2024 ANNUAL REPORT

Our Opportunity to Prevent HPV Cancers in the Southeastern United States

In the Southeastern United States (U.S.), the region has been characterized historically by low HPV vaccination coverage and high HPV cancer rates compared to the U.S. overall and compared to other regions. In addition, published research has shown high levels of overall and HPV vaccination hesitancy, lower frequency of health care provider recommendations, high prevalence of myths and misconceptions undermining confidence in HPV vaccination, and limitations on access to HPV vaccination. Opportunities for improvement abound with committed partners and people seeking to address HPV vaccination coverage.

(Re)Convening Partners and People Across the Southeastern United States to Improve HPV Vaccination Coverage

Previously, the American Cancer Society (ACS) and ACS National HPV Vaccination Roundtable convened seven southern states in March 2019 to come together to convene coalition leaders for networking, best practice sharing, professional development, idea generation, and tangible problem solving to improve HPV cancer prevention. This impactful work progressed until the COVID-19 pandemic shifted priorities elsewhere in many states and disrupted usual approaches to routinely recommended vaccinations, including HPV. During this time, the HPV Cancer Prevention Program at St. Jude Children's Research Hospital was formed offering new potential for partnership for reconstituting these efforts. Ongoing conversations about how to continue the focus on the Southeast continued during this timeframe.

Get the Keys to Improving HPV Vaccination Coverage Virtual Seminar Series, Fall 2022

The St. Jude HPV Cancer Prevention Program with the ACS and ACS National HPV Vaccination Roundtable, began discussions about how to act during the pandemic, recognizing the tremendous strain and stress on public health systems essential to HPV vaccination delivery in the U.S. As a way to begin offering programming, representatives from these organizations opted to get started by holding a series of virtual seminars in fall 2022 – *Get the Keys to Improving HPV Vaccination Coverage*. The seminar series garnered an audience beyond the Southeastern region. However, the focus was on getting state HPV vaccination rates back on track regardless of geographic location. *Table 1* provides the date, title, and number of registrants for each seminar. Access recordings on the National HPV Vaccination Roundtable YouTube Channel or using the links provided in *Table 1*. Continuing education credits were generously provided by the Indiana Immunization Coalition.

Table 1. Fall 2022 Virtual Seminar Series: Get the Keys to Improving HPV Vaccination Coverage

Seminar Date and Title	*Attended*
September 2022: Putting HPV Vaccination Data to Work	260
October 2022: Implementing Best Practices to Improve HPV Vaccination Coverage	233
November 2022: Monitoring Process and Impact of Efforts to Improve HPV Vaccination Coverage	246

(Re)Engaging with Partners and People to Plan for the Southeast Roundtable

The fall 2022 seminar series coincided with convening state representatives from the region to organize and plan collaborative efforts to improve HPV vaccination to form the HPV Vaccination Roundtable of the Southeast. The Southeast Roundtable is a continuation and expansion of the previous coordination by ACS and the ACS National HPV Vaccination Roundtable. The Southeast Roundtable is a group of partners and people from 12 states and two jurisdictions – Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, and West Virginia (*Figure 1*) – committed to working together to change the story about HPV vaccination in our region and in these states and jurisdictions.

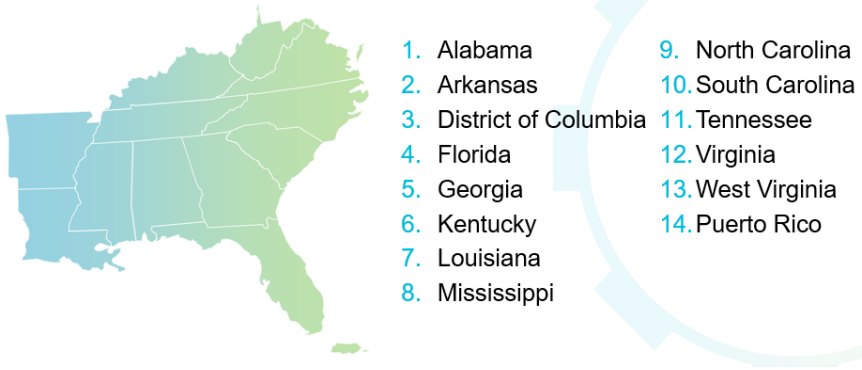

Figure 1. Map of States and Jurisdictions in the HPV Vaccination Roundtable of the Southeast

Building on the previous work of the ACS and ACS National HPV Vaccination Roundtable and in continued partnership, the focus on the Southeast region prior to the COVID-19 pandemic provided a strong foundation for regional collaborations to improve HPV vaccination and allow us to work collaboratively in this space to amplify our efforts through collective impact and also cultivate a rich learning environment. While each state and jurisdiction have unique attributes, similarities in context and conditions offer fertile ground for learning and advancing.

People representing key organizations across the 12 states and two jurisdictions were invited to join the Southeast Roundtable Planning Committee in September 2022, including several who participated in the March 2019 meeting organized by the ACS and ACS National HPV Vaccination Roundtable. Conversations with Planning Committee members explored interest in working together and what that might look like. We also discussed challenges, some of which were magnified by the COVID-19 pandemic, and how to address those as well. The Planning Committee was and is a powerhouse group of people committed to improving HPV vaccination coverage in their respective states and across the Southeastern region (*Table 2*).

Table 2. Southeast Roundtable Original Planning Committee Members (as of 9/1/2022)

- Lindsay Barr, West Virginia Immunization Network, Center for Rural Health Development
- Robert Bednarczyk, Emory University Rollins School of Public Health
- Heather Brandt, St. Jude Children's Research Hospital
- Katie Crawford, American Cancer Society
- Elaine Darling, The Center for Rural Health Development West Virginia
- Amy Ellis, Mississippi HPV Roundtable
- Kim Hale, American Cancer Society
- Nikki Hayes, Centers for Disease Control and Prevention
- Sherrick Hill, Virginia Commonwealth University School of Public Health
- Pam Hull, University of Kentucky College of Medicine
- Vivian Colon Lopez, University of Puerto Rico
- Duha Magzoub, St. Jude Children's Research Hospital
- Cara McCarthy, Louisiana Cancer Prevention and Control Programs
- Heather Mercer, Arkansas Immunization Action Coalition
- Jennifer Nkonga, American Cancer Society
- Jill Pait, American Cancer Society
- Jennifer Young Pierce, University of South Alabama
- Beth Poore, South Carolina Department of Health and Environmental Control
- Gabby Darville-Sanders, National HPV Vaccination Roundtable at the American Cancer Society
- Vanessa Sheppard, Virginia Commonwealth University School of Medicine
- Dee Sinard, Immunize Tennessee
- Letitia Thompson, American Cancer Society
- Susan Vadaparampil, Moffitt Cancer Center
- Francine Walton, University of Alabama School of Medicine

The Planning Committee members met monthly beginning in September 2022 and identified a common charge for coming together to improve HPV vaccination and prevent HPV cancers (*Table 3*). Our goal is to foster a space for exchanging ideas and crafting strategies for effective action, implementation, and assessment to improve HPV cancer prevention across the region. The purpose of the Southeast Roundtable serves as a road map for our efforts and underscores our commitment to each other and those we serve across the region.

Table 3. Purpose of the HPV Vaccination Roundtable of 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.

Southeast Roundtable Programming, 2023

The next course of action once the Planning Committee was in place was to discuss additional programming. The St. Jude HPV Cancer Prevention Program hosted International HPV Awareness Day Virtual Seminars, linked here, including one focused on *Addressing HPV Vaccination Gaps in the Southeastern U.S.* in February 2023. This data-driven seminar brought together 164 attendees to share opportunities to learn about health disparities in HPV vaccination and HPV cancers in the region, discuss challenges in communication, access, and unique cultural context, and identify ways to bridge gaps and improve HPV vaccination coverage.

For the next programs, we wanted to engage a broader network of partners and people from across the region. We needed a format that would showcase state, and jurisdiction updates similar to the previous approach taken in March 2019. Presenters from each state would have a set amount of time to tell us what they have been working on, toot their horns with successes (pride points), alert us to challenges, and state priority actions. *Table 4* includes information on the updates meetings, including a link to the recording and information on registration and attendance.

Table 4. Spring 2023 States and Jurisdictions Updates

Seminar Date and Title	*Registered*	*Attended*
March 2023: South Carolina, Mississippi, Tennessee, and West Virginia	220	160
April 2023: Alabama, Arkansas, Georgia, and Virginia	207	139
May 2023: Florida, Kentucky, Louisiana, North Carolina, and Puerto Rico	223	134

Each updates meeting concluded with a recap of opportunities for action across the states and jurisdictions represented. The emphasis on action was to demonstrate to attendees how we could work together to achieve impact. *Table 5* provides the action steps discussed during each of the updates meetings.

Table 5. Spring 2023 States and Jurisdictions Updates Meetings Action Steps

March 2023 Meeting: Action Steps	**April 2023 Meeting: Action Steps**	**May 2023 Meeting: Action Steps**
1. Data deep dives to investigate how multiple data sources may be analyzed and used to inform geographic responses and gender disparities 2. Strategic activities result from strategic partnerships by engaging key groups	1. Prioritize HPV focused work through Southeastern state comprehensive cancer programs to address disparities in HPV vaccination coverage rates in each state. 2. Provide more information and services in rural areas.	1. Address vaccination hesitancy. 2. Increase equity in HPV vaccinations while utilizing trusted messengers and non-traditional partners. 3. Implement education and outreach strategies to encourage provider recommendation and

March 2023 Meeting: Action Steps	April 2023 Meeting: Action Steps	May 2023 Meeting: Action Steps
3. Explore innovative approaches to reach key populations, such as mobile units, roadshows, and communication campaigns 4. Address misinformation, disinformation, and malinformation through educational approaches to all key audiences and decision makers 5. Advance HPV vaccination through advocacy to close access gaps between communities and vaccination	3. Change the focus from prevention to **elimination** of HPV cancers as a public health problem, beginning with cervical cancer. 4. Create HPV vaccination social media campaigns. 5. Identify top examples of HPV vaccination and HPV cancer data sources for replication in other states.	parental acceptance of vaccination at age 9. 4. Prioritize efforts and populations where vaccine coverage lags, such as rural communities. 5. Increase legislative advocacy and implementation of policies supporting HPV vaccination. 6. Leverage IIS as a tool to support vaccination and enhance data.

The updates meetings were used to generate ideas for future training experiences to keep up the momentum and programming. Training experiences were identified from the action steps and based on input from the Planning Committee and participants. Two virtual training experiences were held in fall 2023 – one focused on HPV vaccination data and one focused on communication (*Table 6*). HPV vaccination data continue to be challenging with wide variability across the U.S. Effective communication strategies continue to be in high demand for those interacting with the public. These virtual training experiences were organized to provide information and then spend time engaging in discussions about how to use the information. Further, the purpose of these virtual training experiences was to retain momentum leading up to the in-person meeting to be held in January 2024.

Table 6. Fall 2023 Virtual Training Experiences

Seminar Date and Title	*Attended*
September 2023: Digging Deeper into HPV Vaccination Data	117
November 2023: Effective Communication Strategies	119

In-person Annual Meeting of the Southeast Roundtable, January 2024

The first in-person annual meeting was held on January 22-23, 2024 at St. Jude Children's Research Hospital campus in Memphis, Tennessee with nearly 100 participants from 12 Southeastern states, District of Columbia, and Puerto Rico. Prior to the in-person meeting, the Southeast Roundtable provided a preview recording describing the Southeast Roundtable and desired meeting outcomes. Prior to the in-person meeting, another recording was shared with attendees to review in advance. Important information about existing resources was provided in advance so the focus of time together in person was on prioritizing action steps for collective impact. Access the in-person meeting materials here.

Photo: Attendees at the 2024 Annual Meeting of the HPV Vaccination Roundtable of the Southeast

We spent two days working together to use our lessons learned combined with other sources of evidence to identify priority actions to improve HPV vaccination coverage in the Southeastern U.S. During the meeting, we actively discussed, debated, and voted on evidence-based interventions, collectively identifying the top three strategies to improve HPV vaccination rates in the region. We considered current context, conditions, and evidence as we made decisions about how to proceed. We selected from a carefully, thoughtfully curated list of evidence-based interventions and actions to improve HPV vaccination coverage. We worked together to build a plan for collective action through implementation and evaluation. We invested time over the previous 10 months leading up to the in-person meeting in learning about what was happening across this region – what has worked, what has not, what hold promise, and now, it is time to pull together our collective expertise to build a plan of action for our region. The in-person meeting was organized and facilitated with Soisson and Associates.

We started with an original list of more than 70 evidence-based interventions to consider for action. Prior to the in-person meeting, this list was carefully carved down to 14 options for evidence-based interventions for improving HPV vaccination coverage (*Table 7)*.

Table 7. Evidence-based Interventions, List of 14 at start of In-person Annual Meeting

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

However, there was plenty of room to add specials to this menu of evidence-based interventions. During the course of discussions at tables and with each other, seven additional options were added to the list to bring us to 21 for consideration (*Table 8*).

Table 8. Evidence-based Interventions, List of 14 at start of In-person Annual Meeting plus 7 Additional

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

This list of 21 was then reduced to six with these six being the ones determined to present the best potential for improving HPV vaccination coverage (*Table 9*).

Table 9. Evidence-based Interventions, List of 6 for Presentations and Consideration

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

Small groups formed around each of these six evidence-based interventions shown in *Table 9*. Each group prepared and presented compelling cases for their intervention to be one of the priorities of the Southeast Roundtable. Subject matter experts joined virtually to listen to and consider each of the six ideas. Experts weighed in on the pros and cons of each and expounded on the potential impact of each. Following expert feedback, all in attendance voted on the six ideas *Figure 2* to define three priority actions.

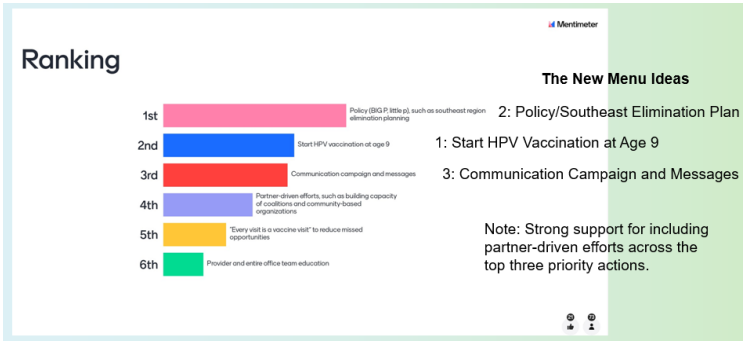

Figure 2. Voting Results for Priority Actions of the Southeast Roundtable

After the in-person meeting, three follow-up meetings were scheduled to continue the conversations about the priority actions and also for Southeast Roundtable members to share updates:

- Follow-up Meeting #1, February 14
- Follow-up Meeting #2, March 20
- Follow-up Meeting #3, April 24

The final priority actions were then reviewed and discussed as part of these follow-up meetings for further refinement. In addition, the Planning Committee continued to discuss the actions and provide depth to the potential actions informed by the in-person meeting discussions. The Southeast Roundtable identified three priority actions for 2024-2025: communication, elimination (policy), and starting HPV vaccination at age 9.

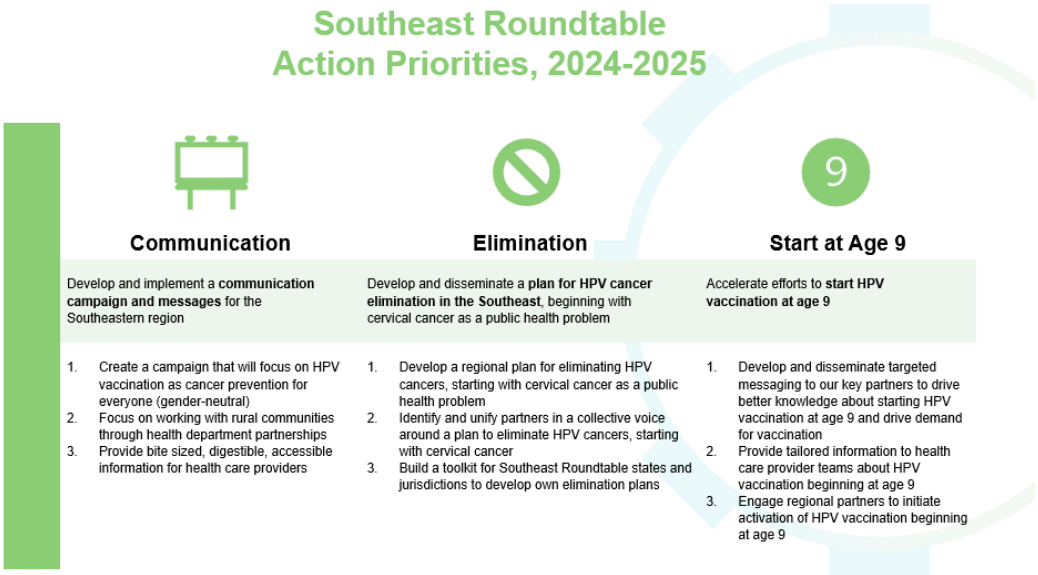

Figure 3. Southeast Roundtable Priority Actions, 2024-2025

Implementation Teams for each of the priority actions were formed and began meeting in March 2024 to present. During this time, we also hosted virtual programs, including communication campaign kickoff, elimination seminar, and health care provider training. Progress across these three actions is provided in the respective sections below.

While we moved forward with action, we also continued to support building the infrastructure for the Southeast Roundtable. We organized and held regular monthly meetings of the Planning Committee, now Steering Committee. We sent a quarterly communication beginning in April. We held monthly meetings of the Implementation Teams. We also prepared and enacted Bylaws and a membership process.

Bylaws

To establish structure in support of the Southeast Roundtable, Bylaws (*Appendix A*) were introduced to the then Planning Committee on September 30, 2024, for review and discussion. Members of the Planning Committee made several recommendations for changes to the Bylaws, which were made and then circulated for review and approval in December. The Bylaws were approved on December 19, 2024.

As noted, the Planning Committee will now become the Steering Committee. Details on the composition of the Steering Committee appear in *Appendix A, Article 5, Section 3*. Current Steering Committee members are listed in *Table 10*.

Table 10. Southeast Roundtable Steering Committee Members (as of 1/24/2025)

- Mariana Arevalo, Moffitt Cancer Center - Office of Community Outreach, Engagement, and Equity
- Amanda Baig, American Cancer Society
- Lindsay Barr, West Virginia Immunization Network, Center for Rural Health Development
- Robert Bednarczyk, Emory University Rollins School of Public Health
- Heather Brandt, St. Jude Children's Research Hospital
- Julia Brown, Heather Brandt, St. Jude Children's Research Hospital
- 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, Heather Brandt, St. Jude Children's Research Hospital
- 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

Further, an Executive Committee was established. The Executive Committee will consist of a Chair, Vice Chair, Steering Committee Chair, and at least two General Representatives of the Southeast Roundtable membership. Members of the Executive Committee will be determined based on nominations. The Executive Committee nomination form will be available until February 28, 2025.

Access Quarterly Communications

Beginning in April 2024, quarterly communications sent through Active Campaign were initiated. *Table 11* provides details on quarterly communications and special communications on the elimination priority action and communication priority action.

Table 11. Southeast Roundtable Communications, 2024

Date	*# Sent*	*Opened (%)*	*Unopened (%)*	*Bounce (%)*
April 2024	495	49.5	49.7	0.8

Date	# Sent	Opened (%)	Unopened (%)	Bounce (%)
July 2024	480	47.7	52.3	0
August 2024: Elimination Special Communication	479	41.5	58.5	0
October 2024	477	44.7	55.3	0
December 2024: Communication Campaign Special Communication	472	44.5	55.3	0.2
January 2025	467	46.3	53.7	0

Access HPV Data Profiles

The St. Jude HPV Cancer Prevention Program created HPV cancer prevention data profiles for selected states. The state data profiles are an important tool that offer a consolidated, at-a-glance look at the latest available HPV vaccination coverage and HPV cancers. Also included are state-specific opportunities and recommended actions. State HPV data profiles are updated annually.

Access the current state data profile by clicking on the state name below:

- Alabama
- Arkansas
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Mississippi
- North Carolina
- Puerto Rico
- South Carolina
- Tennessee
- Virginia
- West Virginia

Membership Process and Form

As established in the Bylaws (Appendix A), a membership process has been implemented for the HPV Vaccination Roundtable of the Southeast. The Steering Committee of the Southeast Roundtable has voted the Bylaws and membership processes into effect as of December 19, 2024.

The membership process for the Southeast Roundtable (Article 3, Section 1) states that membership is open to all interested individuals and organizations that agree to work collectively toward the vision and mission of the Southeast Roundtable. The Southeast Roundtable will consist of individuals and organizations within or serving the Southeastern states and jurisdictions (Article 1.2) with a direct or indirect interest in increasing HPV vaccination coverage and preventing HPV cancers. Members outside of this geographic region may be members if committed to improved HPV vaccination in the Southeastern U.S. Roles of members include the following: Regularly attend Southeast Roundtable meetings; participate in strategic planning and action plan implementation; serve as a liaison if representing an organization; share Southeast Roundtable communications with their networks; and collaborate with members outside of their own affiliation, interest, and/or organization. Members are encouraged to participate in one or more Southeast Roundtable-organized or sponsored meeting(s) during the calendar year (e.g., annual meeting, seminars, subcommittees, task groups, etc.) for voting privileges on matters affecting the development of Southeast Roundtable goals. Members are encouraged to join a priority action Implementation Team and meaningfully contribute to the priority action efforts of the Southeast Roundtable. The priority action Implementation Teams will meet as needed. Finally, membership will be examined every year and may be terminated immediately for violation of the Bylaws.

As we move forward with activities across the region, we want to ensure we are building an internal structure poised for sustainment and also put into place an inclusive process for membership. Please note – membership is at no cost and will require completing a simple online form. We look forward to welcoming our new members and seeking new and ongoing opportunities for collaboration across the Southeast region. Even if you have previously been involved, we ask that you please complete a brief membership form. With

participation from organizations and leaders throughout the Southeast, we will support each other's efforts to improve HPV vaccination coverage and prevent HPV cancers.

2025 Virtual Annual Meeting

The 2025 Virtual Annual Meeting of the Southeast Roundtable was held on January 21, 22, 23 from 10 am-noon Central Time. The agenda for each day of the annual meeting will be focused on one of the three priority actions of the Southeast Roundtable: 1) regional communication campaign, 2) elimination of HPV cancers starting with cervical cancer as a public health problem, and 3) starting HPV vaccination at age 9. Each day will include Mentimeter for ongoing feedback and engagement during the meeting and will conclude with moderated breakout sessions to allow for discussion about the selected priority action and possible next steps as well as consider other possible priority actions to be explored.

To learn more about the Southeast Roundtable or join our efforts, please visit the HPV Vaccination Roundtable of the Southeast website at stjude.org/southeast-roundtable. If you have questions about the HPV Vaccination Roundtable of the Southeast and our three priority areas, please contact us at PreventHPV@stjude.org.

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

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 Pendygraft, 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

In May 2024, the Implementation Team for the communication priority action started working on developing a regional communication campaign for the Southeast. This involved finalizing a scope of work describing the project, including intended deliverables, and identifying a communication vendor to support the process. The Southeast Roundtable contracted with VML as the communication vendor. The Implementation Team has met regularly with the communication vendor to discuss what we wanted in a campaign and how the campaign will be used. VML, the communication agency partner, developed three communication campaign concepts, and the top choice – “It’s Our Way Down South” – was selected by members of the Planning Committee and Implementation Team. Specific taglines were developed for each of the states and jurisdictions comprising the Southeast Roundtable. The campaign was iteratively developed and designed to meet our needs for us and by us over the last six months. The campaign materials are available, and we will evaluate the campaign to improve resources during a second phase, which will again be guided by the Implementation Team.

The Southeast HPV vaccination communication campaign is based on quintessential southern characteristics -- those we share and those unique to our state or jurisdiction. Because in the South, we share a sense of pride in our culture. We love what makes us uniquely southern -- and even more specifically, uniquely South Carolinian, Tennessean, Virginian, and more. We know there is nothing like a Georgia peach, a Cajun seafood boil in Louisiana, or an intense football rivalry. We love family first and relish the time we spend together. Everyone who lives here knows it, feels it, celebrates it, and commits to continuing the traditions. We protect our culture and those we love. **And we want to start a new southern tradition: protecting our kids from HPV cancers because it's our way down south.**

The campaign materials were made available for use beginning in January 2025. We will evaluate the campaign during the first phase from January through April 30, 2024, to improve resources during a second phase, which will again be guided by the Implementation Team.

To request access to the campaign materials, complete this form. Once the form is completed, you will have access to co-brand social media graphics, postcards, posters, and more through an easy-to-use software, Canva. In addition, campaign materials are shared through Box and Dropbox.

If you have an upcoming event for which you would like print materials, complete this form to request print versions of the postcards and posters to be mailed to you at no charge. Some limits may apply. Please allow 5-7 business days for receipt of print materials.

Access the following campaign resources for more information:

- Special communication about the campaign sent on December 3.
- Campaign kickoff event recording (unedited)

- Addendum recording for how to work with images in Canva is accessible through Box and Dropbox (If you are unable to access the recording through these options, please email us at PreventHPV@stjude.org)

Access all Southeast Roundtable Communication Priority Action materials by clicking here.

Elimination Priority Action:

Elimination Implementation Team Members:

- Leanne Alexander, Merck
- Trisha Amboree, Medical University of South Carolina Hollings Cancer Center
- Robert Bednarczyk, Emory University Rollins School of Public Health
- Maria Campos Araujo, Tennessee Breast & Cervical Screening Program
- Casey Daniel, University of South Alabama
- Angela Davis, American Cancer Society
- Heather Dollinger, North Carolina Department of Health and Human Services
- Pam Hull, Population Science and Community Impact, University of Kentucky Markey Cancer Center
- Cara McCarthy, Louisiana Cancer Prevention and Control Programs
- Eryka Murray, Emory University Winship Cancer Institute
- McKenzie Price, Emory University
- Christina Turpin, American Cancer Society
- Tevin Mathew, Tennessee Breast & Cervical Screening Program
- Melanie Slan, Medical University of South Carolina Hollings Cancer Center
- Nancy Wright, Alabama Department of Public Health
- Jennifer Young-Pierce, University of South Alabama

Achieving Cervical Cancer Elimination in the Southeast

On June 6, 2024, the elimination priority Implementation Team organized and hosted a virtual training, Achieving Cervical Cancer Elimination in the Southeast, to explore Operation Wipe Out, Alabama's statewide action plan to eliminate cervical cancer. At the time of this training, Alabama's was the only published state-wide plan to eliminate cervical cancer and the ideal model for developing and implementing policy to eliminate cervical cancer in the Southeast. Featured presenters were Isabel C. Scarinci, PhD, MPH, Professor, Vice-Chair for Global and Rural Women's Health, Department of Obstetrics and Gynecology, Senior Advisor for Globalization and Cancer, O'Neal Comprehensive Cancer Center, University of Alabama at Birmingham, and Nancy Wright, MPH Director, Cancer Prevention and Control Division, Alabama Department of Health. Access a recording of the training here.

Eliminating HPV Cancers, Starting with Cervical Cancer, as a Public Health Problem in the Southeastern United States

In July 2024, the elimination priority Implementation Team developed and published a fact sheet to define the priority of Eliminating HPV Cancers, Starting with Cervical Cancer, as a public health concern in the Southeastern United States and clarify terminology related to HPV cancer elimination and elimination planning. The fact sheet serves as resource when communicating about and building support for the elimination priority. Access detailed information about our elimination efforts, key statistics, and the impact of HPV vaccination by clicking here.

Elimination Policy in the Southeast Needs Assessment

From August – December 2024, the elimination priority Implementation Team administered an Elimination Policy in the Southeast Needs Assessment through a two-phased approach. First, the Implementation Team developed a needs assessment survey that was distributed widely across the Southeast and beyond (Phase 1). Phase 1 of the assessment was launched through a special communication on August 1, 2024. Secondly, select subject matter experts were identified and invited to participate in structured interviews (Phase 2).

There were 105 survey responses across seven states in the Southeast and an additional nine states outside of the southeast. Eight subject matter experts were interviewed, representing seven states in the Southeast. Quantitative survey data were analyzed for descriptive characteristics and any associations. Qualitative survey

data were thematically coded and interpreted. The interviews were recorded, transcribed, and the data were thematically coded.

Important contexts were provided regarding utilizing terminology related to elimination or near elimination. The summary of the responses led to recommended best practices that define the elimination of HPV cancers, starting with cervical cancer, as a public health concern. Additionally, most respondents (44%) indicated that their elimination efforts were in the contemplation state of readiness, however, there were conflicting responses across states. Similarly, most respondents (47%) indicated that they were not sure of the timeline of existing or emerging elimination efforts. Interview responses called for timely action, multi-level community involvement, and coordinated efforts with existing cancer control programs, among other things.

As a final step, the elimination priority Implementation Team hosted a meeting with the National Comprehensive Cancer Control Program (NCCCP) directors and coordinators in the Southeast region to gain valuable context and insight before developing the regional plan.

The elimination priority Implementation Team is working to compile, summarize and review the results of the assessment to inform a draft of the regional plan and associated toolkit that are aimed to be shared in March 2025 and finalized by April 2025.

Start at Age 9 Priority Action:

Start at Age 9 Implementation Team Members:

- Julia Brown, St. Jude HPV Cancer Prevention Program
- Michelle Bowden, The University of Tennessee Health Science Center
- Jennifer Erves, Vanderbilt Ingram Cancer Center
- Debra Friedman, Vanderbilt Ingram Cancer Center
- Christine Hartford, Baptist University College of Osteopathic Medicine
- Maddy McNee, St. Jude HPV Cancer Prevention Program
- Hannah Nein, American Cancer Society
- Jill Pait, American Cancer Society
- Barbara Schuler, Vax 2 Stop Cancer
- Dee Sinard, Immunize Tennessee
- Nora Tillmanns, Furman University Biology Department
- Lauren Wright, West Virginia University

The Start at Age 9 Implementation Team was established in April 2024. Following initial discussions, three primary objectives were established for the priority: 1) Develop and disseminate targeted messaging to our key partners, 2) Provide tailored information to health care provider teams, and 3) Engage regional partners to initiate activation of HPV vaccination beginning at age 9. In June 2024, the Start at Age 9 priority Implementation Team completed a review of existing trainings, educational materials, and resources related to starting HPV vaccination at age. Of these existing programs and resources, the start at age 9 Implementation Team focused on receiving and providing training on the following health care provider trainings.

Health Care Provider Training: Announcement Approach Training (AAT)

This training teaches health care professionals how to make and support strong HPV vaccine recommendations. The Announcement Approach Training was evaluated in a randomized clinical trial in 30 primary care clinics serving 17,000 adolescents ages 11 and 12. The training increased HPV vaccine initiation among the adolescents by 5% in just three months. The training uses standardized materials that need to be updated with presenter details and local HPV statistics. Select representatives of the Implementation Team participated in the AAT Facilitator's Orientation and additional training opportunities are being planned in 2025.

St. Jude HPV Cancer Prevention Program staff, local providers and partners also attended a train-the-trainer event that was held in person on October 25, 2024. The length of the training was approximately 2.5 hours during which participants attended an Announcement Approach training followed by the physician educator orientation. They are also committed to serving as training facilitators by reviewing a script, updating the materials for their specific state or jurisdiction, and practicing once on their own as well as with colleagues. They also committed to delivering the training in at least one clinic. This training opportunity included local

health care providers and partners who were identified and invited to participate in the training by the HPV Cancer Prevention Program coordinators through email communications and in-person outreach.
The Announcement Approach is one of the primary training opportunities that the Southeast Roundtable is now offering, as well as others including the University of North Carolina. More information is available about the Announcement Approach training here.

Health Care Provider Training: 3Cs: Confident, Concise, and Consistent Vaccine Recommendations

The Southeast Roundtable Age 9 Implementation Team has also been working in collaboration with Unity Consortium to offer their 3Cs training, focused on providing confident, concise, and consistent vaccine recommendations for health care providers. Unity Consortium is a nonprofit organization that provides action-oriented leadership, innovation, and education on preventive health and immunization for adolescents and young adults. The 3Cs program is an opportunity to provide HPV vaccine information and training to the Southeast states. One of the vignettes we worked on specifically highlights a scenario of starting HPV vaccination at age 9. Virtual training is available as well. The 3Cs training offers specific objectives, including support for providers by demonstrating their critical role in vaccine discussions, addressing key vaccine barriers, and demonstrating effective clinician communication. The 3Cs resources include a collection of video vignettes as well as a Q&A style reference guide. These resources are available here. Additionally, Unity Consortium recently launched a free comprehensive communication training initiative designed to help health care providers address common concerns and objections to recommended adolescent vaccines. You can enroll for free here and to request group registration for a health care practice or other group, please contact Unity at unity@unity4teenvax.org.

3Cs training has been offered in both 2023 and 2024. Most recently, the Implementation Team hosted the Pursuit of the 3*Cs: Confident, Concise, and Consistent Vaccine Recommendations training, facilitated* by Unity Consortium, on October 31, 2024, noon - 2pm Central Time. The training discussed using motivational interviewing to improve adolescent vaccination coverage, with an emphasis on starting HPV vaccination at age 9. This training was delivered by Judy Klein, Unity Consortium; Amy Middleman, MD, UH Rainbow Babies & Children's Hospital; and Cindy Morris, PsyD, University of Colorado. Participants included 30 health care providers from across the country. The Unity 3Cs resources are available by clicking here.

To address the start at age 9 priority, the Implementation Team continues to work on developing and disseminating targeted messaging to key partners and health care providers to drive improved knowledge of the benefits of starting HPV vaccination at age 9 and encourage initiation of HPV vaccination at age 9.

Age 9 Resources

The Implementation Team is reviewing resources on starting HPV vaccination at age 9 to share with Southeast providers, including a great video from the ACS National HPV Vaccination Roundtable. If you have a resource to share, send it to PreventHPV@stjude.org.

APPENDIX A

Southeast Roundtable Bylaws

ARTICLE 1: NAME AND GEOGRAPHICAL AREA

Section 1. Name
The name of this organization shall be called the HPV Vaccination Roundtable of the Southeast, hereafter referred to as Southeast Roundtable.

Section 2. Geographical Area
The Southeast Roundtable serves 12 states and 2 jurisdictions in the Southeastern United States to include Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, and West Virginia.

ARTICLE 2: VISION AND MISSION STATEMENT

Section 1. Vision
The Southeast Roundtable seeks to end HPV cancers, starting with the elimination of cervical cancer as a public health problem.

Section 2. Mission Statement
The Southeast Roundtable serves as a collaborative of people representing likeminded organizations and themselves as individuals who are committed to improving HPV vaccination coverage in the region through coordinated efforts to stimulate collective action and implementation of evidence-based interventions.

Section 3. Guiding Principles
By coming together as a Southeast Roundtable, we are guided by the following principles defining our purpose.

a. Engage as a collaborative of regional allies and partners to increase HPV vaccination coverage across the Southeast.
b. Understand the Southeast region and more localized context and conditions surrounding HPV vaccination and HPV cancer prevention;
c. Build the capacity of Southeast Roundtable members to extend the reach of efforts for HPV vaccination and cancer prevention;
d. Showcase vaccination success stories – and how these successes may be leveraged and replicated in other areas of the Southeast;
e. Address challenges facing HPV vaccination – and how we may support each other to overcome these challenges; and
f. Capitalize on opportunities to improve HPV vaccination coverage in each state and across the region.

ARTICLE 3: MEMBERSHIP

Section 1. HPV Vaccination Roundtable of the Southeast Membership

a. Membership is open to all interested individuals and organizations that agree to work collectively toward the vision and mission of the Southeast Roundtable.
b. The Southeast Roundtable will consist of individuals and organizations within or serving the Southeastern states and jurisdictions (Article 1.2) with a direct or indirect interest in increasing HPV vaccination coverage and preventing HPV cancers. Members outside of this geographic region may be members if committed to improved HPV vaccination in the Southeastern U.S.
c. Roles of members include the following:
    i. Regularly attend Southeast Roundtable meetings.
    ii. Participate in strategic planning and action plan implementation.
    iii. Serve as a liaison if representing an organization;
    iv. Share Southeast Roundtable communications with their networks; and
    v. Collaborate with members outside of their own affiliation, interest, and/or organization.
    vi. Members are encouraged to participate in one or more Southeast Roundtable-organized or sponsored meeting(s) during the calendar year (e.g., annual meeting, seminars, subcommittees, task groups, etc.) for voting privileges on matters affecting the development of Southeast Roundtable goals.
    vii. Members are encouraged to join a priority action Implementation Team and meaningfully contribute to the priority action efforts of the Southeast Roundtable. The priority action Implementation Teams will meet as needed.
d. Membership will be examined every year.
e. Membership may be terminated immediately for violation of the Bylaws.

ARTICLE 4: VOTING RIGHTS

Section 1. Voting Eligibility and Elections

a. Voting is restricted to active Southeast Roundtable members.

ARTICLE 5: LEADERSHIP AND GOVERNANCE

Section 1. Backbone Organization

a. St. Jude HPV Cancer Prevention Program will serve as the backbone organization for the Southeast Roundtable. A designated representative from the program will provide ongoing support for the Southeast Roundtable. The designated representative will serve in an ex-officio capacity on the Executive Committee and Steering Committee. Representation of additional subcommittees and task groups will be based on needed support.
b. The Southeast Roundtable Executive Committee will consist of a Chair, Vice Chair, Steering Committee Chair, at least two General Representatives of the Southeast Roundtable membership, and a representative of the backbone organization (see Article 5.1.a.).
c. Members of the Executive Committee will be determined based on nomination (self or by other). Positions for which nominations will apply are Chair, Vice Chair, and two General Representatives. If more than one person is interested in serving on the Executive Committee, an election of the membership will occur.
d. Terms of service will be determined by the Executive Committee but shall not exceed two years.
e. The Executive Committee shall meet monthly, quarterly, or as called by the Chair.
f. The role of the Executive Committee includes the following:

Section 2. Executive Committee Member Responsibilities

a. Support the Southeast Roundtable’s mission and purpose;
b. Monitor adherence to the approved Bylaws;
c. Determine the Southeast Roundtable’s strategic plan, priorities, and scope of activities;

d. Assess gaps in membership composition and recruit local allies;
e. Approve the establishment of subcommittees and task groups;
f. Make recommendations for financial support;
g. Set the dates/times of annual meetings; and
h. Perform other tasks as requested.

Section 3: Steering Committee

a. The Southeast Roundtable Steering Committee will consist of a representative(s) of each Southeastern state or jurisdiction (see Article 1.2.) and a representative (s) of the backbone organization (see Article 5.1.a.). In addition, the Chair of the Executive Committee shall serve on the Steering Committee.
b. The members of the Steering Committee shall determine a Chair. If more than one person is interested in the role, an election of Steering Committee members will occur to determine who will serve in the Chair role. The Steering Committee Chair also will serve on the Executive Committee. The term of the Steering Committee Chair will be no more than two years.
c. The Steering Committee term will consist of a two-year renewable term.
d. The Steering Committee shall meet monthly, quarterly, or as called by the Chair.
e. Role of the Steering Committee includes the following:
    i. Support the Southeast Roundtable's mission and purpose;
    ii. Determine the Southeast Roundtable's programming, including annual meeting;
    iii. Choose programs to build capacity across the Southeast Roundtable;
    iv. Review HPV data about the region to inform actions;
    v. Discuss HPV vaccination challenges being experienced across the region and identify solutions;
    vi. Offer opportunities to promote successful HPV vaccination efforts;
    vii. Provide information to the Executive Committee regarding strategic plan, priorities, and scope of activities;
    viii. Establish a subcommittee or task group to plan the annual meeting; and
    ix. Perform other tasks as identified.

ARTICLE 6: MEETINGS

Section 1. Annual Meeting

a. An annual meeting will be held when determined by the Executive Committee.
b. The annual meeting will be held in-person every other year and virtually in interim years.

Effective as of December 19, 2024, approved by the Southeast Roundtable Planning Committee