

Comprehensive Cancer Control National Partnership (CCCNP) HPV Workshop Follow-Up Technical Assistance Evaluation Summary

July 17, 2019

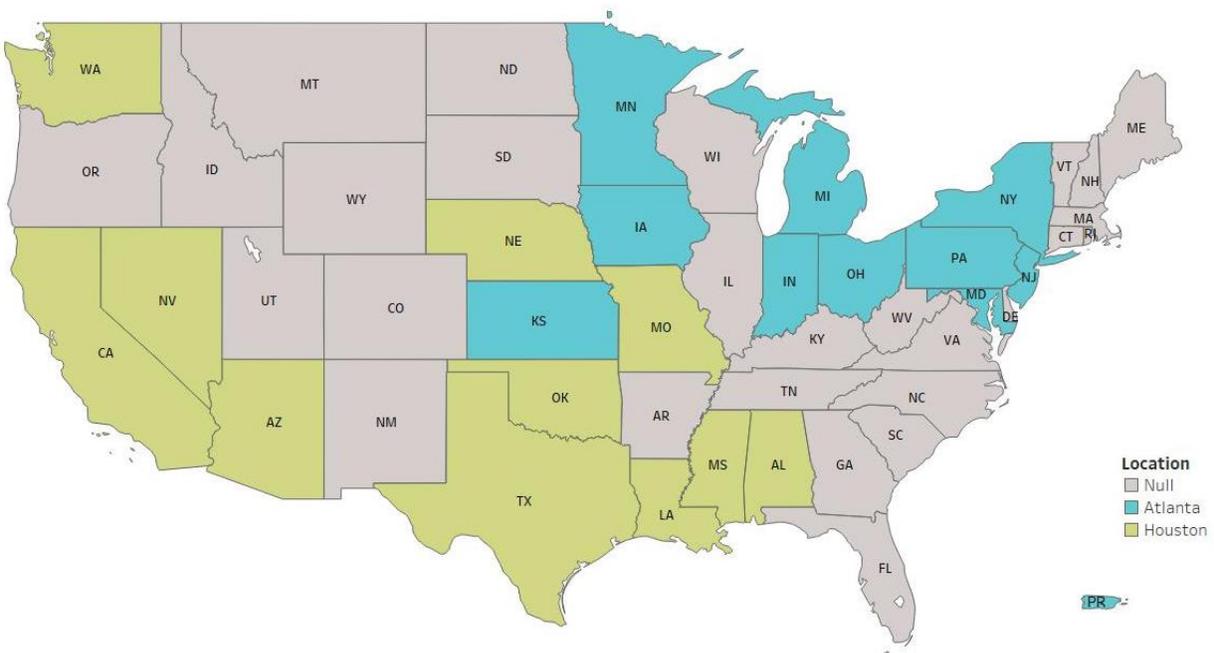
This publication was supported by the Centers for Disease Control and Prevention under award numbers NU38DP004969 and NH23IP000953. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



CCCNP HPV Workshop Follow-Up Technical Assistance Evaluation Summary

Description

The Comprehensive Cancer Control National Partnership (CCCNP) HPV Vaccination Workgroup and the American Cancer Society delivered two HPV vaccination workshops in 2018 for state comprehensive cancer control programs and coalitions. Twenty-two state teams were selected to attend one of the two workshops (Atlanta, Georgia and Houston, Texas). The outcome of the workshops was for each state team to develop a one-year action plan focused on implementing evidence-based interventions to increase HPV vaccination rates in a state, primarily through policy, system and environmental (PSE) change approaches.



State teams were comprised of the following:

1. The CCC Program Director
2. The Immunization Program Director
3. The American Cancer Society State Health Systems Manager
4. A collaborative “HPV champion” representing an organization such as a large health system, policy advocacy partner, cancer center, comprehensive cancer control coalition or immunization coalition

In order to offer continued support and to track the implementation of the action plans, the CCCNP HPV Vaccination Workgroup developed a post-workshop technical assistance (TA) process for each of the state teams that had attended the workshops. The American Cancer Society coordinated the delivery of the technical assistance which was provided via Zoom calls (an audiovisual interface). The TA helped to:

- Make connections to other teams and national experts
- Exchange information and provide technical support

- Increase awareness of tools and resources
- Increase knowledge and skills on “hot topics” identified by the state teams
- Track progress, challenges and lessons learned on the implementation of the one-year action plans

State Team Action Plans: The Basis for Follow-Up Technical Assistance

The technical assistance calls were built around the topics and actions that the states identified in their one-year action plans. [Appendix 1](#) shows a matrix of the type of actions each state identified for their one-year action plans. This information was used to help inform the individual state technical assistance calls, as well as to connect states that were working on similar issues.

Below is a summary of the states and the topic areas they chose to focus on in their action plans.

Understanding and Using HPV Vaccination Data	Provider Engagement and Training	Parent Education and Media Campaigns	Working with Health Systems	Policy Approaches	Create and Strengthen Partnership to Achieve EBI's
9 states	9 states	5 states	9 states	3 states	7 states
California Iowa Kansas Mississippi Nebraska New Jersey New York Ohio Pennsylvania	Alabama Indiana Louisiana Minnesota Nevada New York Ohio Oklahoma Washington	Alabama Arizona Maryland Puerto Rico Texas	Iowa Kansas Maryland Michigan Missouri Mississippi Nevada New York Oklahoma	Alabama Indiana Maryland	Alabama California Louisiana Minnesota Nebraska New Jersey Puerto Rico

Follow-Up Technical Assistance Process

Technical assistance was provided through a series of calls between September 2018 and March 2019. Some calls were for all participants from both 2018 HPV Workshops. Other calls were with each individual state team. The types, objectives, participants, and dates of the calls are listed below.

Call Type	Objective	Participants	Dates
Orientation	<ul style="list-style-type: none"> • introduce TA process • share initial plans • check on progress 	All workshop participants by workshop (Atlanta/Houston)	Sept 2018

3 Individual State Team Calls	<ul style="list-style-type: none"> • identify progress • surface team needs • coaching support • connection to information and resources 	Four-person state team + any additional stakeholders	Oct-Nov 2018 Dec 2018-Jan 2019 Feb-Mar 2019
3 Core Skills Calls	<ul style="list-style-type: none"> • increase knowledge, skills • provide resources to assist with topics identified across multiple teams • exchange insight and best practices with participants from other states 	Interested participants	Oct 2018 Dec 2018 Feb 2019
Closing	<ul style="list-style-type: none"> • Share progress among state teams • Discuss practices for continuing state momentum 	All workshop participants from both cohorts	March 2019

The following further describes each aspect of the follow-up technical assistance.

All State Team Calls

Orientation Call – September 6, 2018

An orientation Zoom call was held for all 22 state teams on September 6, 2018. The objectives of the call were to:

- Review the technical assistance process
- Communicate to all states what other states were working on
- Obtain feedback for upcoming core skill calls.

Core Skills Calls

Core Skills Call #1 – Stakeholder Engagement, October 24, 2018

- Objectives:
 - Participants learn/review techniques and tools gaining the support of various types of stakeholders
 - Participants from different states connect with each other
- Highlighted the state of Texas

Core Skills Call #2 – Engaging Payers and Health Plans, February 13, 2019

- Objective:
 - States learn from each other on the topic of engaging payers/health plans and other topics of interest.
- Highlighted the states of New York and Arizona

Core Skills Call #3 – Show and Tell of State Tools and Resources, March 29, 2019

- Objective:

- Participants learn of other states tools and resources that they may use or adapt for their own HPV vaccination efforts.
- Highlighted the states of California, Iowa, Indiana, Louisiana, Maryland, Pennsylvania, Texas and Washington

HPV Technical Assistance Project Closing Call – April 17, 2019

Included a recap of the overall project and provided an opportunity for states to highlight successes. States choosing to highlight a success included; California, Iowa, Maryland, Oklahoma, Indiana, New Jersey, Kansas, Pennsylvania, Louisiana, Puerto Rico.

State Technical Assistance Calls, Three per state – October 2018 and March 2019

Each state team was individually contacted, and a date and time was agreed upon for each of the three technical assistance calls. The agenda of each of the three technical assistance calls were formed around the following objectives:

- Support the state’s accountability in making progress on their action plan
- Track basic information such as if the call was held, who was on the call, items discussed, and resources suggested
- Identify the state’s successes and challenges/needs
- Facilitate problem solving during the call
- Provide post-call resources (either national partner or other state resources), make connections to experts and other state representatives

Tracking information for each call was recorded on a Google form that can be found [here](#).

Technical Assistance Call #1

Calls Held

- Round 1 calls were completed between October 19 – November 30, 2018
- All states, except for Puerto Rico, Kansas and Michigan participated in their first round of TA calls.

Area of Progress

- Good overall progress, but early in the implementation of action plans
- Good connection to other HPV uptake efforts

Common Challenges

- Starting collaborative efforts with payers/insurance providers/MCOs (how to get them engaged, overcoming inherent competition)

- Data – getting the data needed from state immunization programs or lack of data at county/local level, getting data in timely manner
- School-based collaborative efforts (letters and consent forms, parent engagement/encouragement)
- System engagement (how to follow-up, keep momentum going once they come to a training)
- Provider engagement (lack of time or interest)

Overall Impressions

- Excellent involvement from all team members (ACS, CCC, Immunization Representative, Champion) plus many others joined
- States are connecting with each other to get tools, examples, advice – need to continue to encourage cross-state engagement
- Good progress overall on action plans developed at workshops
- Good efforts by teams to connect what they are doing to larger efforts in the state (e.g. CCC coalitions, roundtables (RTs), immunization coalitions, etc.)

Technical Assistance Call #2

Calls Held

- Round 2 calls were completed between January 7- 31,2019
- 86% of states participated in a call between Jan 7-31 (19/22)
- Virtually all states are making good progress on one or more of their priority actions
- 68% of the participants (from 4-person team) attended round 2 calls (52/76)
- CCC program staff (84%) had the highest attendance followed by ACS and HPV champions (68%). Immunization program staff had the lowest attendance rate (52%). At least 4 ACS staff have departed the organization. At least two states (PA; OH) had new immunization representatives attend calls.
- Two states (11%) were rated as “ahead of plan dates and expectations; two states (11%) were rated as behind plan dates and expectations. The remainder (79%) was rated as meeting plan dates and expectations.
- At least three states have added priority actions: IN; TX and AZ

Areas of Progress

- Co-branded letters to providers/payers
- Gathering data and creating dashboards, data maps, etc.
- Holding summits or roundtable events or legislative events
- Scheduling or holding provider training
- Laying the groundwork for QI efforts

Common Challenges

- Data – getting the data needed from state immunization programs or lack of data at county/local level, getting data in timely manner. Some states are making progress and others are struggling here.
- Starting collaborative efforts with payers/insurance providers/MCOs -how to get them engaged, overcoming inherent competition.
- System engagement -how to follow-up, keep momentum going once they come to a training.
- Provider engagement (lack of time or interest)
- Maintaining the core team

Overall Impressions

- Engagement in round 2 calls was higher than initially anticipated (from conversations with project team members). At least four states had additional participants attend calls. Only three states needed to reschedule calls.
- States are connecting with each other to get tools, examples, advice – need to continue to encourage cross-state engagement
- Good progress on action plans continues through the momentum appears to have slowed a bit. This is not surprising as states get further into the project plans and begin addressing hurdles, competing commitments, some team attrition, etc.
- Good efforts by teams to connect what they are doing to larger efforts in the state (e.g. CCC coalitions, RTs, immunization coalitions, etc.)

- A few states appear to be doing particularly well both in terms of progress *and* teamwork including: IN; NY; AL; PA; CA; AZ and TX. This is particularly exciting given that promoting collaboration within the state was a major objective of this initiative.
- A few states are moving forward less aggressively or struggling with developing/engaging the team: NE; MN; OH; PR. NE lost two members to attrition.

Technical Assistance Call #3

Calls Held

- Round 3 calls were completed between February 25 - March 28, 2019
- 72% of states participated in a round 3 call (16 out of 22), compared to 86% participating in round 2
 - Most common reason for not scheduling a round 3 call was states' perception it would not add value at this time
- 59% of the participants (from 4-person team) attended round 3 calls (compared to 68% in round 2)
- All states are continuing to make progress on at least one priority action
- ACS team members had the highest attendance (75%) followed by CCC (69%). As with round 2, Immunization had the lowest attendance rate (38%). At least 13 other people who were not part of the original core teams attended round 3 calls.
- Three states (19%) were rated as "ahead of plan dates and expectations." Seven states (44%) were rated as "behind plan dates and expectations." Seven states (44%) were rated as "meeting plan dates and expectations."
- There were fewer post-TA call needs identified in round 3 (4) than in round 2 (11). All have been or are in the process of being addressed.

Areas of Progress

- Co-branded letters to providers/payers
- Gathering data and creating dashboards, data maps, data briefs, etc.
- Holding summits, roundtable events or legislative events
- Scheduling or holding provider training
- Laying the groundwork for QI efforts
- Meeting with new stakeholders
- Securing collateral/training resources
- 3 states reported very limited progress since the last call. Many of these states' areas of progress are similar to round 2.

Common Challenges

- Turnover both in the core team and in stakeholder organizations
- Slow, bureaucratic responses on part of organizations (ACS, Departments of Health, others)
- Data – getting the data needed from state immunization programs or lack of data at county/local level; getting data in timely manner
- Lack of time to meet as a team
- Competing priorities

Overall Impressions

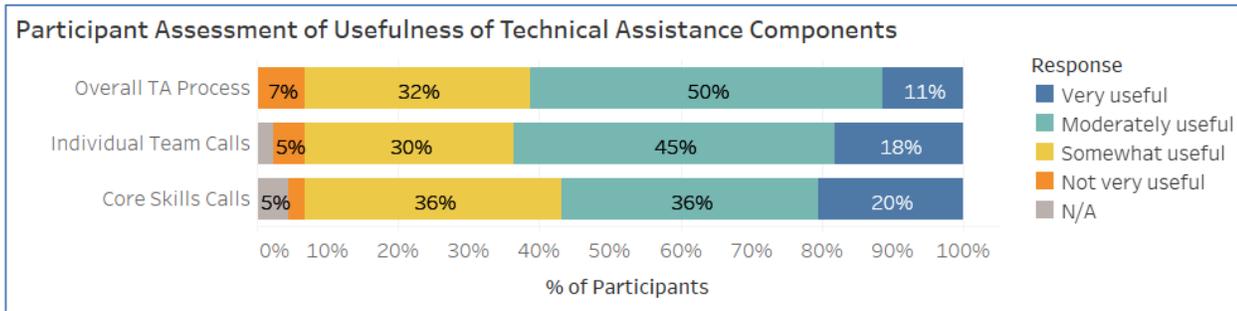
- Interest in scheduling round 3 calls was lower than round 2. A number of states, either due to making limited progress or making significant progress (e.g. LA; TX), did not feel like a 3rd call would add value during the February - March timeframe. Some round 3 calls appeared to be very productive, while a few seemed perfunctory.
- States continued to connect with each other to get tools, examples, advice – need to continue to encourage cross-state engagement. New Jersey and Iowa set up a call with other states. Maryland borrowed heavily from Indiana in producing their QI offering with MOC credits.
- The progress on action plans continues, though the momentum slowed from round 1 to round 2 and again from round 2 to round 3. Perhaps this is not surprising as states get further into the project plans and begin addressing hurdles, face competing commitments, and experience team attrition. Many states are continuing to work on their priority actions.
- A few states continue to be doing well both in terms of progress *and* teamwork including: IN; NY; AL; PA; CA; AZ, NV and TX. This is exciting given that promoting collaboration within the state was a major objective of this initiative.
- A few states are moving forward less aggressively or struggling with developing/engaging the team: NE; KS; MN; MO and OH. PR did not attend any TA calls. If future, similar, cohorts are planned, perhaps there is a different kind of post-workshop engagement that may help such teams.

Technical Assistance Survey Results

Three electronic surveys were sent to participants that attended the workshops. The chart below shows the survey type, when it was administered, the assessment areas and the response rate. A comparison of results relevant to technical assistance and the 6-month survey results are illustrated in several charts below.

Survey	When Administered	Assessment Areas	Response Rate
Pre- Workshop Survey	Approximately 1 month before workshops	Baseline measures of skills, collaboration, and prioritization of HPV vaccination	92%
Post- Workshop Survey	Immediately after workshops	Workshop satisfaction and action plan assessment measures	95%
6-month Follow-Up Survey	6 months after workshops	Technical assistance satisfaction; follow-up measures of skills, collaboration, and prioritization	53%

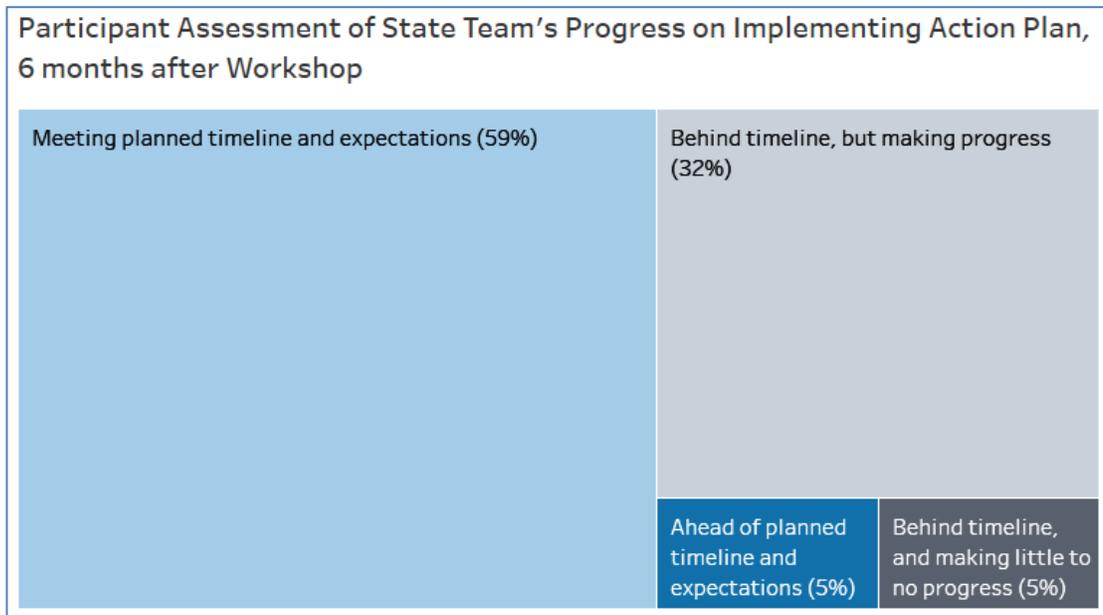
Usefulness of Technical Assistance



Impressions:

- Overall the majority of respondents felt the usefulness of each component of the TA was either very useful or moderately useful.

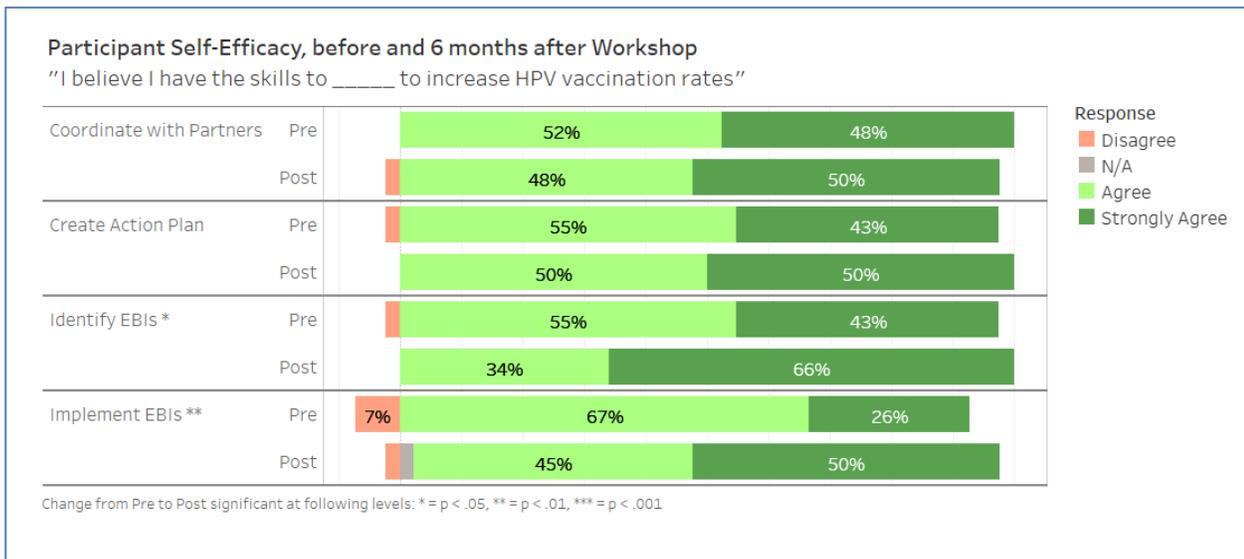
Assessment of Action Plan Progress



Impressions:

- Nearly two-thirds of participants were meeting or ahead of timeline
- Of those who were behind, most were making some progress.
- Only 5% of participants felt their teams were making little to no progress.

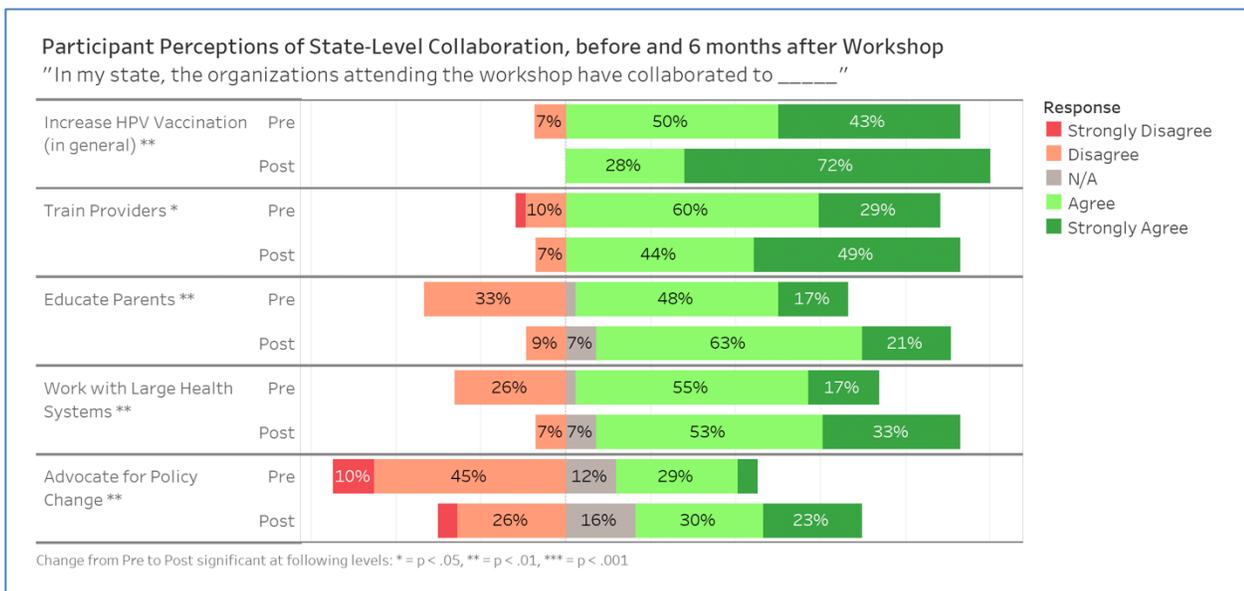
Self-Efficacy to Increase HPV Vaccination Rates



Impressions:

- Participants were already quite confident in the skills we measured before the workshops
- After the workshops, participant confidence identifying and implementing EBIs increased significantly which suggests that technical content was the most valuable learning component

Perception of State-Level Collaboration

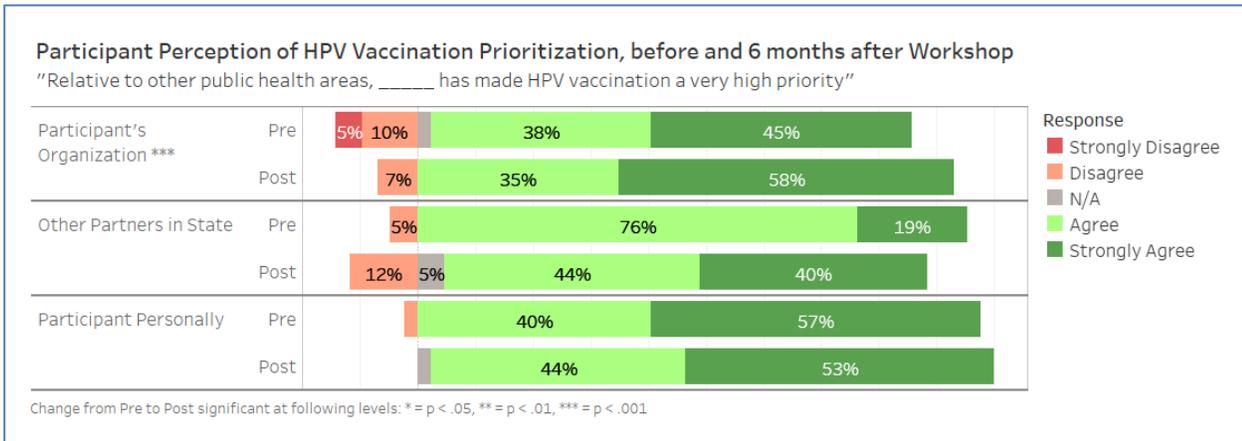


Impressions:

- Participants greatly increased their perceptions of all state level collaboration from the pre-workshop survey and the 6-month survey in every category
- 100% of the participants agreed or strongly agreed their organizations had collaborated since the workshop

- Advocating for policy change, although collaboration increased, was the area that showed the least perceived collaboration. This may be because some state government agencies may feel this is an area they cannot collaborate in due to state and federal regulations.

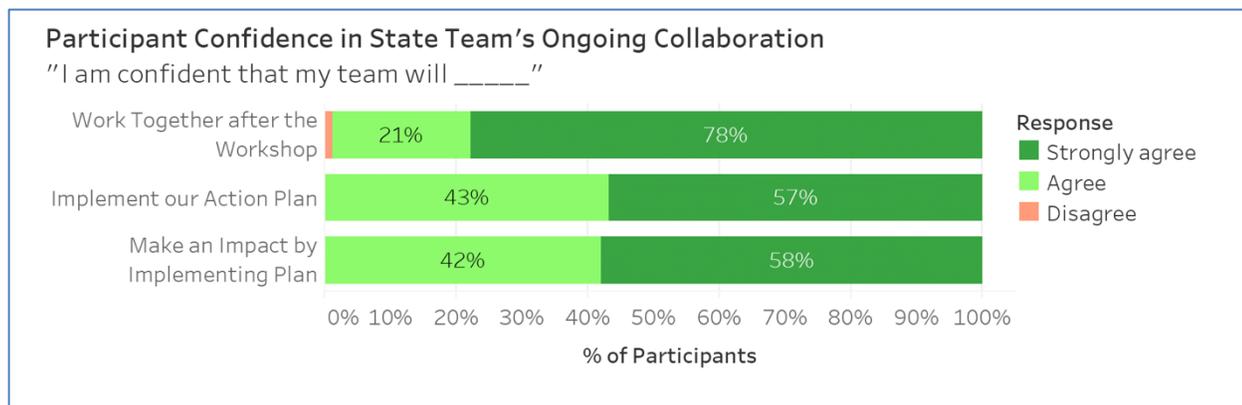
Prioritization of HPV Vaccinations



Impressions:

- Participants did not see any change in their own prioritization of HPV vaccination, though they already rated it highly before the workshops
- There wasn't any significant change in their perception of other state partners
- Participants thought their organizations had increased prioritization of HPV vaccination substantially. In standardized terms, this was the largest effect size of any of the pre-post measures. This suggests participants were able to return from the workshops and channel that energy into building momentum across their organizations.

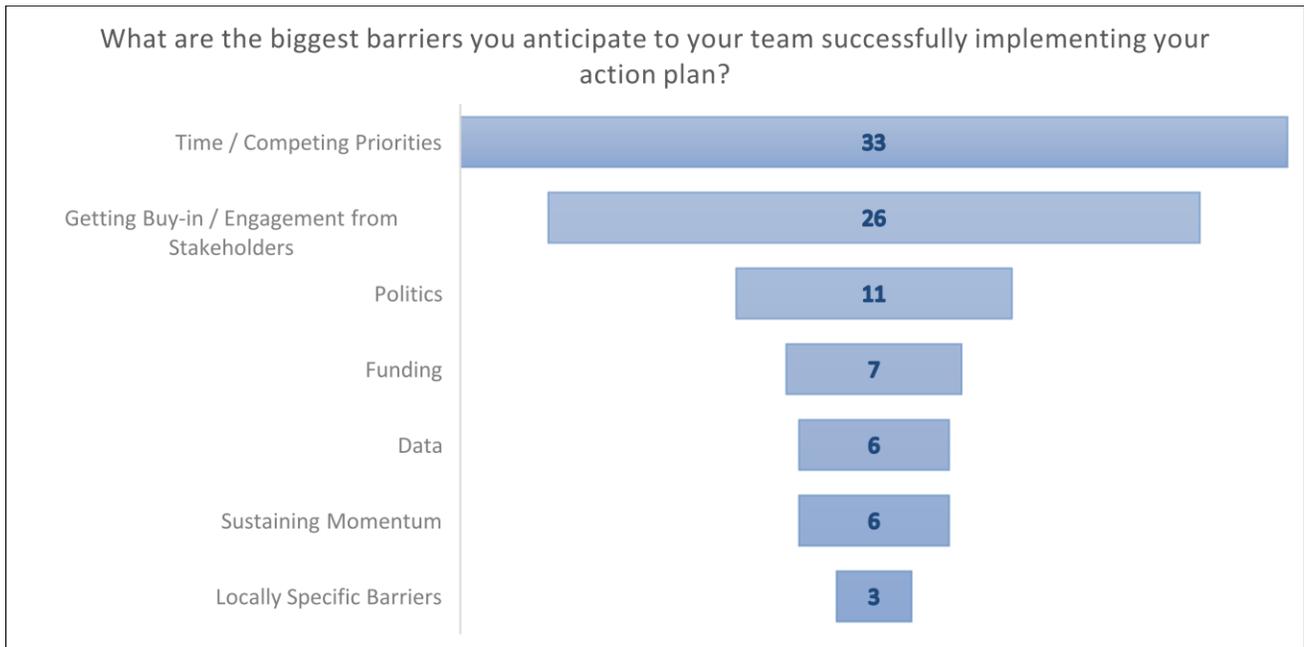
Ongoing Collaboration



Impressions:

- After the workshop participants almost all agreed or strongly agreed that collaboration would continue in all categories

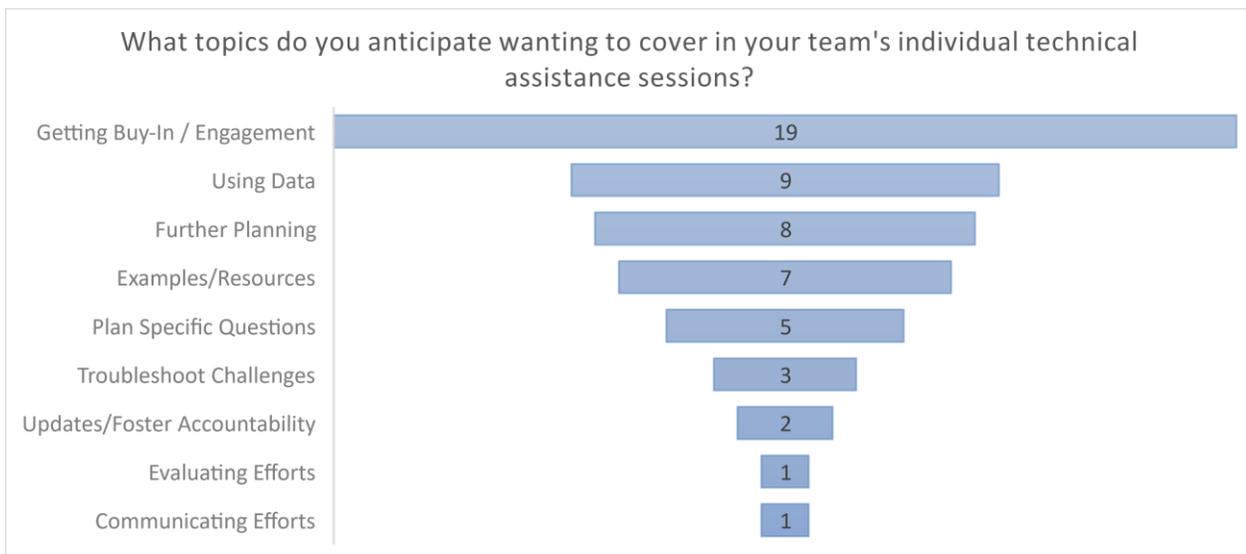
Biggest Barriers Anticipated



Impressions:

- 33 respondents said the biggest barrier they anticipate to successfully implementing their action plan is “time and competing priorities”. 26 people felt that “getting buy-in and engagement from stakeholders” was also a big barrier.

Technical Assistance Needs



Impressions:

- By far, the greatest topic cited by participants was getting buy-in and engagement of stakeholders (Note: this was the subject of the first Core Skills Call)

Conclusions

The technical assistance was successful based on the overall positive results of the 6-month survey that assessed the satisfaction with and the outcomes of the technical assistance. Gathering teams of people from different organizations and programs also proved to be a successful approach to collaboration and implementation of an HPV effort. It is unlikely that this would have occurred (or had it occurred, would have taken much longer) without the on-site workshop to begin the process. Relationships were formed as well as an agreement and a plan on how to move forward together to increase HPV vaccination rates. These upfront commitments appear to have had an impact on longer lasting collaboration and successful implementation of action plans.

The follow up technical assistance activities - both core skill calls and individual state calls - were a successful approach to the technical assistance. The individual state calls created a sense of accountability of the state team as they knew technical assistance calls were scheduled to check on progress. These calls also provided the opportunity to problem solve and connect resources to state teams where appropriate. The core skills calls were able to focus on a specific topic of need and showcase states' efforts in these areas. They also allowed for continued networking and peer to peer learning and sharing.

Specific elements of the technical assistance that should be considered in the future for similar efforts include:

- Consensus around a specific evidence-based intervention and the steps to implement it are key at the beginning of a collaborative effort such as this. This is most likely achieved in an in-person setting with neutral facilitation. This consensus should lead to an action plan that includes major tasks needed to accomplish the intervention, assigned responsibilities, timelines and progress milestones.
- Utilizing the agreed upon action plan to guide subsequent technical assistance discussions over a period of time is a useful tool to help focus, organize and track collaborative efforts.
- Obtaining organizational commitment and not just individual commitment is essential because of the high probability of team member turnover. Communication to and commitment from supervisors of team members should be part of the action plan finalization and implementation process.
- Participants appreciate large group webinars as a method to exchange information among several states. These webinars should focus on sharing efforts with others, including lessons learned and tools.
- Establishing methods and channels for states to share contact information to facilitate networking and exchange of information and tools is important since this is a highly rated element of the technical assistance.
- Participation began to wane by the third technical assistance call; therefore, three individual calls with state teams may be too many. Two seems to be most acceptable and may have the same effect as three calls. Alternatively, states could be offered calls every two months, instead of every three months. This may

Appendix 1: Type of actions identified by states for their one-year action plans

State	Understanding and Using HPV Vaccination Data	Provider Engagement / Training	Parent Education / Media Campaigns	Working with Health Systems	Policy Approaches	Create / Strengthen Partnership to Achieve EBI's
Alabama		Provide pediatric provider level education and create pediatric provider awards	Statewide multi-media campaign geared to parents		Expand alternative vaccination opportunities	Create an Adolescent Immunization Task Force
Arizona			Increase HPV education to parents through school health personnel			
California	Promote use of the California Immunization Registry (CAIR) in order to estimate HPV vaccination coverage					Convene key stakeholders in an HPV vaccination roundtable
Iowa	Use vaccination data to drive HPV activities in Iowa			Work to have health systems and health plans in Iowa incorporate HPV as a priority		
Indiana		Develop and send a co-branded letter to providers from payors/partners with an emphasis on HPV vaccination importance			Conduct legislative education event to increase awareness of HPV related cancers and support of the Cervical Cancer Strategic Plan	
Kansas	Data Evaluation (HEDIS adolescent vaccination rates)			Increased payor engagement (i.e. BlueCross BlueShield KS) - possibly BCBSKC later on		
Louisiana		Create a toolkit for providers that describes HPV association with cancer incidence and mortality				Formalize structure
Maryland			Increase in awareness among parents through multimedia approaches through survivors	Engage 3-4 health systems to implement quality improvement (QI) activities	Build the business case for mandatory reporting of all vaccinations to the IIS	

State	Understanding and Using HPV Vaccination Data	Provider Engagement / Training	Parent Education / Media Campaigns	Working with Health Systems	Policy Approaches	Create / Strengthen Partnership to Achieve EBI's
Michigan				To engage BCBS in Michigan to make HPV vaccination series completion a priority to their payees		
Minnesota		Presentation and talking points for providers; Engaging providers through data. Helping the QI initiative.				Facilitate an ongoing discussion to develop a state initiative around HPV vaccination uptake
Missouri				Implement the National HPV Roundtable Small Practice Change Guide as a pilot in 3 FQHCs: 2 urban; 1 rural		
Mississippi	Develop an Integrated County Level Map			Pilot AFIX Group Visits with C-Suite through 5 largest health systems		
Nebraska	Use vaccination data to drive HPV activities in NE					Establish an HPV roundtable that uses data to guide decision making
New Jersey	Collection and dissemination of HPV data					Bring stakeholders together to elevate the HPV priority
Nevada		Educate providers through health systems		Engage insurers; bundled HEDIS measure		
New York	1. Have a finished report card product 2. Providers will have knowledge of baseline rates 3. Increased motivation for change.	See data column		Get 1 health plan to agree to prioritize HPV vaccination		
Ohio	Enhanced knowledge of HPV vaccination rates in Ohio	Identify existing provider state-wide conferences in 2019/2020 and local/regional conferences and meetings where we can do HPV education				

State	Understanding and Using HPV Vaccination Data	Provider Engagement / Training	Parent Education / Media Campaigns	Working with Health Systems	Policy Approaches	Create / Strengthen Partnership to Achieve EBI's
Oklahoma		Increased initiation and completion of HPV vaccination coverage rates at systems and % on time		See provider education column		
Pennsylvania	Collect HPV baseline data for the state (13-15 years) from payors (stakeholders) Gather all HPV related EBIs/activities being conducted across the state					
Puerto Rico			Increase knowledge and awareness of HPV vaccine to reduce cancer risk			Convene a meeting with key HPV partners-existing and new partners
Texas			Develop waiting room education			
Washington		Create mentorship program that connects positive deviants with underperformers				