



## **Conversation 2: Round 2: How to Enhance Cooperation Between State-Level Immunization and Cancer Control Programs to Strengthen HPV Vaccination Efforts**

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### **Practical Actions**

- Provider Incentives
- State level policy
  - Mandated immunization as well as strict/ positive implementation
  - State facilitation of free HPV vaccinations
- Know the partners (departments, organizations, coalitions, voices)
- Active, vocal, influential voices, patients and survivors as champions
- Include all messages to address all angles and messages whether positive/negative

**Briefly describe the current level of cooperation on HPV vaccination efforts between immunization and cancer control programs in your state.**

- CDC: HPV into strategy → FOA for Breast and Cervical
- Puerto Rico
  - Library of indicators → working to make vaccine mandatory for those 11-12 years old by August 2018
- Virginia
  - Started with a state task force → then started to work with American Cancer Society; brought in stakeholders ( ex. Providers, Parents, FQHC's)
  - "Owns Someone You Love" Video
  - North Dakota
  - Immunization / Cancer Control Task Force

- Funding to those with direct resources
- Guam
  - Task Force- several stakeholders
  - HPV Vaccination Initiative
- Maryland
  - HPV Task Force- internal Maryland Department of Public Health
  - Multiple departments hosted the HPV Symposium
  - External HPV Work Group (composed of doctors, American Cancer Society, Merck)
- Iowa
  - Collaboration between Immunization and Comprehensive Cancer
  - Bringing immunization to cancer plan

**Identify the factors which facilitate that cooperation and the barriers which discourage that cooperation**

- FACILITATE
  - Working with providers to normalize the conversation
  - Champions of the work
  - Knowledge of the community to become a champion
  - HPV is related to many cancers, more voices/ advocates
  - Immunization involved in state cancer plan
  - Immunization information system
  - States working with local agencies
  - Funding (either state or other)
  - Co-serving on state coalitions
  - Upper level management communication
  - Evidence based interventions lined up
  - Resources, clinician guides → the information is out there, bringing together

stakeholders to build information/ resources / initiative

- Willingness to share
  
- BARRIERS
  - Egos and silos
  - Competing priorities
  - Organizations working the problem competing for the same individuals to serve. Tools not working for all programs and outcomes
  - Data- health of data, reporting
  - Poor immunization information system
    - Consistency of use and making it work across the state
  - State Task Force involving local level partners/ stakeholders
  - Virginia: Poor implementation of statewide mandates/ legislation

**Describe a successful state-level example of good cooperation between immunization and cancer control programs that strengthens the state's HPV efforts**

- Iowa : Immunization group partnered with cancer control, created a deliberate media plan and crossed resources
- Maryland: Distributed HPV encouragement letters to multiple providers; and HPV symposium
- Guam: Implementation of HPV Initiative Strategic Plan
  - Nonprofits implementing school based programs
  - Clinic based programs/ improve systems/ improve policy
  - Keep the conversation going
- Puerto Rico: Letters to decision makers
  - Included in Cancer Comprehensive Control Plan

**What practical actions can be taken to enhance state-level collaborations between immunization and cancer control programs to strengthen HPV vaccination efforts?**

- Active, vocal, influential champions
- Know and reach out to your partners
- Include messages on ALL cancers related to HOV
- Combat poor/ untrue messages

- Remember/ address all angles

### **Parking Lot**

- Video content/ resources and stories featuring men
  - Iowa's YouTube video
- Colorado: Tools/ resources and programs competing