with making the work of the national Roundtable relevant and supportive of state initiatives and to form mutually beneficial and reciprocal relationships with and among state-level coalitions. This Iowa-only listening-session along with a multi-state listening session held the following day was one of the first steps in embarking on this work.
Iowa was chosen as a host site for this meeting for several reasons. First, the Iowa Cancer Consortium’s *HPV & Cancer Conference* was already bringing key players across Iowa together to talk about HPV-related issues. Moreover, the Workgroup is well established as it is housed within the Iowa Cancer Consortium and now has over 70 members representing stakeholders from across the state. There is also a focus in Iowa on HPV and cancer prevention as evidenced by the 2012-2017 Iowa Cancer Plan; priority IV focuses on ensuring national guidelines are followed in order to increase vaccinations demonstrated to reduce the risk of cancer. Specifically, the Iowa cancer plan offers the following strategies: increase community awareness of the human papillomavirus vaccine and to increase access to the HPV vaccination series among populations recommended by the Centers for Disease Control and Prevention (ICC Cancer Plan, 2012).

In her opening remarks, Bethany Kintigh, Chair of the Roundtable’s State Coalitions & Roundtables Task Group and Program Manager of Immunization for the State of Iowa, reminded participants that in the next year 105 women will be diagnosed with cervical cancer in Iowa and that 36 will die, making the Workgroup’s mission of the utmost importance. She challenged everyone to stay engaged, share their vision and share their stories, both in the next hour of the listening session and in their everyday work.

**Iowa Listening Session Goals**

- Inform, inspire and connect Iowa Cancer Consortium HPV Workgroup members to members of the Roundtable
- Provide access to information, resources and support from the Roundtable
- Learn from the experience of the Iowa Cancer Consortium HPV Workgroup to inform ways for the Roundtable to support state roundtables and workgroups

**Learning from Iowa: A Facilitated “Gallery Walk” and Group Debriefing**

After a facilitated networking activity for attendees to briefly have the chance to introduce themselves to colleagues, attendees participated in a structured dialogue. Participants were split into four groups and asked to rotate every 15 minutes between the four corners of the room where discussion questions were posted. These
questions addressed the following topics: the Workgroup’s priorities, past successes and accomplishments, plans for sustainability, and ideas for how the National HPV Vaccination Roundtable and the National HPV Vaccination Roundtable State Coalitions & Roundtables Task could support state coalitions or workgroups. For each broad topic, three questions were posed, which are listed below along with the responses identified by members of the Workgroup. **Bolded responses indicate themes or ideas identified by either two or more groups or during the large group debrief session.**

**Priorities:**

<table>
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<tr>
<th>What are the top priorities for your coalition?</th>
<th>What processes did your group use to come to consensus on the projects you’re working on?</th>
<th>What advice do you have for other new coalition groups on how to best prioritize?</th>
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<tr>
<td>Need to continuously identify gaps</td>
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<td>• Engage your clinical champions</td>
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<td>How to sustain work and keep clarity in vision</td>
<td>One day meeting held a year ago with major partners to assign people tasks before leaving Workgroup calls</td>
<td>• Identify low-hanging fruit to focus on</td>
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<td>Keep updated on all work Reminder recall Parent engagement <strong>Consistent messaging from Planned Parenthood to the Health Departments</strong> <strong>Evaluation, data and metrics Provider education through quality improvement and payers Using evidence-based interventions</strong></td>
<td>Using existing expertise and products Map your work (SWOT) in the following areas: existing work, audiences, gaps, geography</td>
<td>• Build “cheat sheet” on how to get work done that identifies players and ideas</td>
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<td>• Know disparities</td>
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<td>• Get health systems including payers and larger health systems on board</td>
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<td>• Identify current resources and activities with an environmental scan</td>
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<td>• Participatory efforts with clinicians and ACOs</td>
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<td>• Refine, clarify and unify message</td>
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### Successes & Accomplishments

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<th>What projects or accomplishments are you most proud of as a coalition? Why?</th>
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<td>• Sponsored a session of “Cervivor School” in Iowa, to train cervical cancer survivors on speaking about their experiences</td>
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<td>• Organized a Provider mailing that went out to three managed care organizations and Wellmark</td>
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<td>• Host a yearly HPV Conference bringing together a wide variety of stakeholders</td>
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<td>• Use HPV Champions to promote vaccination</td>
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<td>• Hosted 13 total showings of “Someone to Love”</td>
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<td>• Provide HPV Grants (past and future)</td>
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<td>• Provide Grant funded provider education opportunities</td>
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<td>• Convene stakeholders with ease</td>
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<td>• Launched a billboard and media campaign</td>
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<th>What unique partners have you engaged in HPV work?</th>
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<td>• Health plan quality improvement teams</td>
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<td>• Integrated delivery systems</td>
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<td>• Managed care organizations</td>
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<td>• Cancer centers and oncologists</td>
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<td>• Dental providers and students</td>
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<td>• Nursing students</td>
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<td>• School districts, Adolescent Health Department, Iowa High School Athletic Association</td>
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<td>• University of Iowa, Des Moines University</td>
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<td>• Pharmacists</td>
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<th>What are the secrets to collaboration in Iowa?</th>
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<td>• Acknowledge early outcomes and successes</td>
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<td>• Varied voices and experiences of members</td>
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<td>• Utilizing consistent messaging: “HPV Vaccine is Cancer Prevention”</td>
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<td>• Strength of the Iowa Cancer Consortium behind workgroup efforts</td>
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<td>• Diverse existing projects that are funded or led by national organizations including NACCHO, CDC and ACS</td>
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<td>• In person meeting held in November 2015</td>
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### Sustainability

#### How is your group planning for sustainability of your efforts?
- Looking for other funding sources
- Hand off existing and functioning projects to others to continue
- Activate and engage new players
- Seek physician buy-in to promote system and clinic level change
- Cancer Consortium partnership and their role in the production of the next 5-Year Cancer Plan
- Continue to monitor rates and data

#### How are you tracking/measuring your work?
- Identified as an area of opportunity
- No specified tracking system
- Efforts are not widely shared
- Advice and guidance about evaluation and best practices are needed
- HPV rates and data are needed for the state (need to overcome barriers about sharing restrictions)
- Consistency of how data is being pulled

#### What additional players/inputs/resources do you need to keep advancing your work?
- **Players**
  - School nurses and administrators
  - Patient advocates
  - News media
  - Local health departments and Federally Qualified Health Centers
  - Integrated delivery system leaders to be more attached to workgroup for collaboration
  - Policy advocates and champions who are actual decision makers
  - Commercial health plans (like Blue Cross Blue Shield) need to be at the table
  - Quality improvement leaders
  - Clinic level champions that include staff besides primary care physicians
- **Inputs**
  - Need CDC and statewide data to be shared more timely and in a meaningful way
  - More funding sources
  - Sharing successes and tools regionally
  - Continued knowledge building
  - Culturally tailored resources
Role of the Roundtable

In what ways could you imagine the Roundtable supporting states’ work across the country?

• State Roundtable Balanced Scorecard (qualitative and quantitative)
• UDS and FQHC metrics
• Toolkit and resources
• Sharing best practices about lessons learned and what not to do
• Connecting states to regional or national neighbors and stakeholders
• Engaging systems for quality improvement
• Funding opportunities

What additional information or resources from the Roundtable would be helpful to your coalition?

• More opportunities to convene ecosystem stakeholders
• National ad campaigns and public service announcement guidelines or templates
• Reports on top areas for quality improvement across the states and regions, including trends in health care, Medicare, and the merit based incentive payment system
• Packaging successful implementation projects
• Update on trends in policy and coverage

What new information did you learn about the Roundtable today that will benefit your work?

• Goals and aspirations of the national Roundtable including convening stakeholders, identifying gaps and opportunities, promoting information exchange and catalyzing efforts
• Australian impact data
• Awareness and advocacy for policy issues
• Iowa as a best practice
• Tools and resources already available
• Interest of state-level Roundtable Support
• Power of survivor stories both nationally and locally

Dialogue between National Roundtable and Iowa Working Group

Following the group debrief of the gallery walk there was time to ask questions which led to a productive and thought-provoking conversation. The Roundtable was able to learn about some Iowa-specific practices and challenges while the Workgroup’s questions focused on the national playing field.

Questions from the National Roundtable:

What is the relationship with the American Academy of Pediatrics (AAP)? How active is the Iowa AAP?

✓ Iowa has worked with their AAP chapter in the past and is hoping to continue this relationship.
✓ Members from the AAP were present for their all-member November 2015 meeting.
✓ Current efforts include working together to gain more financial support from Merck for provider education efforts that resulted in the creation of materials.
✓ Select physicians who are true champions for the HPV vaccination are the relationships that are particularly helpful.
How did you decide on a unified campaign? And how and which audience to target?

✓ Federal Prevention and Public Health funding specified a media campaign needed to be created with a cancer prevention message.
✓ The final message “You are the key to preventing cancer in Iowa” was chosen to apply to multiple audiences.
✓ Managed care organizations helped with adolescent-specific mailings and a radio spot was put together to target parents of adolescents.
✓ Funding was primarily used to focus on adolescents; there was another pot of funding available to target 19 to 26 year olds that used the same message of “you are the key to preventing cancer.”

Is there a single player in the community that if more engaged, could accelerate the work?

✓ Unity Point Health System administers 60% of all vaccines and their rates have room for quality improvement, so engaging them would be highly beneficial.
  o Currently working with Unity Point towards quality improvement at the clinic level using AFIX guidelines.
✓ Many existing general immunization-focused players:
  o Need to tap into this network; for example, the Iowa Immunization Coalition has been helpful in the past in distributing information for the Task Group to other partners.
✓ American Cancer Society is the primary driver behind the Workgroup’s efforts.

Questions from Iowa:

What have other states done around evaluation? We don’t want to recreate the wheel so what can we do?

✓ 41 coalitions across the United States and 47 Comprehensive Cancer Centers working on similar projects.
✓ Majority of states are just now in the planning stages for activity; only a quarter are in the implementation stage.
✓ Evaluations are just beginning but with inconsistent reporting methods across stakeholders it is hard to track change on a state level.
  o Need to work towards consistent state-level metrics, but will take time to implement
Meeting Evaluation

At the conclusion of the Iowa listening session, participants were asked to participate in a short online survey that aimed to gauge the success of the session. Twenty-five individuals completed the survey and selected results are presented below.

- Results of the survey indicate that the session was productive and that members of the Workgroup will continue to build on the discussions started
  - 76% of respondents indicated they think participating in the session will enhance collaborative work
  - 100% of respondents said they were very satisfied or satisfied with the opportunity to network and exchange ideas with the Roundtable members.

- This was an important opportunity for state-level actors to learn about the Roundtable and its ability to support them in their work
  - 64% of respondents said that the session increased their understanding of the National HPV Vaccination Roundtable’s mission and activities
  - 100% of respondents felt very confident or confident that the National HPV Vaccination Roundtable would utilize their input to inform future initiatives.

Conclusion and Next Steps

Key takeaways:

Throughout the listening session there were several themes and topics in particular that were continuously identified. First, the importance of consistent and unified messaging was discussed as a best practice and one of the key accomplishments of the Workgroup. Several of the Workgroup members cited the success of their campaign that used the messaging, “the HPV vaccine is cancer prevention.” Ensuring all stakeholders were, and continue to be, on the same page, from private clinicians to researchers to Planned Parenthood was highlighted as a key to the success of this campaign.

A second topic widely discussed as an accomplishment and best practice was the importance of engaging unique stakeholders to further vaccination promotion. The Workgroup identified a variety of partners they have had success collaborating with, including nursing students, dentists, and school-based individuals, as well as partners they plan to engage with more. Thinking creatively about how to find and engage potential partners was cited as continued priority for the Workgroup and as a driver of their past accomplishments.

The third theme continually brought up as a priority area of improvement and a potential role of the Roundtable was developing a better understanding of data sources and how to best utilize them. Many participants cited this as an area of importance, but agreed there is much improvement that could be made in
how the Workgroup utilizes existing data sources. Among the challenges cited were the lack of consistent reporting methods and barriers to sharing data across parties, in addition to understanding how best to analyze it once acquired. Along with this was a request for more support on how to implement evidence based interventions (EBIs) and evaluate ongoing efforts. The Workgroup wants to prioritize both evaluation and EBI implementation and suggested this as an area in which the National HPV Vaccination Roundtable could provide state-level support.

Next Steps:

The goal of this listening session was two-fold. First, it provided the Iowa Cancer Consortium HPV Workgroup an opportunity to come together and engage in a facilitated activity to stimulate discussion. Second, it helped members of the Roundtable to understand state-level efforts and potential ways to best support them. Members of the Workgroup should build on these discussions over the next months and focus on the priorities they identified, while continuing to celebrate their accomplishments. This session also provided important information for both the National HPV Vaccination Roundtable and National HPV Vaccination Roundtable State Coalitions & Roundtables Task Group. Concentrating on the specific requests from the Iowa-only listening session and the subsequent Midwest listening session will provide the Roundtable a focus for how best to support state-level efforts working towards increased vaccination rates.

Our thanks to all the participants who attended!

Check out the many resources of the National HPV Vaccination Roundtable at: