

We will begin shortly.



While you wait:

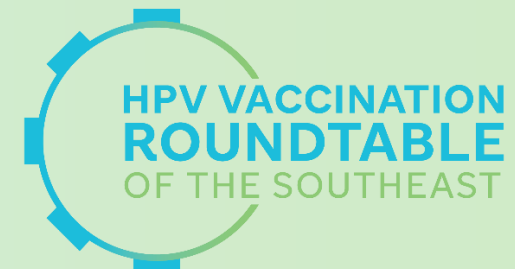
- Visit the Southeast Roundtable webpage at stjude.org/southeast-roundtable
- Join the Southeast Roundtable at stjude.org/SERTmem
- Access Mentimeter questions for today's meeting:
Go to www.menti.com and use the code 5181 7417
Go to <https://www.menti.com/al8irmtk162b>
Scan the **QR code** with your phone camera



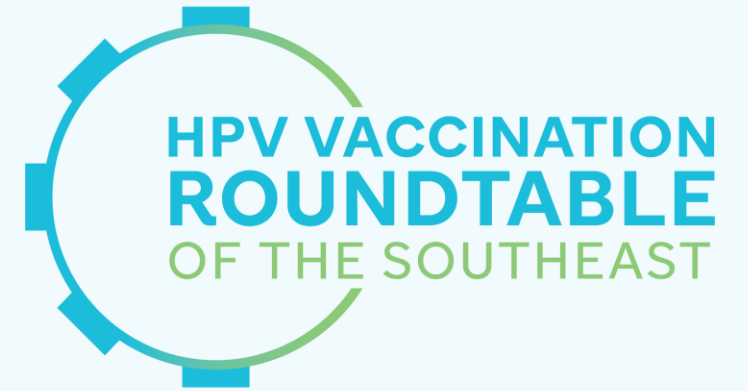
stjude.org/SERTmem



<https://www.menti.com/al8irmtk162b>



2025 HPV Vaccination Roundtable of the Southeast Virtual Annual Meeting

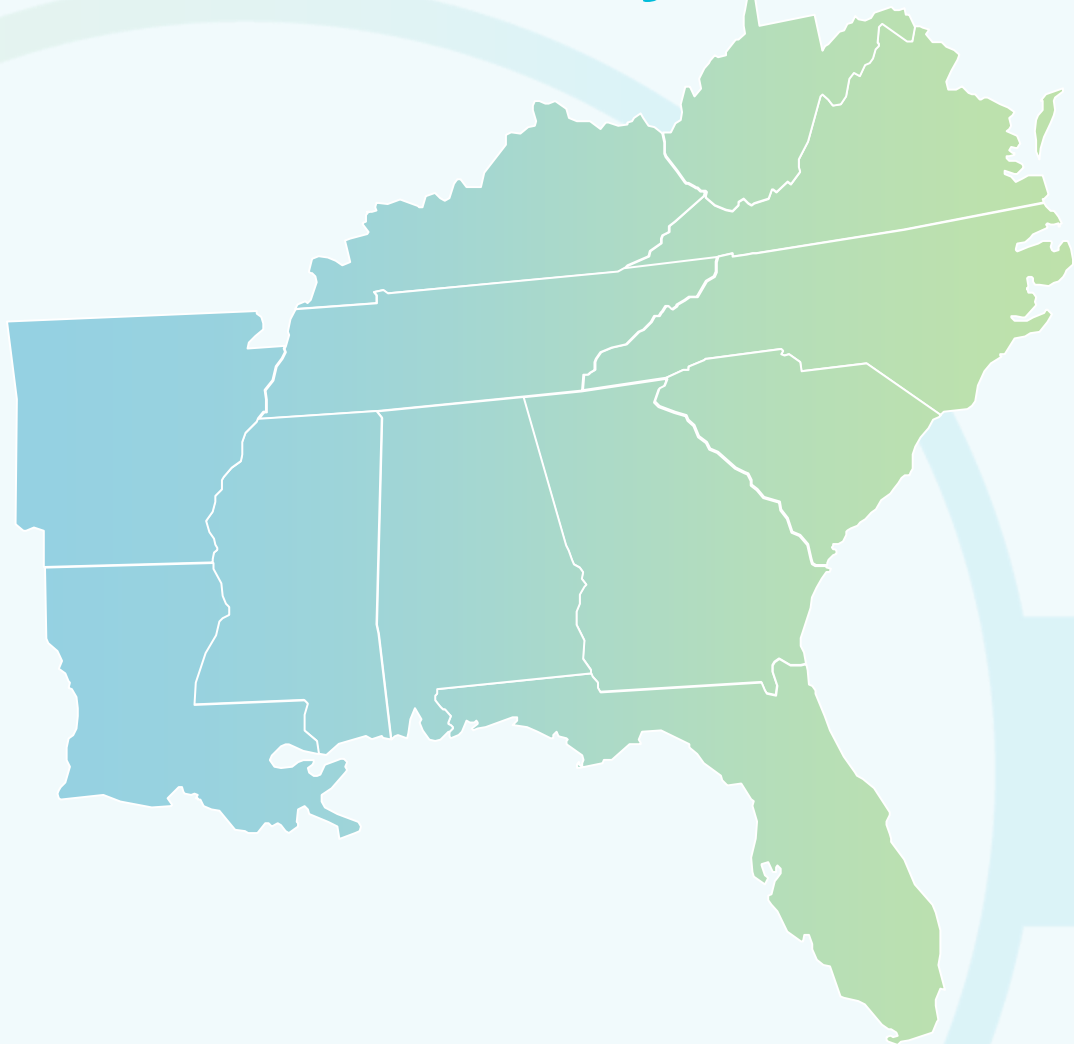


**DAY 1:
COMMUNICATION**

January 21, 2025



Welcome to Day 1 of the 2025 Virtual Annual Meeting



Moderators



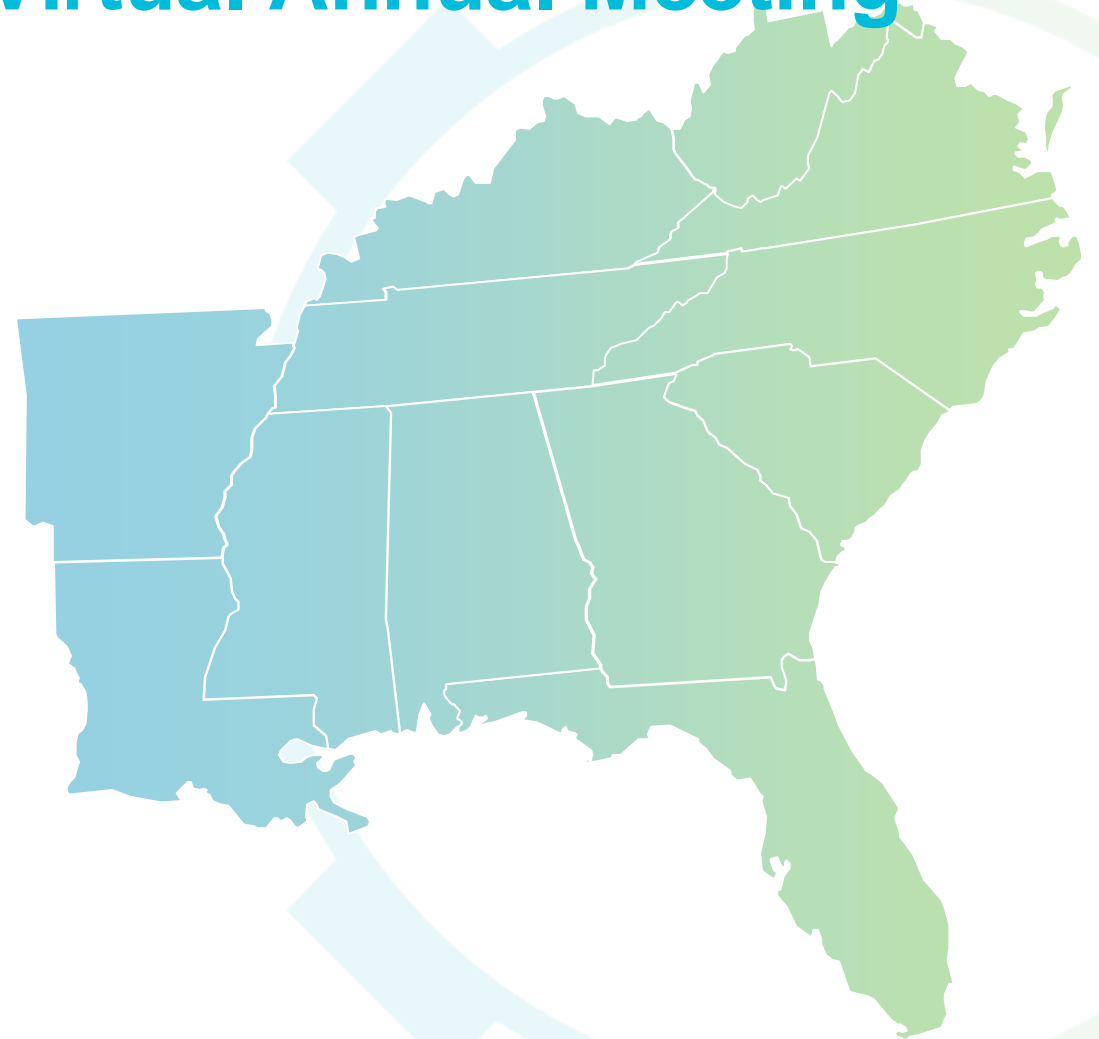
Heather Brandt, PhD
HPV Cancer Prevention Program
St. Jude Children's Research Hospital



Beth Sundstrom, PhD, MPH
College of Charleston

Welcome to Day 1 of the 2025 Virtual Annual Meeting

- Today's meeting will be recorded. The link to view the recording and PDF of materials will be shared with all who have registered. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's meeting, please use the chat or email PreventHPV@stjude.org.
- We will use the chat for questions. You can post these at any time to engage with the presenters and organizers. Use "Q" before your question to help us find it quickly among other chatter.
- We will be sending an evaluation for the entire virtual annual meeting following the last day on January 23. Please take a few minutes to complete when this lands in your email inbox.



Welcome to Day 1 of the 2025 Virtual Annual Meeting

DAY 1: Communication January 21, 2025 10 AM-noon Central Time	DAY 2: Elimination January 22, 2025 10 AM-noon Central Time	DAY 3: Start at Age 9 January 23, 2025 10 AM-noon Central Time
<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Communication: Develop and implement a communication campaign and messages for the Southeastern region Heather Brandt, PhD, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM HPV Vaccination Communication Best Practices and Opportunities</p> <p>Beth Sundstrom, PhD, College of Charleston (moderator)</p> <p>Presentations by subject matter experts: Melissa Gilkey, PhD, UNC Gillings School of Public Health Janice Krieger, PhD, Mayo Clinic Jennifer Erves, PhD, Vanderbilt University Medical Center Parth Shah, PharmD, PhD, Fred Hutch Cancer Center</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Elimination: Develop and disseminate a plan for HPV cancer elimination in the Southeast, beginning with cervical cancer as a public health problem Julia Brown, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Eliminating HPV Cancers beginning with Cervical Cancer as a Public Health Problem Best Practices and Opportunities</p> <p>Presentations by subject matter experts: Emily A. Burger, PhD, Harvard T. H. Chan School of Public Health Karen Canfell, DPhil, University of Sydney Jennifer Young Pierce, MD, University of South Alabama Jane Montealegre, PhD, MD Anderson</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9 Maddy McNee, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9</p> <p>Presentations by subject matter experts: Robert Bednarczyk, PhD, Emory Nadja Vielot, PhD, University of North Carolina Lyn Nuse, MD, Atrium Health Sherri Zorn, MD, Washington Chapter of the American Academy of Pediatrics</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>

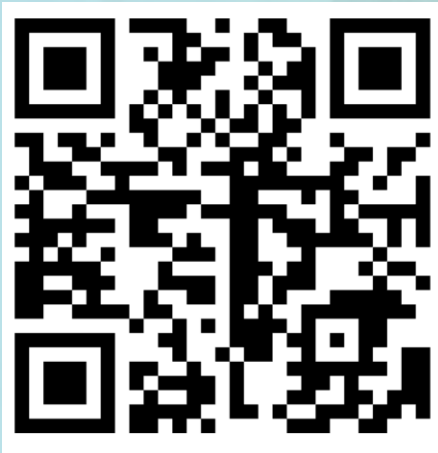
Welcome to Day 1 of the 2025 Virtual Annual Meeting

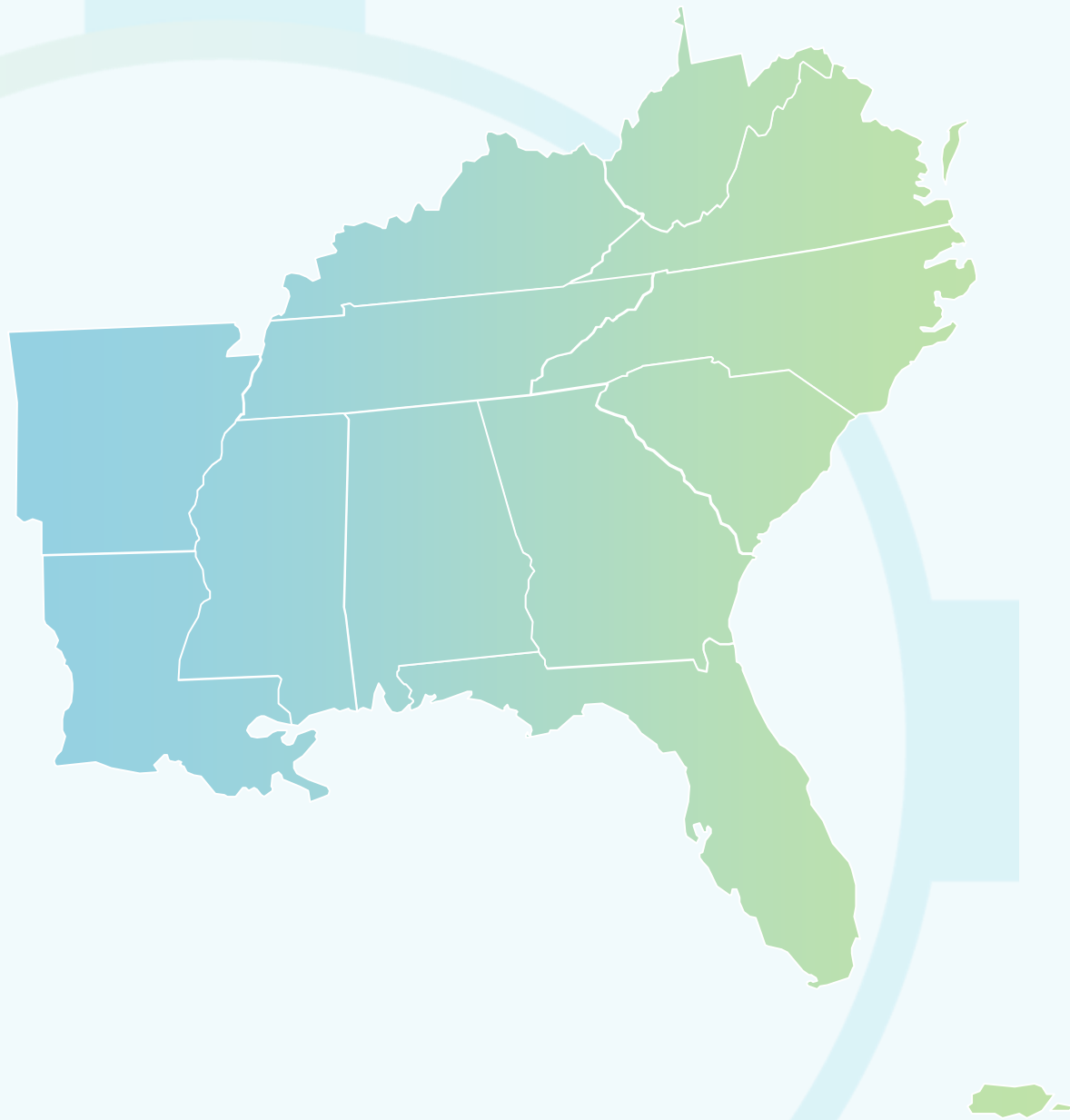
Access Mentimeter:

Go to www.menti.com and use the code 5181 7417

Go to <https://www.menti.com/al8irmtk162b>

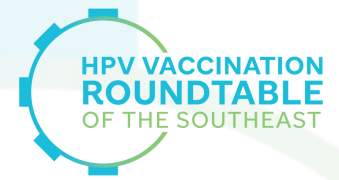
Scan the QR code with your phone camera





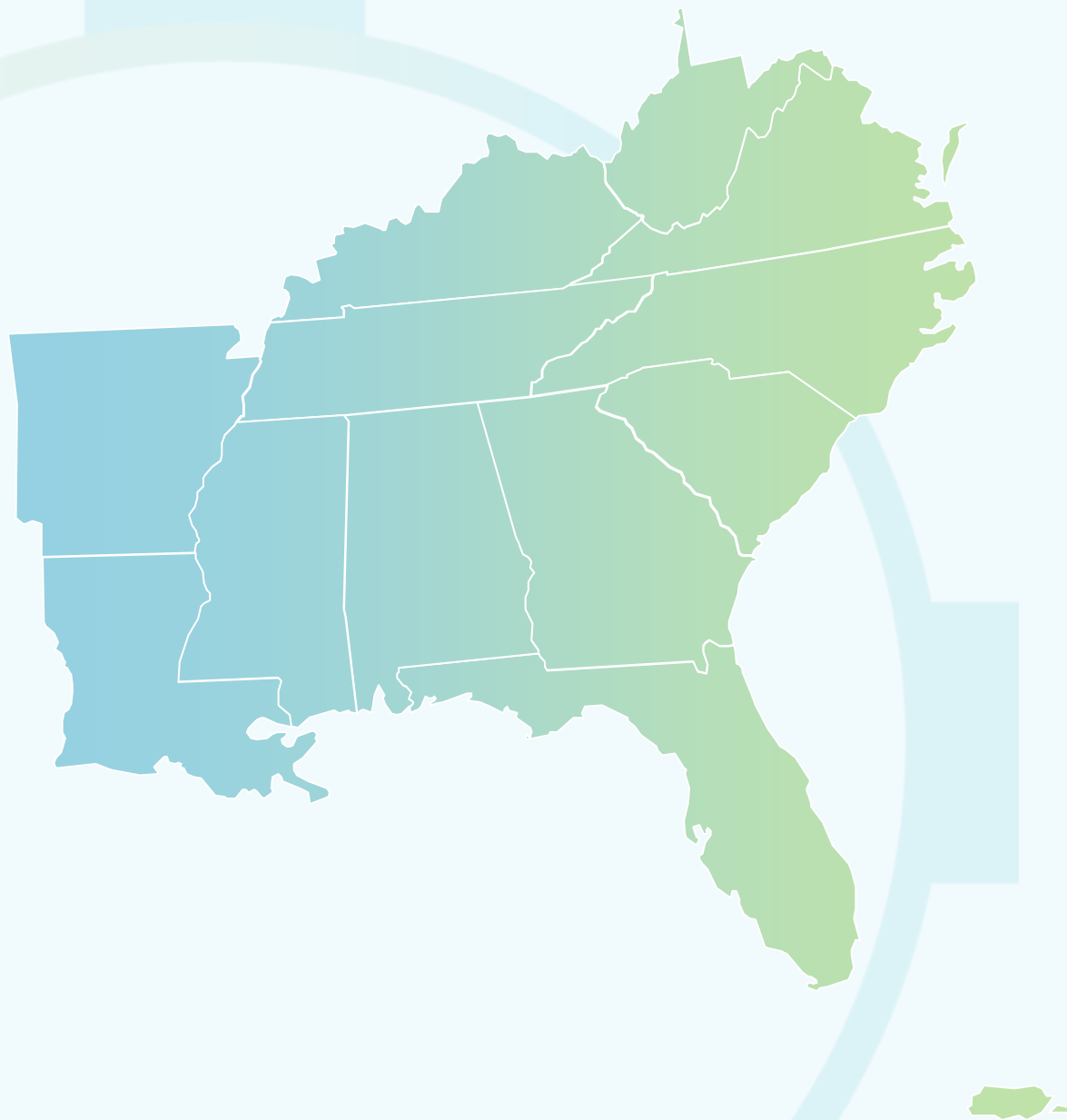
Southeast Roundtable Priority Action Recap: Communication

Why the Southeast?



By coming together as the southeastern region, we can discuss and act on:

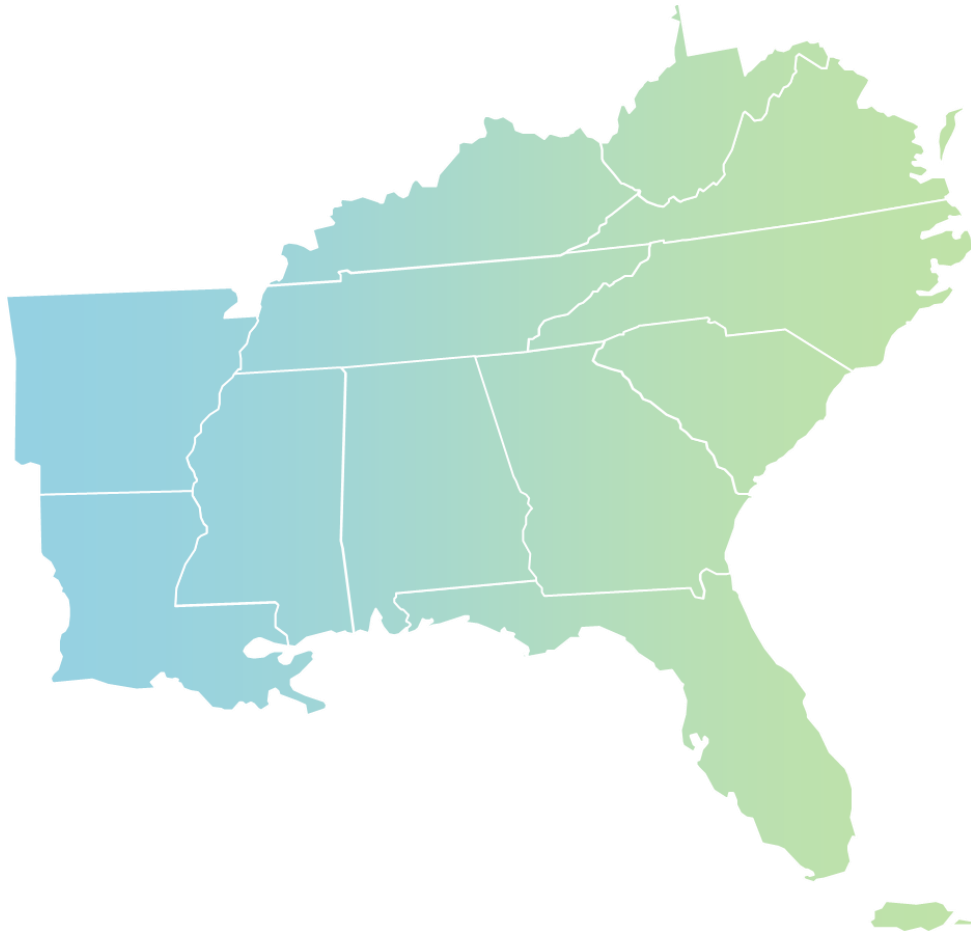
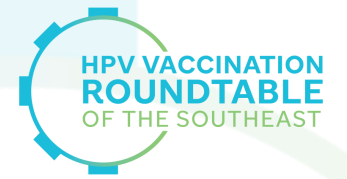
- Conditions surrounding HPV vaccination and HPV cancer prevention;
- HPV vaccination success stories – and how these may be leveraged and replicated in other areas of the southeast;
- Challenges facing HPV vaccination – and how we may support each other to overcome such barriers; and
- Opportunities to improve HPV vaccination coverage in each state and across the region.



In Our Region...

- Low HPV vaccination coverage
- High HPV cancer rates
- High levels of vaccination hesitancy
- Lack of strong provider recommendations
- Myths and misconceptions
- Access to vaccination challenges

Southeast Roundtable



1. Alabama
2. Arkansas
3. District of Columbia
4. Florida
5. Georgia
6. Kentucky
7. Louisiana
8. Mississippi
9. North Carolina
10. South Carolina
11. Tennessee
12. Virginia
13. West Virginia
14. Puerto Rico

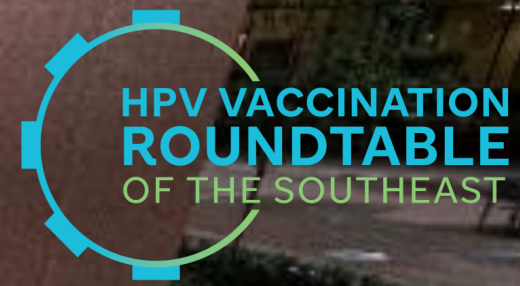
Southeast Roundtable Planning Committee: Original Members

- Lindsay Barr, West Virginia
- Bob Bednarczyk, Georgia
- Heather Brandt, National
- Katie Crawford, National
- Elaine Darling, West Virginia
- Amy Ellis, Mississippi
- Kim Hale, South Carolina
- Nikki Hayes, National
- Sherrick Hill, Virginia
- Pam Hull, Kentucky
- Vivian Colon Lopez, Puerto Rico
- Duha Magzoub, National
- Cara McCarthy, Louisiana
- Heather Mercer, Arkansas
- Jennifer Nkonga, National
- Jill Pait, North Carolina
- Jennifer Young Pierce, Alabama
- Beth Poore, South Carolina
- Gabby Darville-Sanders, National
- Vanessa Sheppard, Virginia
- Dee Sinard, Tennessee
- Letitia Thompson, National
- Susan Vadaparampil, Florida
- Francine Walton, Alabama

Southeast Roundtable bylaws were passed in December 2024. The Planning Committee is now the Steering Committee.

WE ARE EACH OTHER'S HARVEST;
WE ARE EACH OTHER'S BUSINESS;
WE ARE EACH OTHER'S MAGNITUDE
AND BOND.

- GWENDOLYN BROOKS



HPV Vaccination Roundtable of the Southeast

stjude.org/hpv • stjude.org/southeast-roundtable • [#EndHPVCancers](https://twitter.com/EndHPVCancers)



Purpose of In-person Meeting: Why did we come together?

- To collectively identify priority actions to improve HPV vaccination coverage in the Southeast:
 - Consider current context, conditions, and evidence
 - Select from evidence-based interventions and actions
 - Plan for implementation and evaluation
- And then, act to improve HPV vaccination coverage across the region

Menu of EBIs for Improving HPV Vaccination Coverage

1. Centralized IIS-system-based reminder recall
2. Communication campaign and messages
3. “Every visit is a vaccine visit” to reduce missed opportunities
4. HPV vaccination champions training program
5. Learning collaboratives
6. Parent/caregiver education
7. Partner-driven efforts, such as building capacity of coalitions and community-based organizations
8. Provider and entire office team education
9. Provider assessment and feedback
10. Provider recommendation
11. Provider reminder and recall
12. School-based HPV vaccination education and delivery
13. Standing orders
14. Start HPV vaccination at age 9



Vote: Menu of EBIs “with Specials”

1. Centralized IIS-system-based reminder recall
2. Communication campaign and messages
3. “Every visit is a vaccine visit” to reduce missed opportunities
4. HPV vaccination champions training program
5. Learning collaboratives
6. Parent/caregiver education
7. Partner-driven efforts, such as building capacity of coalitions and community-based organizations
8. Provider and entire office team education
9. Provider assessment and feedback
10. Provider recommendation
11. Provider reminder and recall
12. School-based HPV vaccination education and delivery
13. Standing orders
14. Start HPV vaccination at age 9
15. Alternative delivery sites for HPV vaccination, including mobile units, pharmacists
16. Older teens / adults (catch-up population focus)
17. Training in medical schools/health care professional training programs include HPV vaccination
18. Policy (BIG P, little p), such as southeast region elimination planning +++
19. Mandatory reporting to IIS
20. Education for special populations, such as LGBTQIA+
21. Leverage payor networks to incentivize HPV vaccination

***Newly added

Menu of EBIs “with Specials”

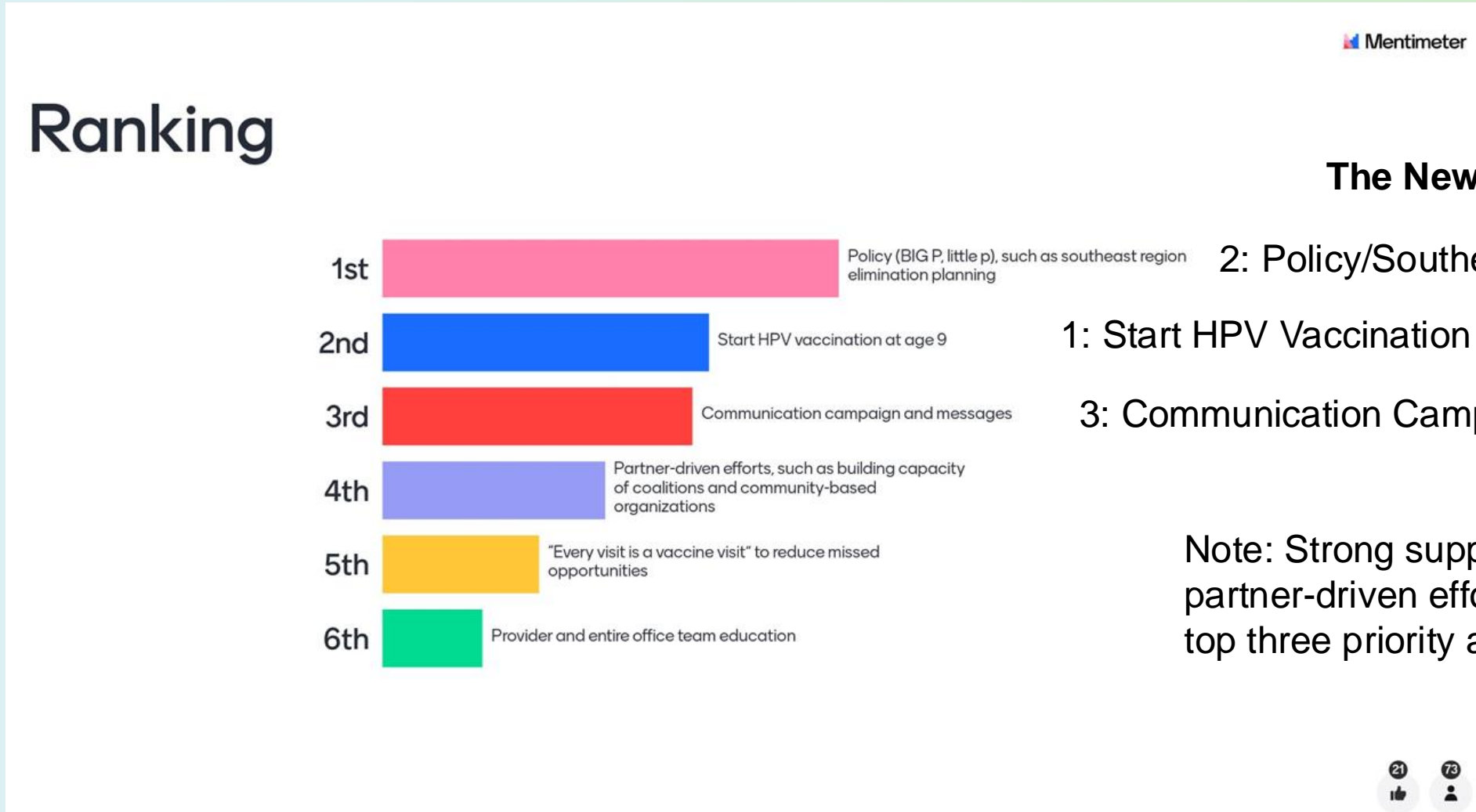
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19. ***Mandatory reporting to IIS
20. ***Education for special populations, such as LGBTQIA+
21. ***Leverage payor networks to incentivize HPV vaccination

***Newly added

Now We're Cooking: The New Menu

1. Start HPV vaccination at age 9
2. Policy (BIG P, little p), such as southeast region elimination planning +++
3. Communication campaign and messages [Spill the Tea on HPV]
4. “Every visit is a vaccine visit” to reduce missed opportunities
5. Provider and entire office team education [HPV R.E.A.C.T.]
6. Partner-driven efforts, such as building capacity of coalitions and community-based organizations

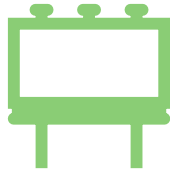
Mentimeter Voting Results



Final Priority Actions for the Southeast

1. Develop and implement a communication campaign and messages for the Southeastern region
2. Develop and disseminate a plan for HPV cancer elimination in the Southeast, beginning with cervical cancer as a public health problem
3. Accelerate efforts to start HPV vaccination at age 9

Southeast Roundtable Action Priorities, 2024-2025



Communication

Develop and implement a **communication campaign and messages** for the Southeastern region

1. Create a campaign that will focus on HPV vaccination as cancer prevention for everyone (gender-neutral)
2. Focus on working with rural communities through health department partnerships
3. Provide bite sized, digestible, accessible information for health care providers



Elimination

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health problem

1. Develop a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health problem
2. Identify and unify partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer
3. Build a toolkit for Southeast Roundtable states and jurisdictions to develop own elimination plans



Start at Age 9

Accelerate efforts to **start HPV vaccination at age 9**

1. Develop and disseminate targeted messaging to our key partners to drive better knowledge about starting HPV vaccination at age 9 and drive demand for vaccination
2. Provide tailored information to health care provider teams about HPV vaccination beginning at age 9
3. Engage regional partners to initiate activation of HPV vaccination beginning at age 9

Insights on HPV Vaccination Coverage in the Southeast United States



- **Increase Medicaid eligibility – expand Medicaid and increase to 200% FPL**
- **Increase access to HPV vaccination – availability and accessibility**
- **Increase systematic efforts to increase awareness and knowledge through educational efforts**

January 2024 report addresses policy opportunities to improve HPV vaccination coverage in the Southeastern U.S. due to low HPV vaccination coverage and high rates of HPV cancers. Learn more at: stjude.org/southeast-roundtable

Establishing Infrastructure to Support the Southeast Roundtable

- Following in-person meeting in January 2024:
 - Three virtual follow-up meetings were held to continue the discussion and form implementation teams in support of the priority actions identified during the in-person meeting (February-April 2024)
 - Implementation teams for each priority action were formed (April 2024-present)
 - Hosted virtual programs, including communication campaign kickoff, elimination seminar, and health care provider training (May 2024-present)
- Regular monthly meetings of the Planning Committee (January 2024-present)
- Quarterly email communication sent (April 2024-present)
- Regular monthly meetings of three implementation teams (May 2024-present)
- Execution of bylaws, which includes establishing an Executive Committee and reconstituting the Planning Committee as a Steering Committee (approved December 2024)
- Launch of Southeast Roundtable membership process, which is free and easy – see chat for how to join! (January 2025)
- Release of annual report (January 2025)
- 2025 virtual annual meeting (January 2025)
- Call for nominations to the Executive Committee (January 2025)

Southeast Roundtable Steering Committee: Current Members

- Mariana Arevalo, Moffit - Office of Community Outreach, Engagement, and Equity
- Amanda Baig, American Cancer Society
- Lindsay Barr, West Virginia Center for Rural Health Development, Inc.
- Robert Bednarczyk, Emory University Rollins School of Public Health
- Heather Brandt, St. Jude Children's Research Hospital
- Julia Brown, St. Jude HPV Cancer Prevention Program
- Silvia Camata, O' Neal Comprehensive Cancer Center at University of Alabama-Birmingham
- Vivian Colon- Lopez, University of Puerto Rico
- Gabrielle Darville-Sanders, National HPV Vaccination Roundtable
- Amy Ellis, American Cancer Society
- Jane Grey, California Department of Health
- Kim Hale, American Cancer Society
- Nikki Hayes, Center for Disease Control and Prevention
- Pam Hull, University of Kentucky Markey Cancer Center
- Cara McCarthy, Louisiana Cancer Prevention & Control Programs
- Maddy McNee, St. Jude HPV Cancer Prevention Program
- Andrea Mendes, Virginia Department of Health
- Heather Mercer, Immunize Arkansas
- Hannah Nein, American Cancer Society
- Jill Pait, American Cancer Society
- Jennifer Young Pierce, Mitchell Cancer Institute, University of South Alabama
- Beth Poore, South Carolina Department of Health
- Yara Sanchez, University of Puerto Rico
- Dorothy Sinard, Immunize Tennessee
- Sherrie Wallington, The George Washington School of Nursing, Milken Institute School of Public Health, GW Cancer Center

Southeast Roundtable bylaws were passed in December 2024. The Planning Committee is now the Steering Committee.



HPV VACCINATION
ROUNDTABLE
OF THE SOUTHEAST

2025 Virtual Annual Meeting

Register at <https://tinyurl.com/SERT25>

stjude.org/southeast-roundtable

January 21, 10 am-noon CT

Communication: Develop and implement a communication campaign and messages for the Southeastern region

January 22, 10 am-noon CT

Elimination: Develop and disseminate a plan for HPV cancer elimination in the Southeast, beginning with cervical cancer as a public health problem

January 23, 10 am-noon CT

Start at Age 9: Accelerate efforts to start HPV vaccination at age 9

Communication Best Practices and Opportunities:

Development, Implementation, and Pilot Testing of the “It’s Our Way Down South” Regional Communication Campaign

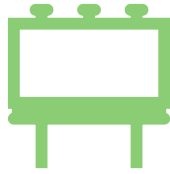


IT'S OUR WAY
DOWN SOUTH

stjude.org/southeast-roundtable



Southeast Roundtable Action Priorities, 2024-2025



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2. Provide tailored information to health care provider teams about HPV vaccination beginning at age 9
3. Engage regional partners to initiate activation of HPV vaccination beginning at age 9

Southeast Roundtable

Communication Implementation Team Members:

- Allison Agnew, Northwest Georgia Regional Cancer Coalition
- Karlisa Cryer, St. Jude HPV Cancer Prevention Program
- Gabby Darville-Sanders, National HPV Vaccination Roundtable at the American Cancer Society
- Marlise Elgart, Shelby County Government Health Department
- Jane Grey, California Department of Public Health, Immunization Branch
- Nikki Hayes, Centers for Disease Control and Prevention
- Caree McAfee, University of Kentucky Markey Cancer Center
- Heather Mercer, Immunize Arkansas
- Jennifer Nkonga, American Cancer Society
- Deborah Overall, The Shot Nurse
- Tara Pendencygraft, Kentucky Department of Public Health, Immunization Branch
- Beth Poore, South Carolina Department of Health
- Andrea Stubbs, St. Jude HPV Cancer Prevention Program
- Sara Wales, Louisiana Department of Health Immunization Program
- Sherrie Wallington, The George Washington School of Nursing, Milken Institute School of Public Health, GW Cancer Center
- Brianna White, The University of Tennessee Health Science Center
- Astrid Wilkie-McKeller, Northside Hospital

Overview of Campaign Development



stjude.org/southeast-roundtable

IT'S OUR WAY
DOWN SOUTH



It's Our Way Down South

➤➤➤ Developing a campaign for us and our neighbors across the region



It's Our Way Down South

➤➤➤ General social media images + suggested text

Posters (18x24)

Postcards (5.5x8.5)

State- and jurisdiction-specific social media images + suggested text



HPV Vaccination Roundtable of the Southeast

Join us for the Regional Communication Campaign Kickoff

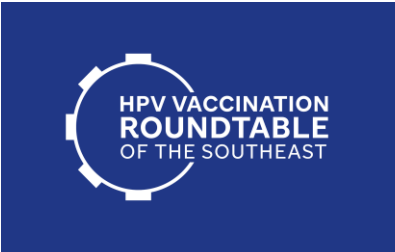
TUESDAY, DECEMBER 10 12-1 PM CT

To register, scan QR code or go to <https://tinyurl.com/SERTkickoff>



Learn more at stjude.org/Southeast-Roundtable

stjude.org/southeast-roundtable



Using the Campaign



IT'S OUR WAY
DOWN SOUTH

stjude.org/southeast-roundtable



Using the Campaign

All assets can be co-branded with your organization's logo. You will receive a Toolkit with instructions on how to do so.

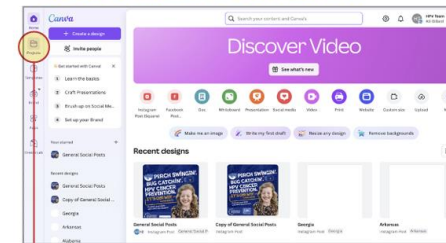
You may also replace the default QR codes and URL on the postcards and posters.

We have included suggested post copy as “notes” in Canva. There are several options to choose from and to build upon.

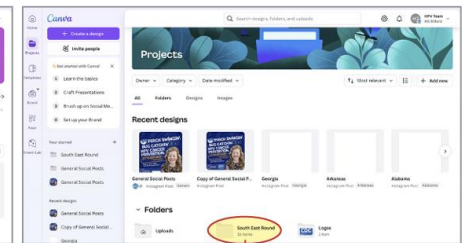


The Toolkit is housed in Canva, as well as Dropbox and Box. Please fill out this form in order to receive access through a personalized link: https://stjudepreventhpv.qualtrics.com/jfe/form/SV_09aFZ8m4h3XRkS. This guide shows how to co-brand materials within Canva. You will be able to do this with a free Canva account, and upload to your social feeds or download materials to share and print.

HOME SCREEN & NAVIGATION

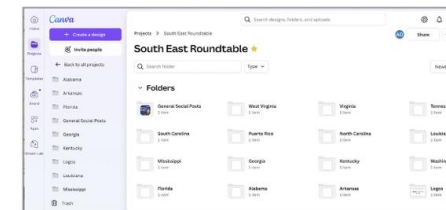


On your home screen, look to the left navigation, and click on 'Projects'



Now look in 'Folders', and look for Southeast Roundtable. This is where all the assets are for you to customize.

CHOOSING ASSETS



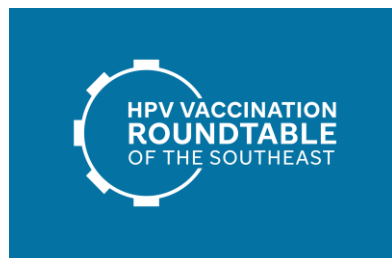
Assets are organized by 'General Southeast Region' and then by state. Click on what you need.



Choose the asset you wish to update. Each asset has an area to add your logo (and/or your QR code to the poster and postcard) if applicable.

CUSTOMIZING

Two ways to add your logo!




How to Access the Campaign



Scan the QR code or click on the link in the chat for the campaign materials request form



How to Access the Campaign

- 
1. Complete the request form
 2. Receive an email to access campaign in Canva and also on Box and Dropbox
 3. Start using the campaign as of January 1, 2025
 4. Receive ongoing updates about new and/or edited resources, how to access print copies, and more

Phase 1 of Campaign Implementation



IT'S OUR WAY
DOWN SOUTH

stjude.org/southeast-roundtable



It's Our Way Down South

Phase 1: January 1-April 30, 2025


- Cervical Health Awareness Month, January
- Black History Month, February
- Women's History Month, March
- HPV Awareness Day, March 4
- International Women's Day, March 8
- Anal Cancer Awareness Day, March 21
- Minority Health Month, April

Evaluation to understand usage and how to improve will inform second phase

What is Next



Scan to access campaign materials

- 
- Continue to promote the campaign
 - Complete translations to Spanish for general social images, poster, postcard, and Puerto Rico images
 - Complete revisions to the Southeast Roundtable webpage
 - Conduct Phase 1 evaluation activities with:
 - Users: February/March, April/May
 - Non-users: April (through the quarterly communication)
 - Prepare for revisions and enhancements to campaign
 - Focus on additional strategies



Beth Sundstrom, PhD, MPH
College of Charleston

HPV Vaccination Communication:

Best Practices and Opportunities



Communication Priority Subject Matter Experts



Melissa Gilkey, PhD
UNC Gillings School of Public
Health



Janice Krieger, PhD
Mayo Clinic



Jennifer Erves, PhD
Vanderbilt University Medical
Center



Parth Shah, PhD
Fred Hutchinson Cancer Center



Melissa Gilkey, PhD
UNC Gillings School of
Public Health

Communicating confidence: Strategies for improving HPV vaccine communication in clinical settings

Melissa B. Gilkey, PhD

University of North Carolina

Funded by the National Cancer Institute

Developed by hpvIQ.org

Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.

Overview

HPV vaccine communication in clinical settings

Communication strategies for increasing vaccine uptake

1. Train primary care teams
2. Engage vaccine champions
3. Partner with specialists, including oncologists

HPV vaccine communication in clinical settings

HPV vaccine recommendations

- Most powerful intervention we have for increasing vaccination

Recommendations are powerful



Recommendations are powerful

No recommendation



Recommendations are powerful

With recommendation



National Immunization Survey - Teen, 2018. Walker et al., 2019, MMWR.

HPV vaccine recommendations

- Most powerful intervention we have for increasing vaccination
- Prevalence has improved nationally, with ~82% of parents receiving recommendations
- Quality remains variable on factors like urgency and timeliness
- Disparities exist for high priority subgroups, including childhood cancer survivors

Communication strategies for increasing uptake of HPV vaccine

1. Train primary care teams

- Use presumptive announcements
- Connect and counsel to address parents' main concerns
- Try again another day if needed

*See links in the chat for our flyer and demonstration videos!

Follow the Path to Increasing HPV Vaccination
Take these steps for effectively recommending HPV vaccination. They will save you time and improve patient satisfaction.

1 If a parent is hesitant

USE A PRESUMPTIVE ANNOUNCEMENT
A presumptive announcement assumes parents are ready to vaccinate. This is an effective way to recommend adolescent vaccines, including HPV vaccine.¹

KEY ELEMENTS OF AN ANNOUNCEMENT:

- Note child's age to cue that this is part of routine care
- Say you will vaccinate today
- Announce children this age are due for vaccines that prevent several diseases, placing HPV cancers in middle of list

ANNOUNCEMENT EXAMPLE
"Now that Sophia is 12, she is due for three vaccines. Today, she'll get vaccines against meningitis, HPV cancers, and whooping cough."

2 If a parent declines

ASK FOR THEIR MAIN CONCERN AND ADDRESS IT
Connect with parents by showing you heard them. Counsel using a research-test message. Examples are available on the other side of this flyer or at hpvIQ.org²

3

TRY AGAIN ANOTHER DAY
Almost 70% of parents who initially declined later agree to HPV vaccine or plan to soon.³

1. Brewer, et al., 2017, Pediatrics. 2. Shah, et al., 2019, Pediatrics. 3. Kornides, et al., 2018, Academic Pediatrics.

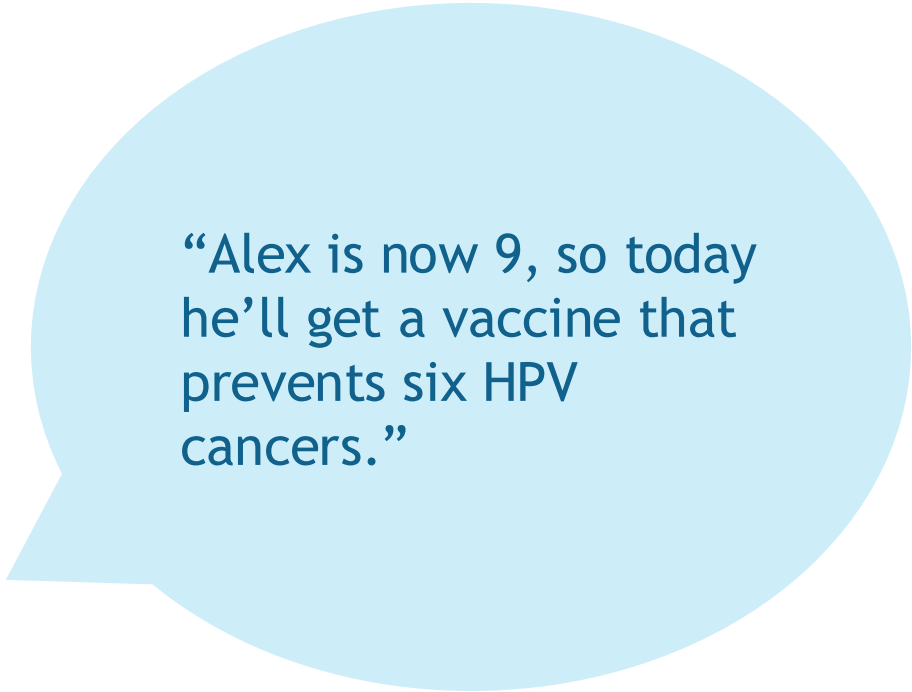
HPV IQ
Immunization Quality Improvement Tools

How can we recommend HPV vaccine at age 9?

Note child's age

Announce children this age get a vaccine that prevents against six **HPV cancers**

Say you will vaccinate **today**



“Alex is now 9, so today he’ll get a vaccine that prevents six HPV cancers.”

2. Engage vaccine champions

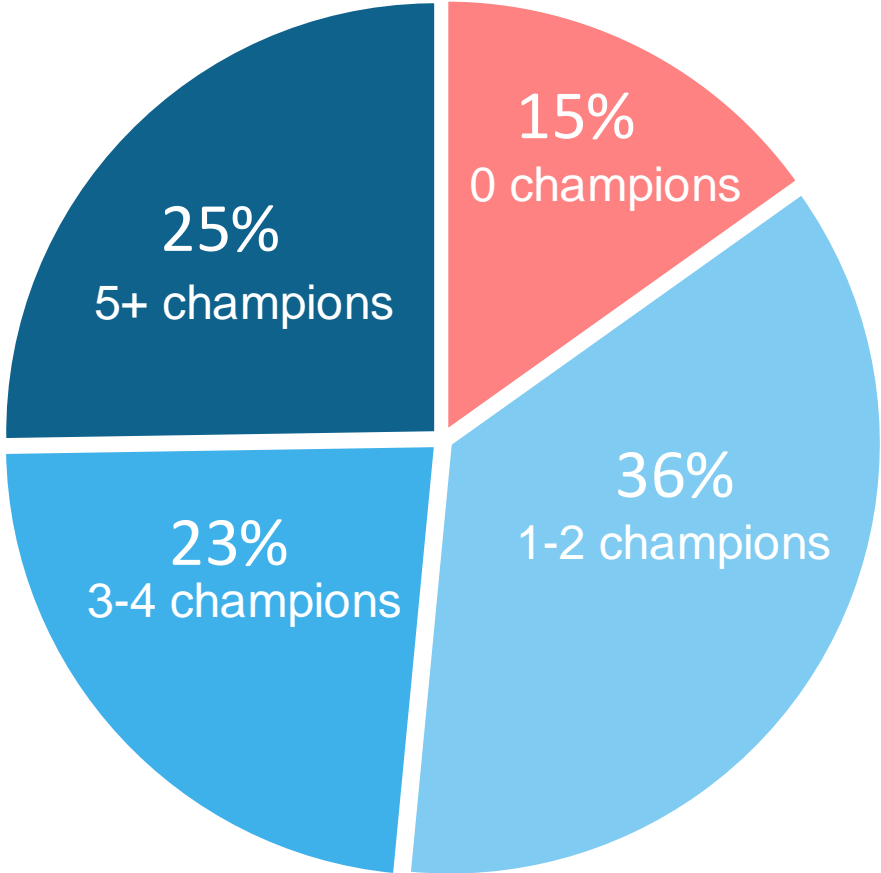


Vaccine champions are health care professionals known for **helping their colleagues improve vaccination rates.**

They are passionate about sharing vaccine-related information, data, tools, and encouragement with others in their clinic.

How common are vaccine champions?

Most PCPs (85%) report working with at least 1 champion



Which vaccines do champions focus on?

All vaccines

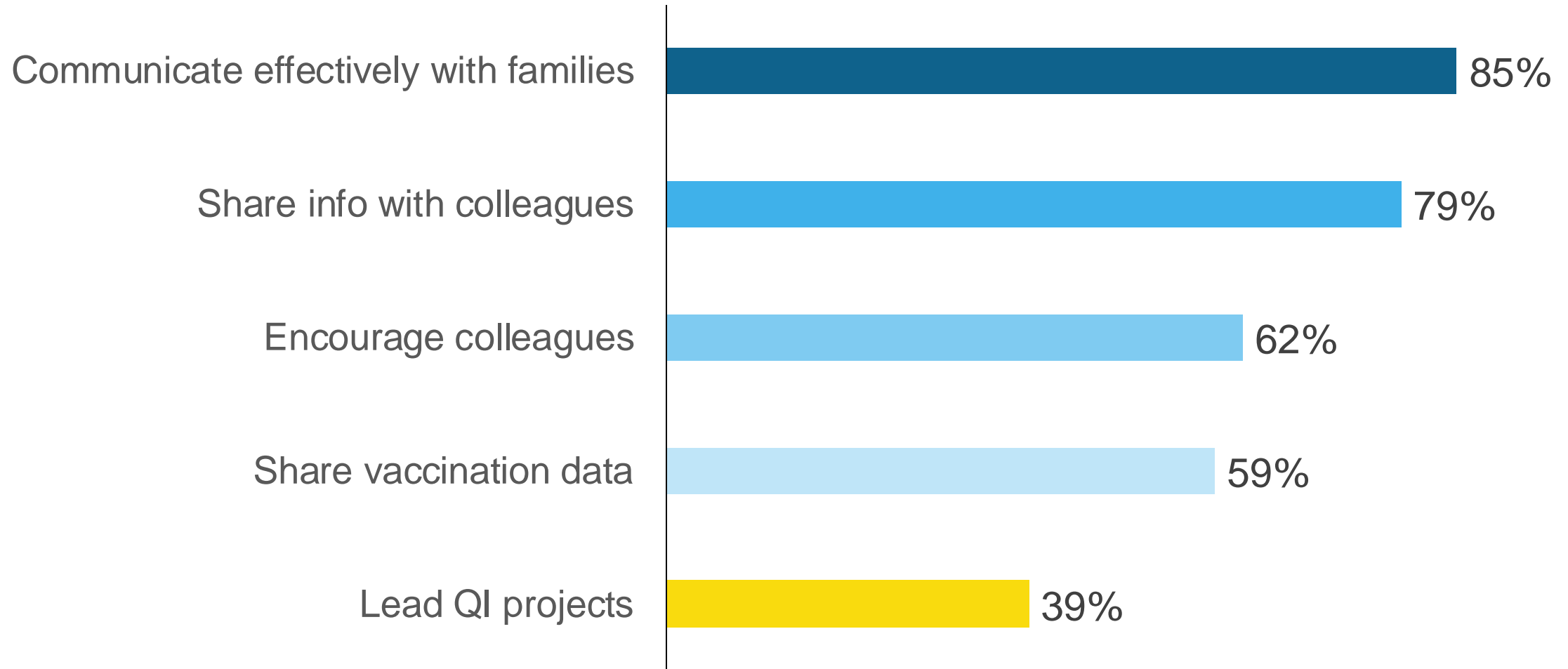
- All (45%)

Select vaccines

- HPV (49%)
- Seasonal flu (47%)
- Covid-19 (36%)
- Other vaccines (43%)



What strategies do champions use?



3. Partner with specialists, including oncologists

Oncology providers can:

- Use many of the same communication strategies developed for primary care teams to recommend HPV vaccination
- Advocate for the inclusion of HPV vaccine in oncology-based immunization services
- Facilitate referrals to primary care by clarifying the HPV vaccination schedule for cancer survivors

Conclusions



Communication strategies for improving HPV vaccine uptake in clinical settings

1. Train primary care teams
2. Engage vaccine champions
3. Partner with specialists, including oncologists



Thank you!

Funding

NCI (P01CA250989)

Contact

Melissa B. Gilkey, PhD
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Janice Krieger, PhD
Mayo Clinic

Integrating Precision Messaging with Community Partnership: Strategies to Improve HPV Vaccination among Underrepresented Populations

Janice Krieger, PhD

January 21, 2025

U01CA274970
MPI's: Krieger & Carrasquillo

R24AG074867
MPI's: Krieger and Anton



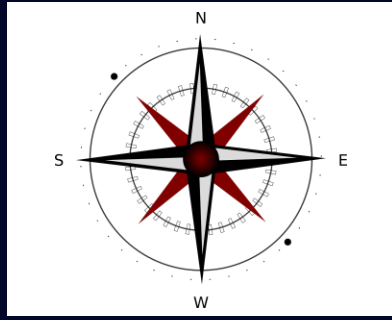
- Introduction
- What is the HPV vaccine?
- Benefits of the HPV Vaccine
- Things to know before vaccinating
- Chat with me
- Discover Research Opportunities

Current Challenges in Vaccine Communication

- Low health literacy AND science literacy
- Efforts to translate mismatched to a specific cultural context (e.g. norms and values).
- (Mis) information in the environment
- Fear-based messages
- Lack of representation of diverse and trusted voices
- Information unavailable to family, friends, and other important members of the social network



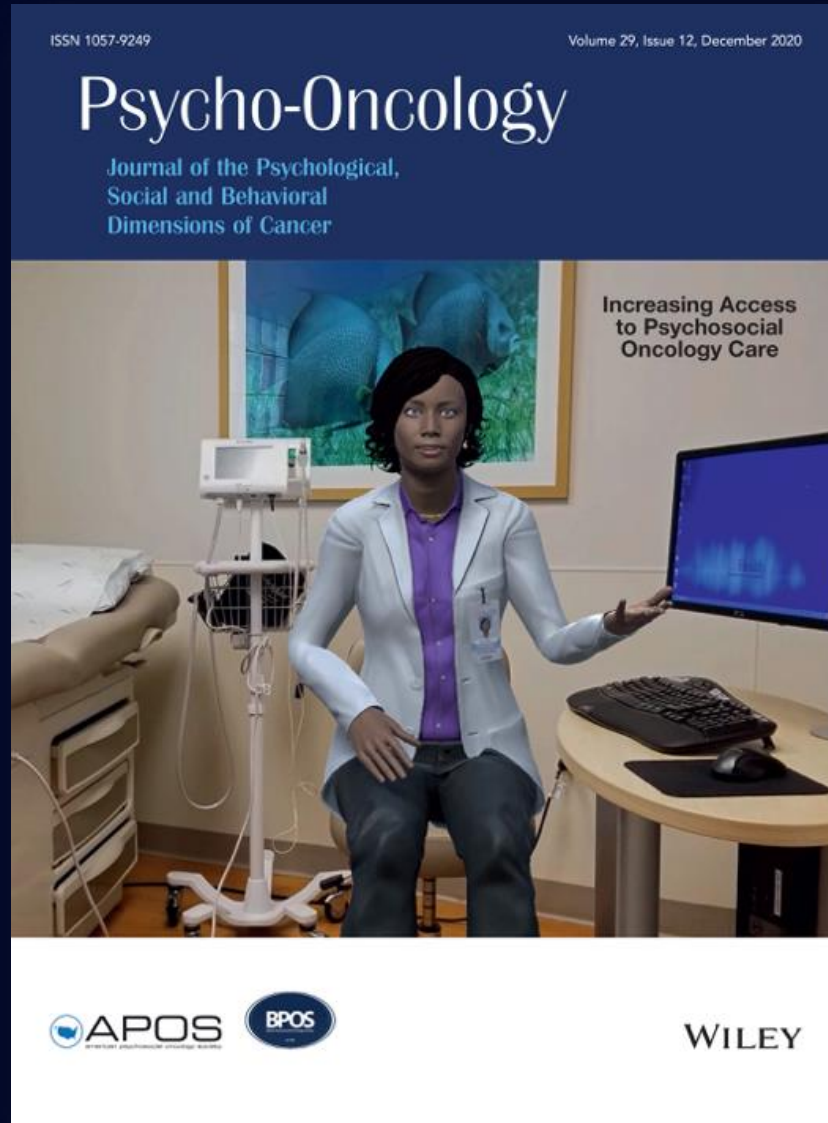
Community Engagement



Community Voice



Translational, Culturally-Grounded Health Communication



"Presentation of scientific information in a language and format that improves accessibility to and comprehension by an intended audience in a given context. It addresses the ongoing struggle to balance accuracy and comprehensibility."

Krieger & Gallois (2017)

**It's not dumbing down.
It's opening up.**

PRECISION **MESSAGING**



RIGHT MESSAGE



RIGHT PERSON



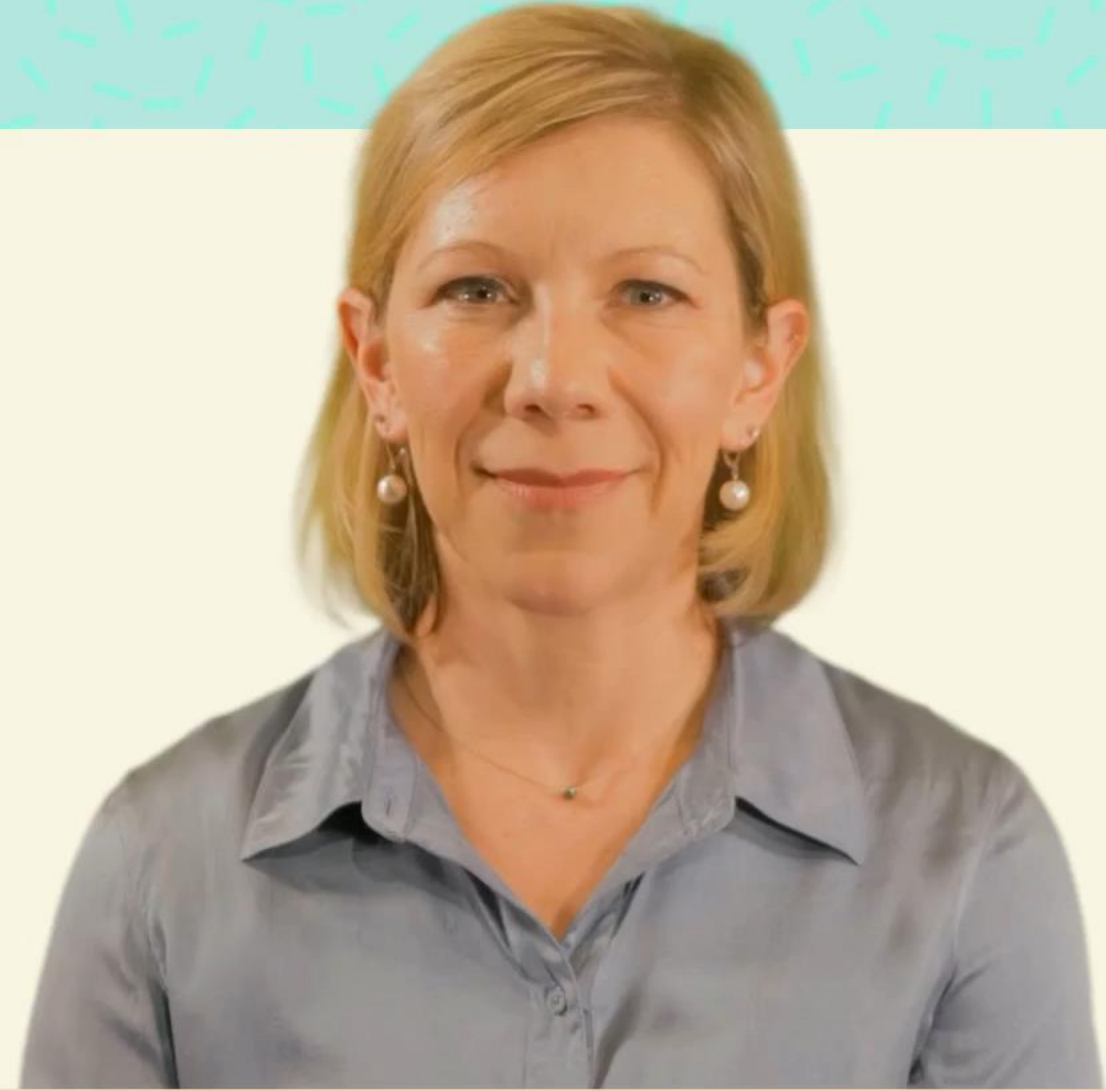
RIGHT PLACE

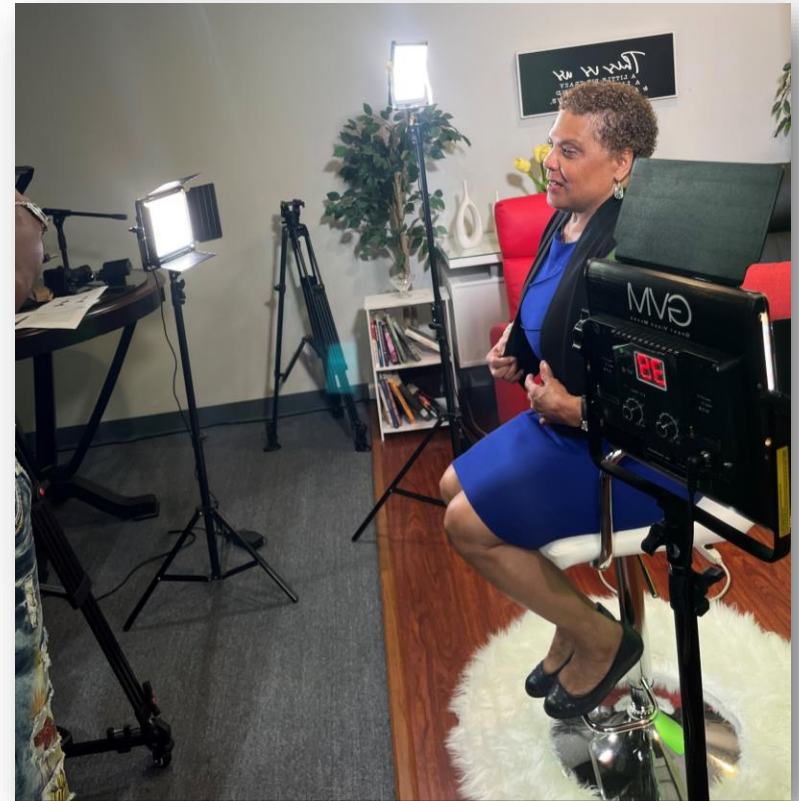


RIGHT TIME

Community-Research Collaboration for Cancer Communication

Community Requirements	Intervention Components
Sources with high local credibility	Virtual community health workers
Language that "normal people" can understand	AI integration to enhance plain language
Address common questions and/or friction points	Tailored information to ensure intervention is brief yet addresses salient concerns
Assistance with difficult conversations	Conversation guides for children/ Questions to ask a clinician
Opportunities for decisional support providers to be involved	Options for family and friends to receive information
Information when people need it	Access 24/7





Pictured: Staff of the Mayo Clinic Community Collaborative volunteering for the ALEX vCHE recordings to be utilized as photorealistic humans that can interact with end-users.



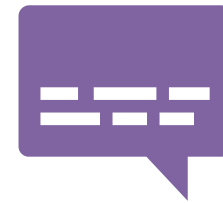
ACTION ITEMS



Find novel and efficient ways to use technology to expand the reach of trusted local sources.



Understand the most salient social identities being activated by the vaccine decision and tailor messages to those identities.



Pair messaging interventions with opportunity for point-of-decision action.

PUBLICATIONS

- Dailey, P. M., & Krieger, J. L. (2017). Communication and US-Somali immigrant human papillomavirus (HPV) vaccine decision-making. *Journal of Cancer Education*, 32, 516-521.
- Krieger, J. L., & Sarge, M. A. (2013). A serial mediation model of message framing on intentions to receive the human papillomavirus (HPV) vaccine: Revisiting the role of threat and efficacy perceptions. *Health communication*, 28(1), 5-19.
- Krieger, J. L., Katz, M. L., Kam, J. A., & Roberto, A. (2012). Appalachian and non-Appalachian pediatricians' encouragement of the human papillomavirus vaccine: implications for health disparities. *Women's Health Issues*, 22(1), e19-e26.

ETCH

Equity and Technology enhancing Communication in Healthcare



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NATIONAL
CANCER
INSTITUTE



National Institute
on Aging



Jennifer Erves, PhD
Vanderbilt University Medical Center

Strategizing to Create Effective HPV Vaccination Communication

2025 Southeastern Roundtable Virtual Annual Meeting

January 21, 2025

2023 Tennessee

**Vaccination Rate:
55.0%**

Effective Communication is
necessary to help increase
suboptimal HPV vaccination rates.

2023 National

**Vaccination Rate:
61.4%**

**Hesitancy Rate:
63%**

1. Increase Provider Recommendations

- Prompt the Healthcare Provider
- Continue to Widely Implement Provider Training
 - The Announcement Approach Training
 - Motivational Interviewing
- Offer continued education on HPV and the vaccine

2. Improve the Discussion during Clinic Visit

- Tailor discussion to parental concerns using evidence-based messaging.
- Incorporate child based on parent and/or child preference.
- Discussion could vary by HPV vaccination status.
- Apply culturally-appropriate communication guidelines as needed.

Table III. Culturally Appropriate Communication Guidelines for Clinical Encounters and Supplemental Materials to support HPV vaccination among African American and Latino Adolescents

Tailoring Strategy	Application
Clinical Encounters	
Linguistics	<ul style="list-style-type: none"> -Be culturally sensitive. -Be empathetic. -Use plain language. -Use definitions.
Peripherals	<ul style="list-style-type: none"> -Videos (testimonials), brochures, one-pagers, websites, video games (children)
Evidential	<ul style="list-style-type: none"> -Have evidence on HPV cancers and the vaccine to address parent concerns. -Use consistent messaging across clinical encounters. -Use messages that are age appropriate and by sex.
Socio-Cultural	<ul style="list-style-type: none"> -Acknowledge concerns on vaccines and HPV vaccines specifically. -Tailor messages to behavioral and cultural beliefs related to vaccines overall and HPV vaccination. -Be culturally-sensitive. -Be trustworthy (an active listener, co-decision making between patient-parent-provider, acknowledge research history if needed while countering with research protections today, support decision-making process, and give ongoing education on vaccine safety profile even if child is vaccinated). -Testimonials of providers and other parents on getting their adolescent vaccinated (If applicable).
Constituent-Involving Strategies	<ul style="list-style-type: none"> -Hire race-concordant providers and staff. -Engage family and researchers, if possible, for decision-making processes. -Train parents and their teens to be vaccine champions.

**Healthcare providers' practice protocols, strategies,
and needed tools to address parental HPV vaccine
hesitancy: An exploratory study**

Findings from 15 pediatric provider interviews:

- Inconsistencies in provider recommendation persist.
- Lack clinic protocol and tools to address parental HPV vaccination hesitancy.
- Some clinics do not have a system to assess vaccination status (eg refusals).
- Some avoid discussion after a delay or refusal of HPV vaccination.
- Lack time to engage in discussion.

Healthcare providers' practice protocols, strategies, and needed tools to address parental HPV vaccine hesitancy: An exploratory study

Human Papillomavirus Vaccination Knowledge, Barriers, and Recommendations among Healthcare Provider Groups in the Western United States

Barriers to the assessment and recommendation of HPV vaccination among healthcare providers in Texas

Findings from 15 pediatric provider interviews:

- Inconsistencies in provider recommendation persist.
- Lack clinic protocol and tools to address parental HPV vaccination hesitancy.
- Some clinics do not have a system to assess vaccination status (eg refusals).
- Some avoid discussion after a delay or refusal of HPV vaccination.
- Lack time to engage in discussion.

Findings from parent interviews from African Americans and Latinos on clinic visit

- Inconsistencies in provider recommendation. (AA and L)
- Lack of or limited discussion on HPV vaccination= Informational needs not met. (AA and L)
- Written materials are not detailed enough (AA and L), and are not inclusive of children's educational needs (A).

> [J Racial Ethn Health Disparities](#). 2024 Oct;11(5):2958-2972. doi: 10.1007/s40615-023-01754-8. Epub 2023 Aug 21.

Communication Interactions, Needs, and Preferences During Clinical Encounters of African American Parent-Child Dyads

[Comparative Study](#) > [Ethn Health](#). 2025 Jan;30(1):20-41. doi: 10.1080/13557858.2024.2417382. Epub 2024 Oct 22.

Attitudes, healthcare interactions, and communication preferences for HPV vaccines among hesitant Hispanic/Latinx parents: how does this compare with influenza and COVID-19 vaccines?

Interviews across 51 parents who are non-compliant for HPV vaccination

Concerns of Interest: Child had issue w/ first dose (52%) or read about issue (62.5%), Child refuses another shot (62.4%); Lack reminder (39.6%)

Incorporation of message testing with 19 parents after interviewing the first 32 parents.

Examples of similarities and differences in message needs by vaccination status

Message	0 doses	1 dose	0 and 1 dose
Safety	<ul style="list-style-type: none">- Clinical Trial History- Vaccine Safety Profile	<ul style="list-style-type: none">- # of doses- Vaccine Schedule- Experienced side effects	<ul style="list-style-type: none">- Explain potential side effects

3. Use mHealth to offer tailored, pre-visit messages

HPVaxFacts

- ✓ A mobile-based, webapp
- ✓ Provides tailored messaging on vaccine concerns or beliefs
- ✓ Delivered pre-clinic visit
- ✓ Offers information for child
- ✓ Suggests questions for provider

The screenshot shows the HPVaxFacts website. At the top, there is a blue navigation bar with the HPVaxFacts logo and links for Home, About Us, Feedback, and Contact Us. Below the navigation bar, the main content area has a white background. It starts with a heading "Welcome to HPVaxFacts!" followed by a sub-heading: "This is the first pocket-size guide to help answer parents top concerns about the Human Papillomavirus (HPV) vaccine." Below this text is a large, warm photograph of three diverse families smiling. Underneath the photo, there is a statistic: "Nearly 1/3 of parents do not get their child the HPV vaccine because they have unanswered questions about the vaccine. Learn how to protect your child against 90% of HPV cancers without getting unwanted advice or information." This is followed by the text "How does it work? It's quick and easy!" and three numbered steps with icons: 1. Take your Quiz (checklist icon), 2. Identify Your Top 3 Concerns (list icon), and 3. Get Your Answers (document icon). A yellow "TAKE SURVEY" button is positioned below these steps. At the bottom of the page, there is a small copyright notice: "Copyright © 2022 HPVaxFacts".

Pilot Study Findings

HPV vaccine status was obtained of 64 children aged 9-17 years whose parents participated in the clinical trial. With a statistically significant association ($p = 0.032$), HPV vaccine initiation rates of children whose parents participated in the *HPV VaxFacts* education arm was 41.0%, 24.0% higher than children whose parents received nutrition education in the control arm.

“Honestly, it makes the appointment go faster. I mean, I know that the doctors are busy, so it's good to just have before so you just know what, what exactly it is before you, you know, you end up doing it if you do decide to do it or whatever.”
(Parent)

“There is way too much out there, and you don't know what you can trust and what you can't trust. Um, so definitely coming from a clinic and a trusted place is very comforting.” (Parent)

4. Capitalize on Alternative Settings to Educate

Findings from 30 African American child-dyads and 37 immunization providers (pharmacists, school staff, health department staff, and physicians):

- Extend Provider Communication Training to Immunization Providers outside of the Medical Home
- One message, One Sound
- Educate parents of immunization providers and their qualifications to increase acceptability across settings.

“I do think that it would improve education. It would be an opportunity to educate them on what the HPV vaccine is for, because I think that that's a huge stigma.”(School nurse).

Top strategies to improve HPV vaccination

- Continue to educate immunization providers on how to recommend and discuss HPV vaccination .
- Take advantage of provider modalities such as mHealth to support education.
- Engage patients and increase footwork into communities to educate on HPV and vaccine. This includes mobilizing community-based organizations and vaccine champions.

Thank you!

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

~ United Nations Secretary-General António Guterres



VANDERBILT
UNIVERSITY
MEDICAL
CENTER

Jennifer Cunningham-Erves, PhD, MPH, MAEd, MS
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Director of Community Engaged Research, Office of Health Equity
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Parth Shah, PhD
Fred Hutchinson Cancer Center



Proactive HPV vaccine delivery in pharmacies

Parth Shah, PharmD, PhD
Assistant Professor
Cancer Prevention Program
Hutchinson Institute for Cancer Outcomes Research

Disclosures

- The contents of this presentation can be shared.
- Dr. Shah is a consultant for and receives research funding from Merck & Co, Inc.
- This presentation will not discuss unapproved or off-label, experimental, or investigational use of medications or medical devices.



Why pharmacies as a place for HPV vaccination?

Most accessible healthcare setting in the US

Most U.S. residents live within 5 miles of a community pharmacy

- 48.1% lived within 1 mile of a pharmacy
- 73.1% within 2 miles
- 88.9% within 5 miles
- 96.5% within 10 miles

Geographic access to certain harder to reach communities

- Independent pharmacies more likely to be accessed by:
 - Rural residents
 - Non-Hispanic Black residents in urban and rural areas
 - 65+
 - Low-income households

	Pharmacy Minutes (avg)	Doctor's office Minutes (avg)
Rural (n=233)*	14.8	18.5
Urban (n=1,240)*	11.1	17.5

*p<.001

Brewer, Calo, Shah et al., 2017. AVIP studies.
Berenbrock et al., 2023. *JAPhA*.
Hernandez et al., 2023. *Health Affairs Scholar*.



Pharmacies as a place for childhood vaccinations

- Parent perceptions: Acceptable, accessible, and convenient
- Primarily used for influenza vaccination
- Our studies showed that around a third of parents willing to get HPV vaccine for their child from a pharmacist (pre-pandemic)
- May be associated with higher likelihood of well child visits

		Likelihood of well child visit claim within 15 months aOR (95% CI)
4-8 year olds		
Outpatient cohort n=5,616		ref
Pharmacy cohort n=5,616		1.18 (1.08 – 1.28)
9-17 year olds		
Outpatient cohort n=34,840		ref
Pharmacy cohort n=34,840		1.17 (1.13 – 1.21)

Publication under review at *Health Affairs Scholar*.



Problem:

Pharmacy staff
interactions with
parents/patients tend
to be transactional.

How do you improve HPV vaccine uptake in pharmacies?

HPV vaccination



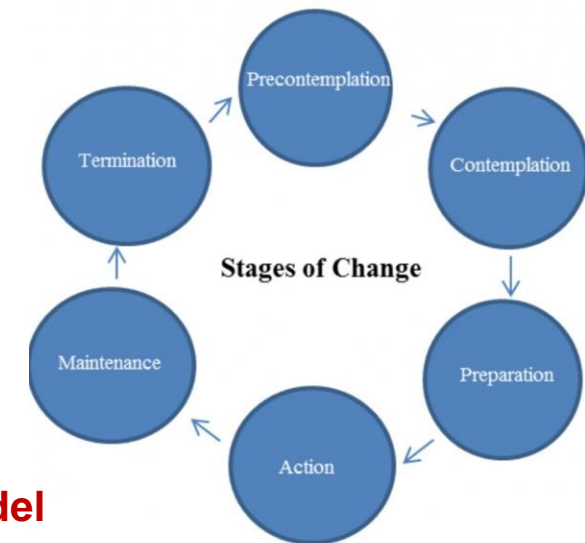
How do you improve HPV vaccine uptake in pharmacies?



5 A's model for effective vaccine recommendation



Reminds healthcare providers about the **specific action step** to take with patients to enact a **behavior change**



**The Transtheoretical Model
(Stages of Change)**



2. *Advising* for HPV vaccination

Pharmacist makes a clear recommendation to get child HPV vaccine

Presumptive statement

Bring up cancer prevention

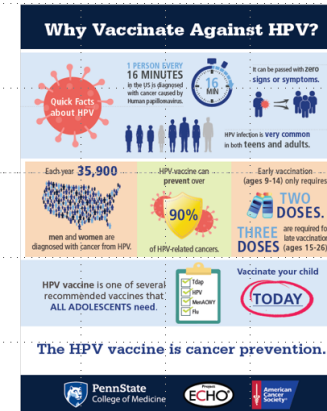
Bring up concomitant vaccination (if applicable)

Encourage same-day vaccination

Advise

25

Use visual aids



Dual purpose

1. Help providers communicate by reminding them of the key facts to share in a logical manner
2. Help the parent and patient understand the recommendation, especially those with low health literacy

We have made evidence-based infographics available for you to use:

- Safety and side effects
- Why vaccinate at a younger age?
- Why vaccinate boys?
- General HPV vaccine information

Agree

34

Assist: Examples of how to support vaccination

If **YES**, then vaccinate

- Have a "Poke" Plan
- Involve the child
- Use incentives: Candy, stickers, pharmacy discounts
- Use reassuring body language and tone



Assist

36

Step 5. *Arrange* for follow-up

If vaccination occurred:

1. Schedule the follow-up vaccination before the parent leaves
 - Use a scheduling system if not already implemented
 - If your pharmacy system is capable, schedule out the next appointments and vaccine "fills" in dispensing system
2. Provide a paper copy of written dates for vaccinations to parent
3. Have a system in place to remind parents to come back in (call, text, email, mailer)
4. Upload vaccinations to IIS
5. Share with PCP

If vaccination did not occur:

1. Document refusal in dispensing system or EHR (e.g., Pharmacy eCare Plan)
2. Share refusal with PCP if contact is available
3. Bring up vaccination the next time parent is in the pharmacy

Arrange

Findings

After receiving the communication training, pharmacy staff reported ...

1. Increasing HPV vaccine recommendation strength from **22%** to **67%**
2. Higher **self-efficacy** in:
 - **personal interactions** with parents when discussing HPV vaccine
 - **Setting goals** for HPV vaccine coverage in their patient panels
 - **Addressing HPV vaccine hesitancy** when it comes up with parents
3. Better **appraisals of outcome expectancies** when discussing HPV vaccination with parents



SUMMARY

Presumptive communication training may improve how pharmacy staff effectively communicate about HPV vaccination

- Keep trainings simple and memorable
- Leverage a team-based approach
- Support practice to improve consistency and sustainability

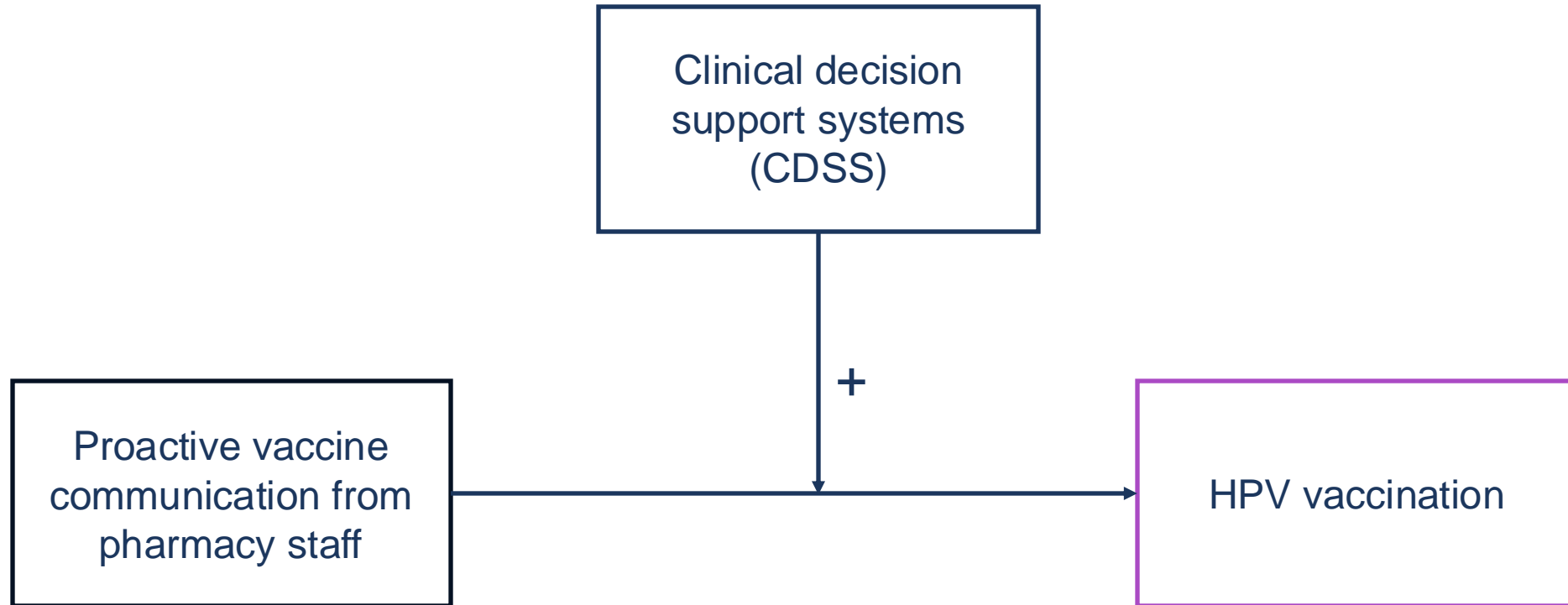
Problem:

Pharmacy vaccination
workflows tend to be
reactive.

How do you improve HPV vaccine uptake in pharmacies?



How do you improve HPV vaccine uptake in pharmacies?



Target behavioral and implementation outcomes

Behavioral targets

1. Assess vax coverage
2. Proactively solicit HPV vax
3. Strongly recommend vax
4. Facilitate screening
5. Facilitate consenting
6. Assist vaccination
7. Document vax
8. Documenting refusal/delay
9. Reporting vax dose to PCP
10. Reporting vax dose to IIS
11. Scheduling f/u vaccination
12. Reminding parents/patients of upcoming vaccination

Implementation outcome targets

Proximal outcomes

1. **Acceptability:** degree to which patients/providers like the HPV vaccination process
2. **Appropriateness:** perceived fit and relevance of the HPV vaccination process by pharmacy staff
3. **Feasibility:** degree to which the HPV vaccination process can be successfully implemented by pharmacy staff

Intermediate outcomes

4. **Adoption:** degree to which vaccination process uptake by pharmacy staff
5. **Fidelity:** degree to which the HPV vaccination process is implemented as intended
6. **Cost:** cost of implementing this HPV vaccination process

Distal outcomes

7. **Sustainability:** degree to which the HPV vaccination process could be maintained beyond the study period
8. **Service penetration:** Degree to which HPV vaccination process is integrated into care delivery systems in the pharmacy



Modifications and strategies to support proactive vaccine delivery in pharmacies

9 modifications/strategies

- Mapped to the 5A's vaccination workflow
 - **Assess (3)**
 - Advise (1)
 - Agree (1)
 - Assist (1)
 - **Arrange (3)**
- 2 address pharmacy-level barriers
- 7 address patient-level barriers



Findings

After implementing CDSS to support HPV vaccination, pharmacy staff reported ...

1. Recommending HPV vaccination to **younger eligible patients** (9-10 year olds)
 - Pre: 28% | Post: 39%
2. The CDSS most **useful** were:
 - Autogenerating IIS data into EHR patient profile
 - Checking vaccines that are due
 - HPV vaccine reminder prompts within patient workflow



SUMMARY

Clinical decision support systems may improve proactive HPV vaccine delivery

- Most utility in identifying and assessing eligible patients
- CDSS need to facilitate multiple actors and multiple behaviors along the vaccine delivery cascade
- CDSS must be well integrated (i.e., not separate systems) into workflow

Lessons learned and recommendations so far...



Lessons learned

- 1. Be proactive in identifying and reaching out to eligible patients**
 - Find steps in workflow where staff can routinely check vaccine eligibility
- 2. Use presumptive communication to normalize HPV vaccination**
 - Appears to be acceptable and feasible to pharmacy staff and parents
 - Engage the entire pharmacy team to promote vaccination
- 3. Use pharmacy systems to support consistent communication and follow-up**
 - Nurture implementation champions at site
 - Use clinical decision support systems that already exist or can be adapted
 - CDSS must align with workflow context

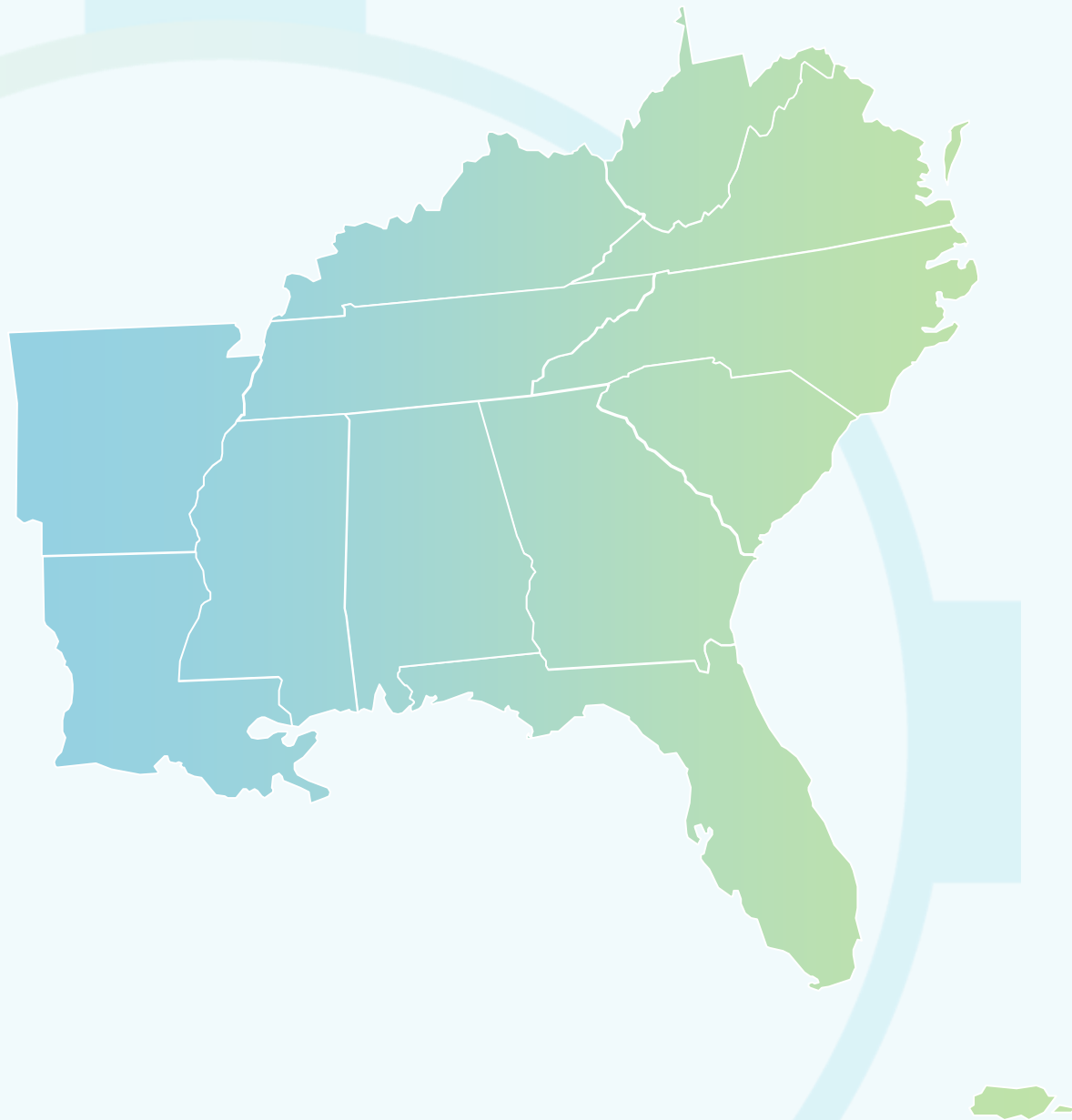


Thanks for your attention!

email: pshah@fredhutch.org

Website: <https://www.fredhutch.org/en/faculty-lab-directory/shah-parth.html>





Moderated Q&A

Please add your questions to the chat

Moderated Q&A



Melissa Gilkey, PhD
UNC Gillings School of Public
Health



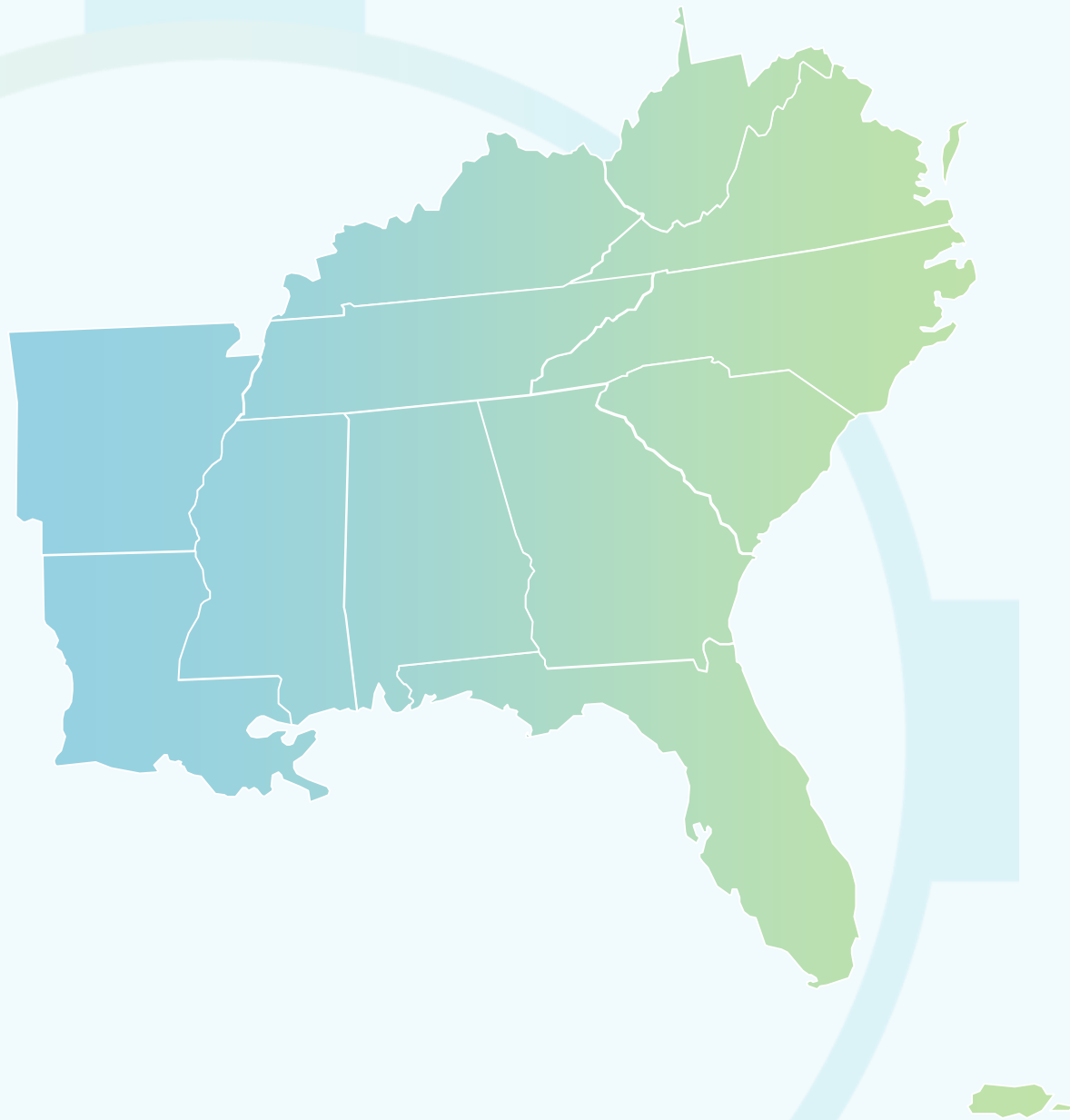
Janice Krieger, PhD
Mayo Clinic



Jennifer Erves, PhD
Vanderbilt University Medical
Center



Parth Shah, PhD
Fred Hutchinson Cancer Center



Breakout Group Discussion

Breakout Group Discussions

- You will automatically be added to a breakout group with an assigned facilitator and notetaker

Group leaders and notetakers:

- **GROUP 1:** Astrid Wilkie-McKellar, MPH, Northside Hospital Cancer Institute (facilitator); Pragya Gautam Poudel, DrPH, St. Jude Children's Research Hospital (notetaker)
- **GROUP 2:** Gabby Darville-Sanders, PhD, ACS National HPV Vaccination Roundtable (facilitator); Maddy McNee, MPH, St. Jude Children's Research Hospital (notetaker)
- **GROUP 3:** Marlise Elgart, MPH, Shelby County Health Department; Akeria Taylor, MPH, St. Jude Children's Research Hospital (notetaker)
- **GROUP 4:** Sherrie Wallington, PhD, George Washington Cancer Center (facilitator); Portia Knowlton, MHRM, St. Jude Children's Research Hospital (notetaker)
- **GROUP 5:** Caree McAfee, MA, University of Kentucky Markey Cancer Center (facilitator); Karlisa Cryer, MPA, St. Jude Children's Research Hospital (notetaker)
- **GROUP 6:** Beth Poore, South Carolina Department of Health (facilitator); Julia Brown, MPH, St. Jude Children's Research Hospital (notetaker)

Discussion Questions

You will automatically be added to a breakout group with an assigned facilitator and notetaker

- Q1: How might we modify and/or continue to address communication needs across the region? What do you see as the opportunities for additional efforts focused on communication?
- Q2: Now, I want you to move out of thinking only about communication as a priority action for a moment. What do you see as the greatest opportunities for collective action to increase HPV vaccination coverage in our region?
- Q3: What else would you like to share about possible actions to increase HPV vaccination coverage in our region?
- Q4: What are your recommendations for training programs that could be offered by the Southeast Roundtable?

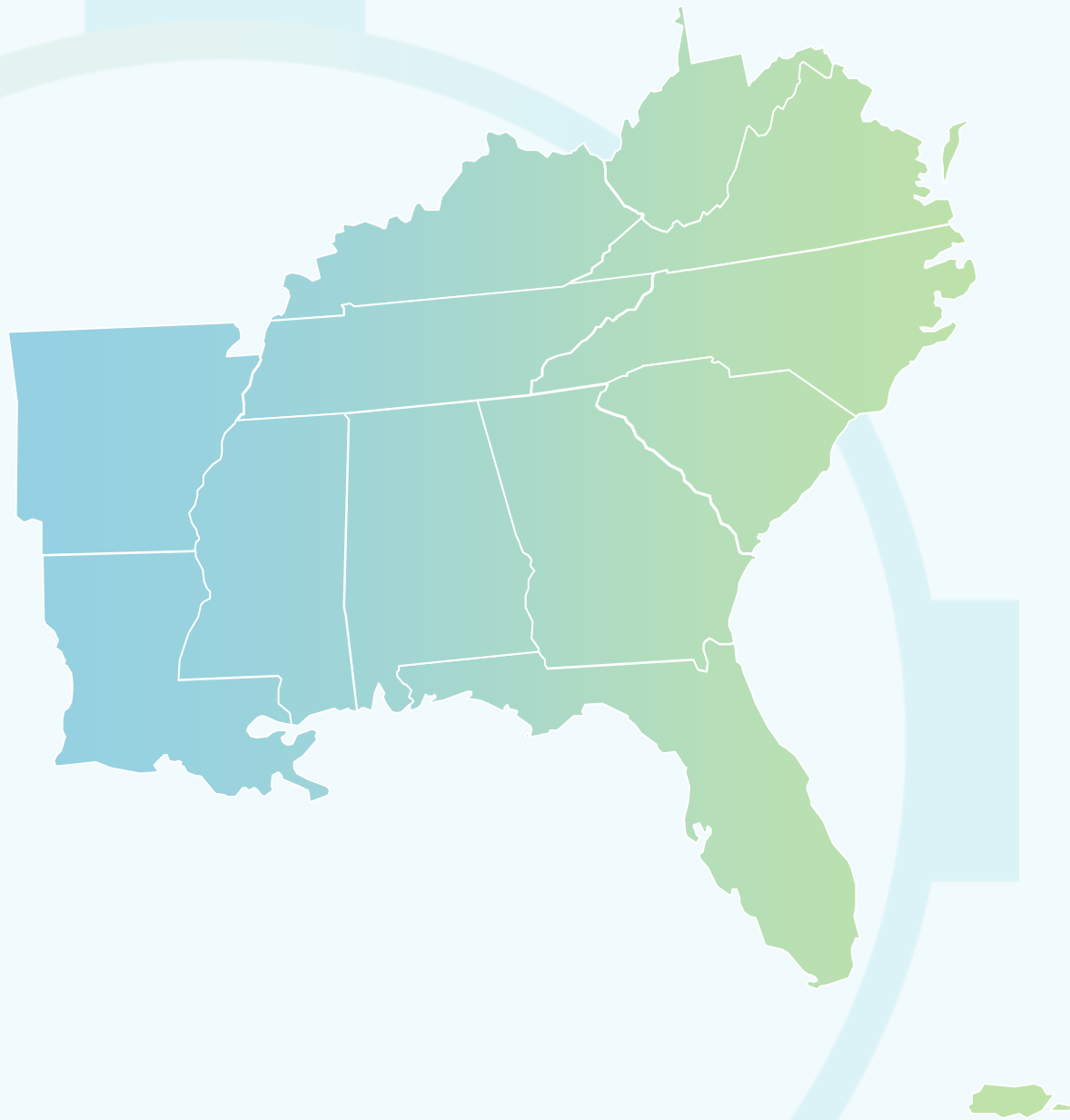
Reporting Out from Breakout Group Discussions

Group leaders and notetakers:

- **GROUP 1:** Astrid Wilkie-McKellar, MPH, Northside Hospital Cancer Institute (facilitator); Pragya Gautam Poudel, DrPH, St. Jude Children's Research Hospital (notetaker)
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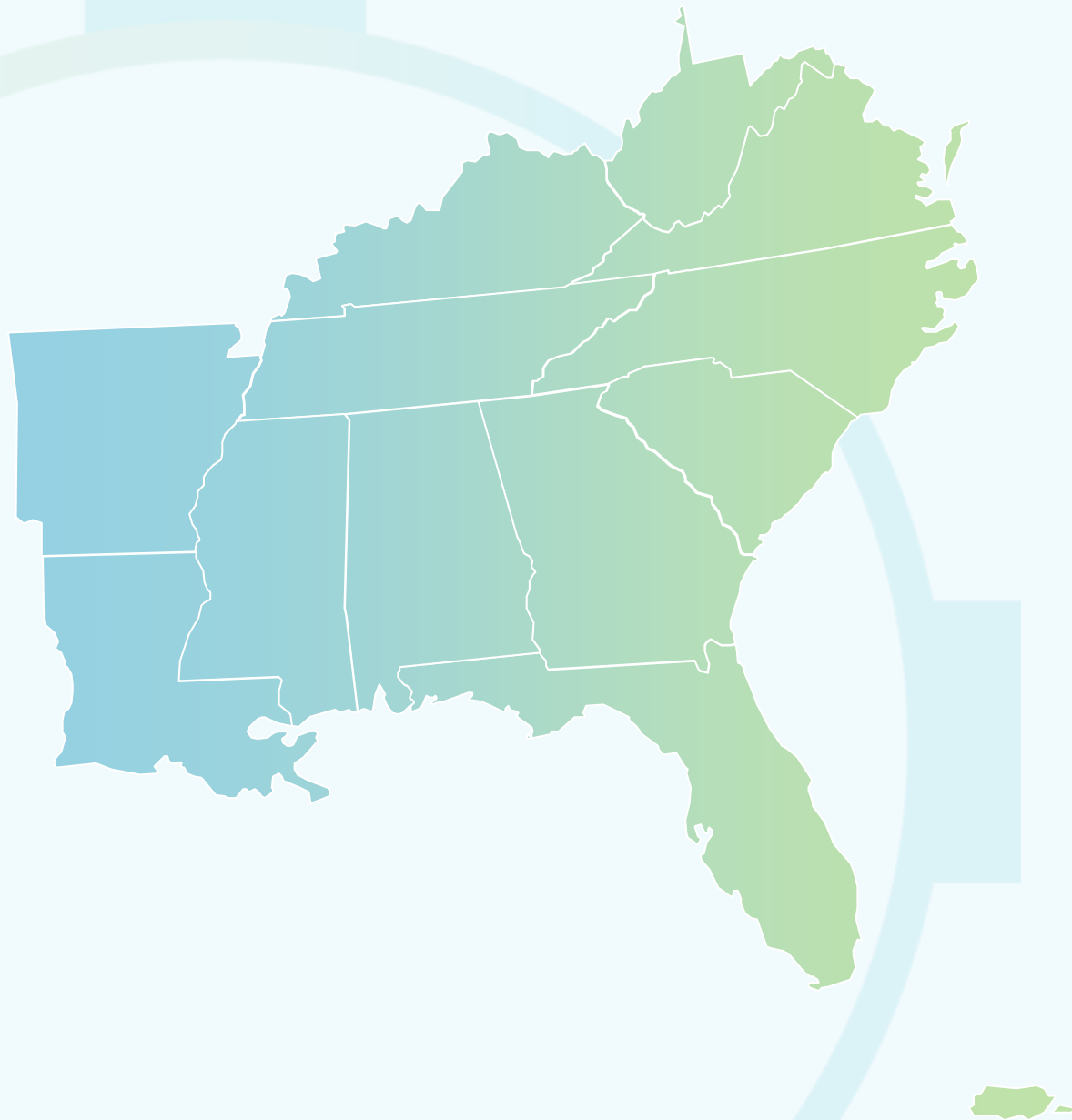
What are up to three main points of discussion – with an emphasis on actions to improve HPV vaccination coverage – you want to share with the group?

*****In 2 minutes or less**



Closing Remarks

DAY 1: Communication January 21, 2025 10 AM-noon Central Time	DAY 2: Elimination January 22, 2025 10 AM-noon Central Time	DAY 3: Start at Age 9 January 23, 2025 10 AM-noon Central Time
<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Communication: Develop and implement a communication campaign and messages for the Southeastern region Heather Brandt, PhD, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM HPV Vaccination Communication Best Practices and Opportunities</p> <p>Beth Sundstrom, PhD, College of Charleston (moderator)</p> <p>Presentations by subject matter experts: Melissa Gilkey, PhD, UNC Gillings School of Public Health Janice Krieger, PhD, Mayo Clinic Jennifer Erves, PhD, Vanderbilt University Medical Center Parth Shah, PharmD, PhD, Fred Hutch Cancer Center</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Elimination: Develop and disseminate a plan for HPV cancer elimination in the Southeast, beginning with cervical cancer as a public health problem Julia Brown, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Eliminating HPV Cancers beginning with Cervical Cancer as a Public Health Problem Best Practices and Opportunities</p> <p>Presentations by subject matter experts: Emily A. Burger, PhD, Harvard T. H. Chan School of Public Health Karen Canfell, DPhil, University of Sydney Jennifer Young Pierce, MD, University of South Alabama Jane Montealegre, PhD, MD Anderson</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>	<p>10:00-10:05 AM Welcome and Introduction</p> <p>10:05-10:25 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9 Maddy McNeel, MPH, St. Jude Children's Research Hospital</p> <p>10:25-11:30 AM Start at Age 9: Accelerate efforts to start HPV vaccination at age 9</p> <p>Presentations by subject matter experts: Robert Bednarczyk, PhD, Emory Nadja Vielot, PhD, University of North Carolina Lyn Nuse, MD, Atrium Health Sherri Zorn, MD, Washington Chapter of the American Academy of Pediatrics</p> <p>11:30-11:45 AM Revisiting Priority Action Steps: Small Group Breakout Sessions</p> <p>11:45 AM-12:00 PM Next Steps for Action</p>



Thank you for joining us today!

Email PreventHPV@stjude.org with any questions