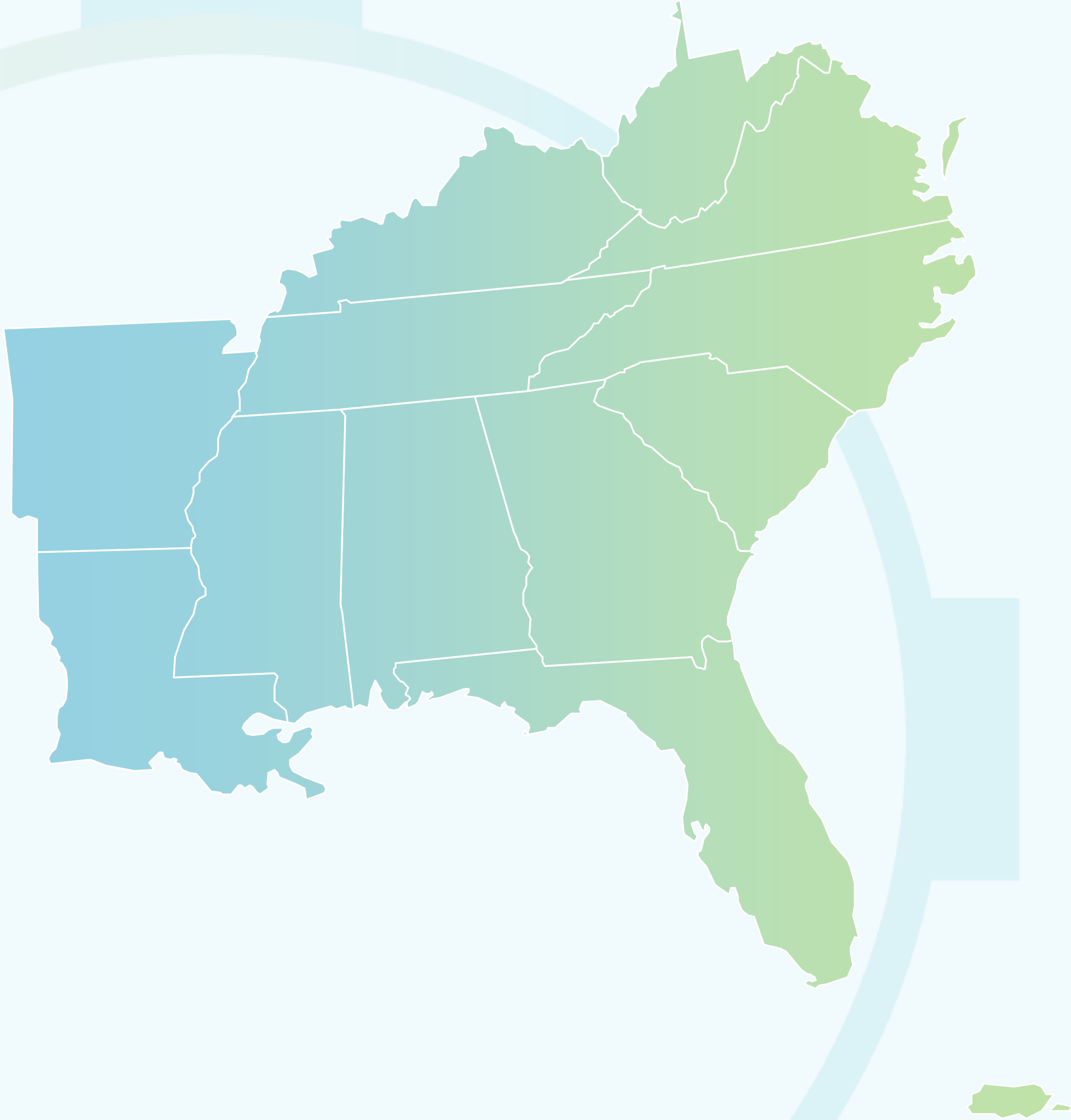
Start at Age 9 & Other Best Practices, Quarterly Case Study Meeting

September 25, 2025

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

stjude.org/southeast-roundtable



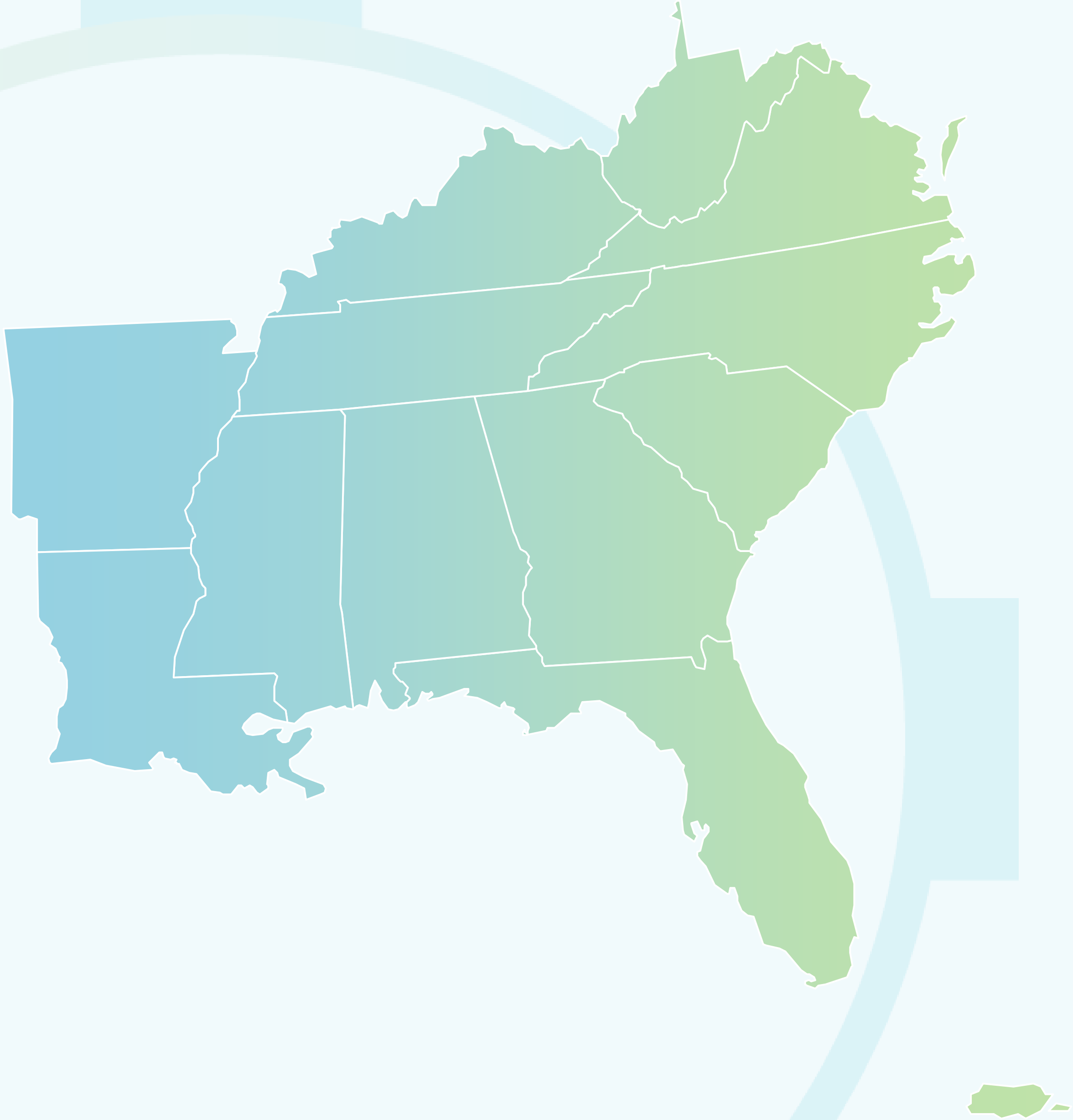
Samantha Wells, MPH
Program Coordinator, St. Jude
HPV Cancer Prevention Program

Welcome

- 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.

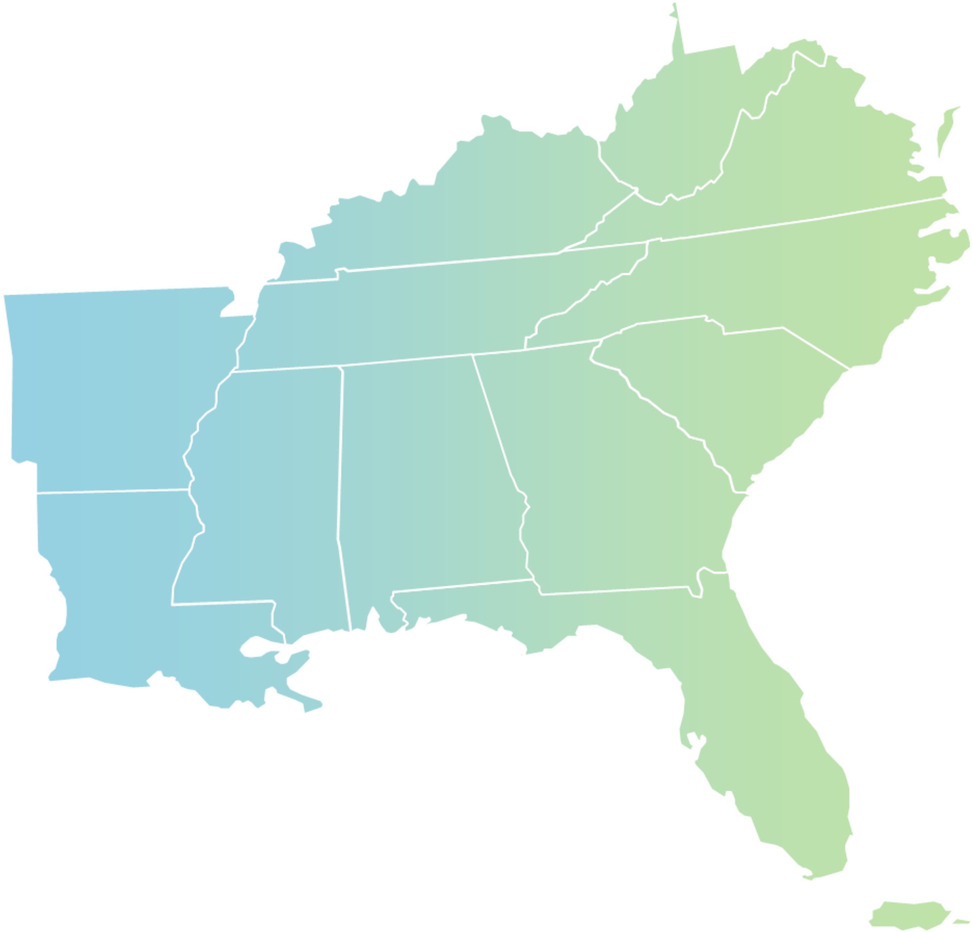
- If you have any issues during today's meeting, please use the chat or email PreventHPV@stjude.org.

- We will use the Q&A feature for questions. Please use the chat to share resources and engage with others.



Start at Age 9 and Other Best Practices Priority Action Area

Southeast Roundtable



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

Why the Southeast?

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 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 and Other Best Practices

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

1. Support the entire health care team (e.g. primary care providers, family practice physicians, caregivers) to deliver consistent HPV vaccination messaging through training (e.g. AAT, 3Cs), and building trust with patients, as well as sharing the benefits, best practices, and case studies for starting at age 9
2. Prepare medical residents to communicate HPV vaccination starting at age 9 through development of a training curriculum
3. Engage regional partners and disseminate resources to initiate activation of HPV vaccination starting at age 9

Accelerate efforts to **start HPV vaccination at age 9 and other best practices**

1. Support the entire health care team (e.g. primary care providers, family practice physicians, caregivers) to deliver consistent HPV vaccination messaging through training (e.g. AAT, 3Cs), and building trust with patients, as well as sharing the benefits, best practices, and case studies for starting at age 9

2. Prepare medical residents to communicate HPV vaccination starting at age 9 through development of a training curriculum

3. Engage regional partners and disseminate resources to initiate activation of HPV vaccination starting at age 9

Lead: Samantha Wells

Start at Age 9 and Other Best Practices Implementation Team

- Shelia Anthony, Mississippi State Department of Health
- Rachael Baartmans, North Carolina Department of Health
- Crystal Back, Kentucky Department of Health
- Amanda Baig, American Cancer Society
- Kelly Bockelmann, Humana Healthy Horizons SC
- Michelle Bowden, The University of Tennessee Health Sciences Center
- Julia Brown, St. Jude HPV Cancer Prevention Program
- Eugenia Daniels, Mississippi State Department of Health
- Jessica Davis, American Cancer Society
- Jennifer Erves, Vanderbilt Ingram Cancer Center
- Debra Friedman, Vanderbilt Ingram Cancer Center
- Kim Hale, American Cancer Society
- Christine Hartford, Baptist University College of Osteopathic Medicine
- Jennifer Isher-Witt, American Cancer Society
- Angela Kaloush, American Cancer Society
- Alyssa Lee, University of South Alabama Mitchell Cancer Institute
- Morgan Lounsbury, West Virginia University Cancer Institute
- Maddy McNee, St. Jude HPV Cancer Prevention Program
- Hannah Nein, American Cancer Society
- Jill Pait, American Cancer Society
- Nyree Riley, Georgia Cancer Center
- Barbara Schuler, Vax 2 Stop Cancer
- Amrita Sidhu, UTHealth Houston
- Dee Sinard, Immunize Tennessee
- Amy Steinkuhl, University of Kentucky
- Nadja Vielot, University of North Carolina
- Sherrie Wallington, George Washington University
- Zoe Weeks, ARCare
- Samantha Wells, St. Jude HPV Cancer Prevention Program
- Lauren Wright, West Virginia University
- Erle Wynn, Merck

Start at Age 9 and Other Best Practices Implementation Team

Training Opportunities

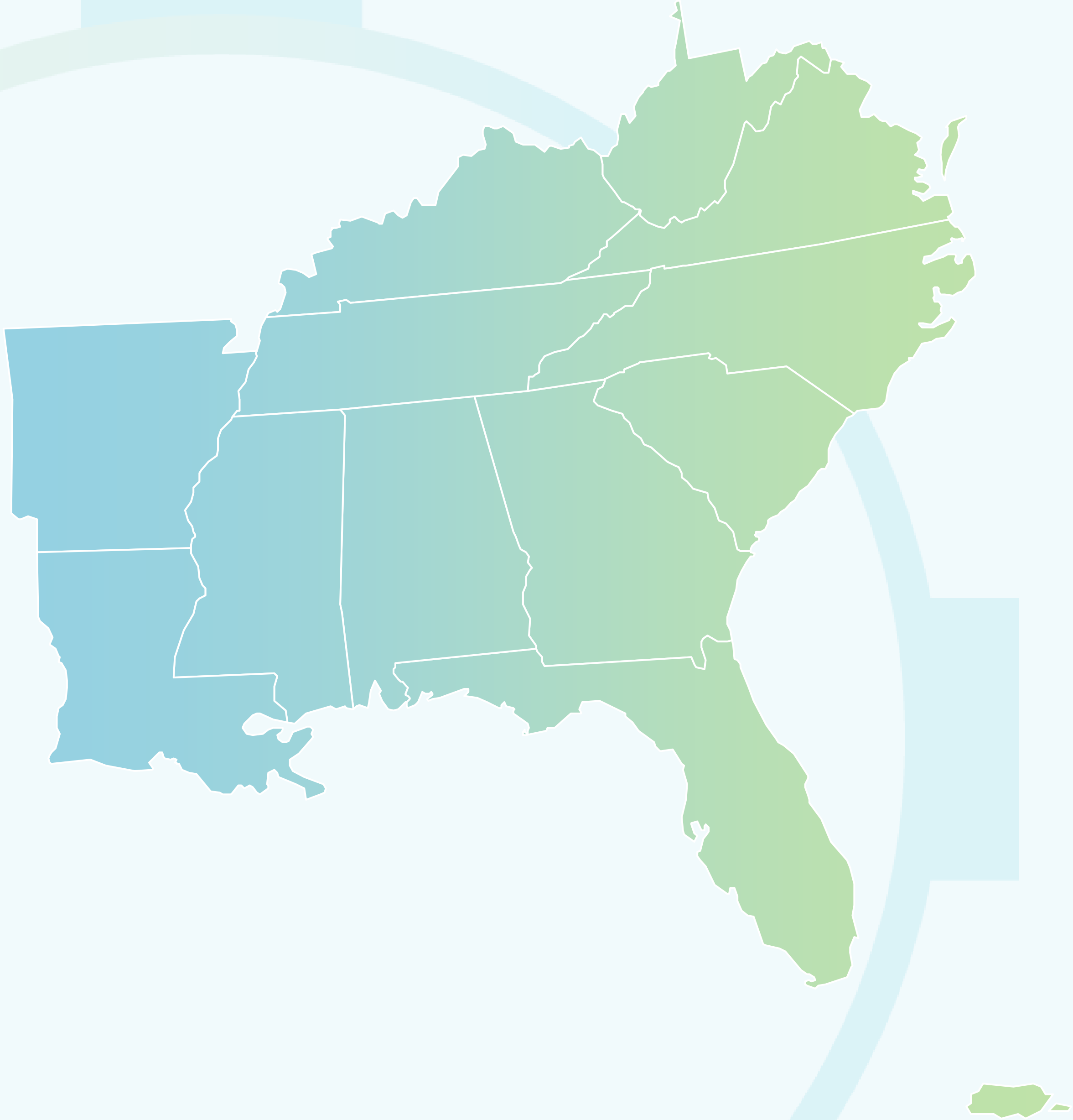
- Announcement Approach Training
- 3Cs: Confident, Concise, and Consistent Health Care Provider Recommendations

Medical Trainee Curriculum

- Pilot project at two medical institutions in Tennessee

Case Studies

- Quarterly case study meetings
- Information and resources guide



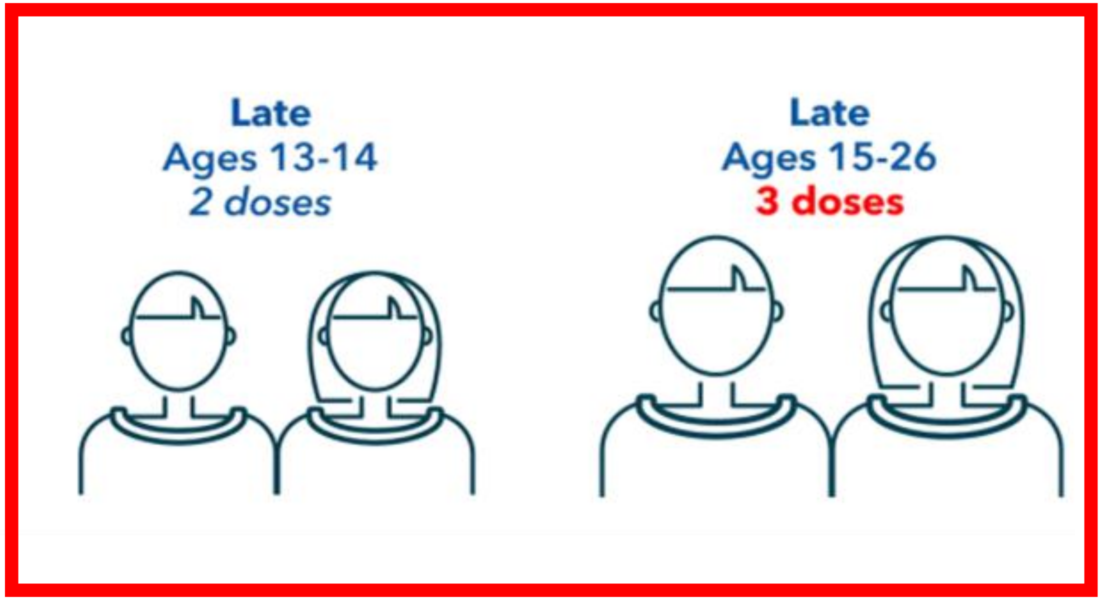
Speaker:

Melissa Gilkey, PhD
Associate Professor of Health Behavior, University of North Carolina at Chapel Hill

HPV vaccination at age 9: Perspectives from primary care professionals

Melissa B. Gilkey, PhD
Associate Professor of Health Behavior
University of North Carolina at Chapel Hill

HPV vaccine schedule + dosing



CDC, https://www.cdc.gov/hpv/hcp/schedules-recommendations.html

Study aims

To evaluate primary care professionals' perspectives on recommending HPV vaccine at age 9

- Current practice
- Willingness to adopt
- Advantages and disadvantages

Primary care professional survey, 2021

Cross-sectional, online survey

Eligibility criteria

- Vaccine provider for patients ages 11-17

National sample (*n*=1,047)

- 71% physicians, 17% advanced practice providers, 12% nurses
- 71% family medicine, 29% pediatrics
- 76% with ≥10 years experience in practice

HPV vaccine recommendations at age 9

Current use (*n*=1047)

- 21% age 9-10
- 59% age 11-12
- 20% age 13+ or never

Kong et al., 2022, *Academic Pediatrics*

HPV vaccine recommendations at age 9

Current use (*n*=1047)

- 21% age 9-10
- 59% age 11-12
- 20% age 13+ or never

Willingness to adopt (*n*=822)

- 22% very/extremely willing
- 39% somewhat willing
- 25% a little willing
- 14% not at all willing

Kong et al., 2022, *Academic Pediatrics*

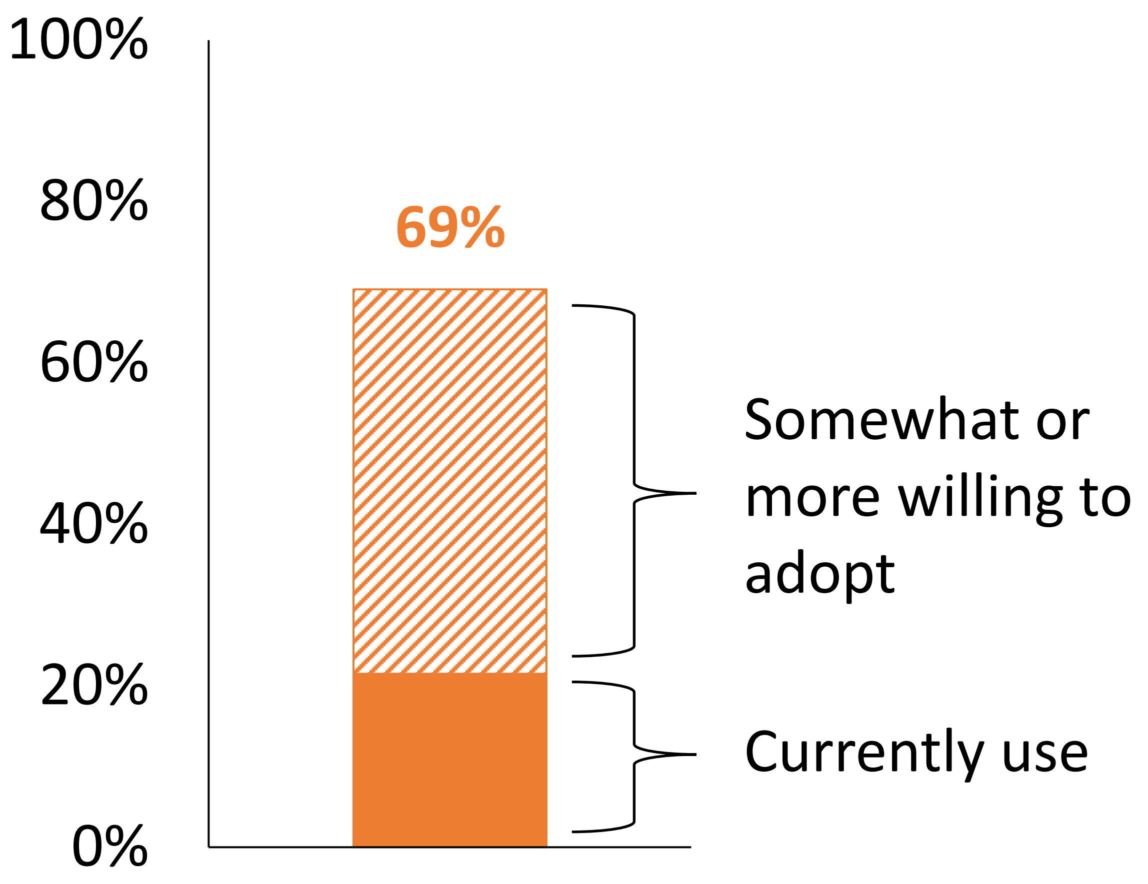
HPV vaccine recommendations at age 9

Current use (*n*=1047)

- 21% age 9-10
- 59% age 11-12
- 20% age 13+ or never

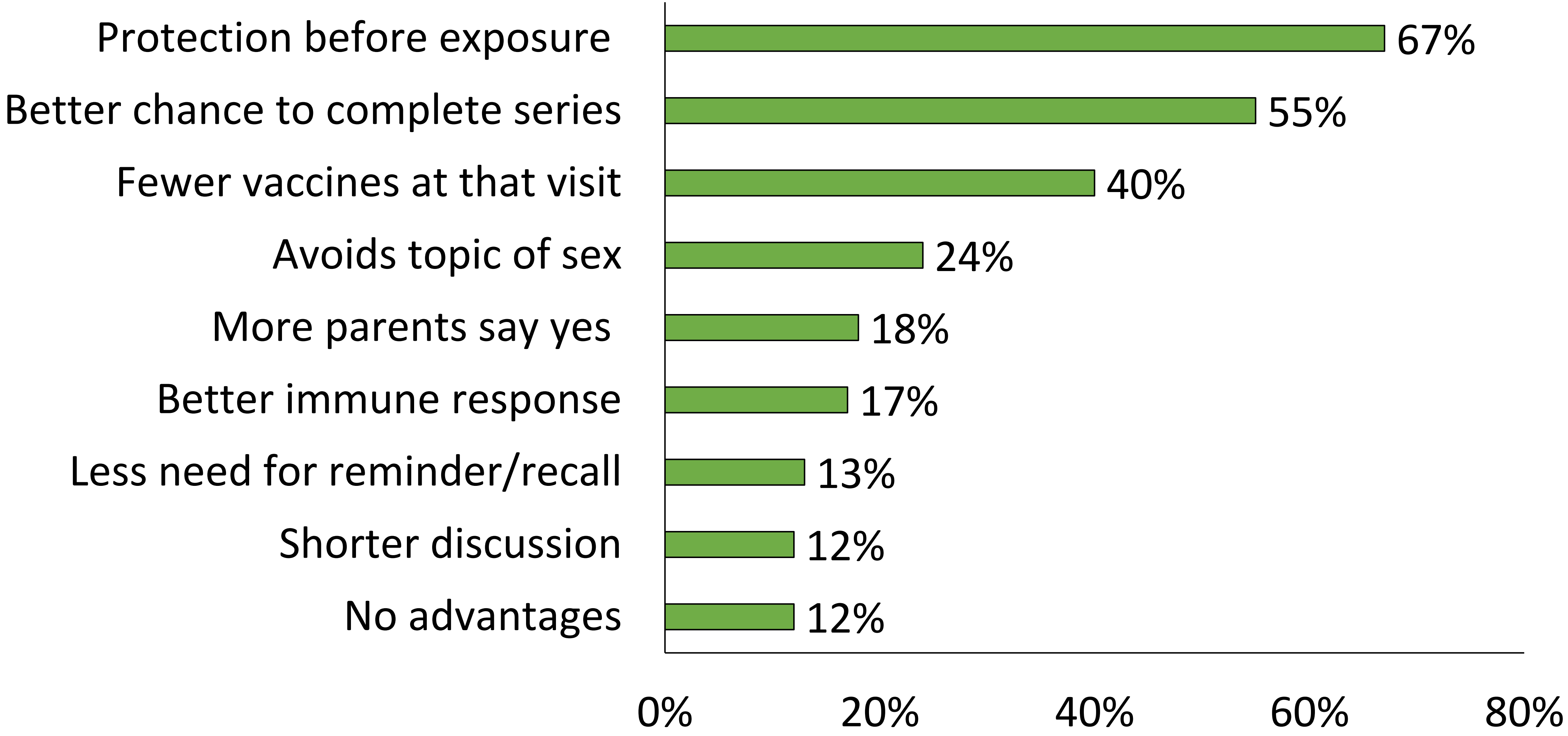
Willingness to adopt (*n*=822)

- 22% very/extremely willing
- 39% somewhat willing
- 25% a little willing
- 14% not at all willing



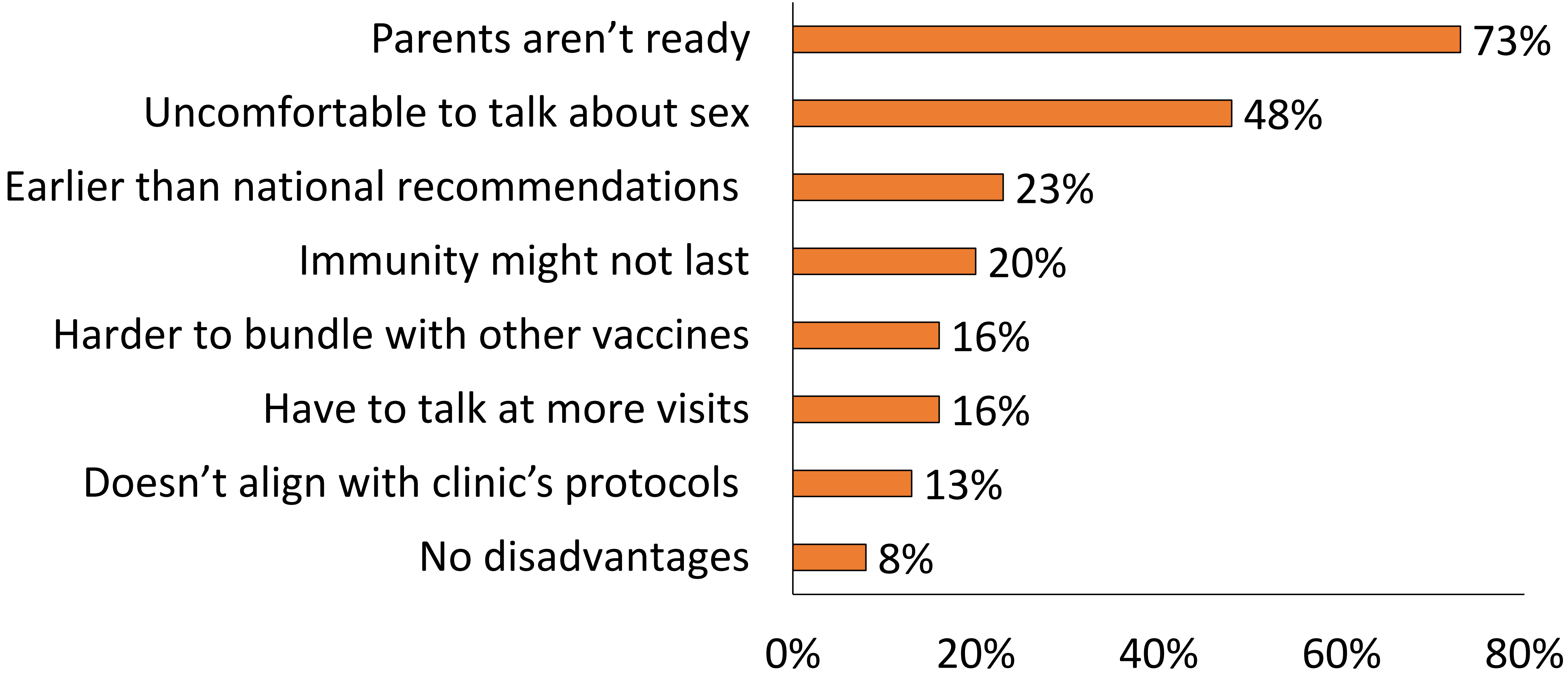
Kong et al., 2022, *Academic Pediatrics*

Advantages of age 9 recommendations



Kong et al., 2022, *Academic Pediatrics*

Disadvantages of age 9 recommendations



Kong et al., 2022, *Academic Pediatrics*

Summary

- Over two-thirds of PCPs were recommending HPV vaccine at age 9 or were at least somewhat willing to start doing so
- PCPs saw advantages including the chance to better protect children before exposure and to complete the series on time
- The primary disadvantages were concerns that parents weren’t ready or that it would be uncomfortable to talk about sex

What else have we learned?

1. PCPs can adapt presumptive recommendations to age 9

Brewer et al., 2023, *Hum Vaccin Immunother*

What else have we learned?

1. PCPs can adapt presumptive recommendations to 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."

Brewer et al., 2023, *Hum Vaccin Immunother*


The Announcement Approach
Ages 9-10

What else have we learned?

1. PCPs can adapt presumptive recommendations to age 9

Brewer et al., 2023, *Hum Vaccin Immunother*

What else have we learned?

1. PCPs can adapt presumptive recommendations to age 9

2. PCPs have lower intentions to use presumptive recommendations at age 9 versus age 12, due to:
   - Lower confidence in their ability
   - The perception that parents do not usually accept HPV vaccination

Kong, et al., 2024, *Preventive Medicine*

What else have we learned?

1. PCPs can adapt presumptive recommendations to age 9

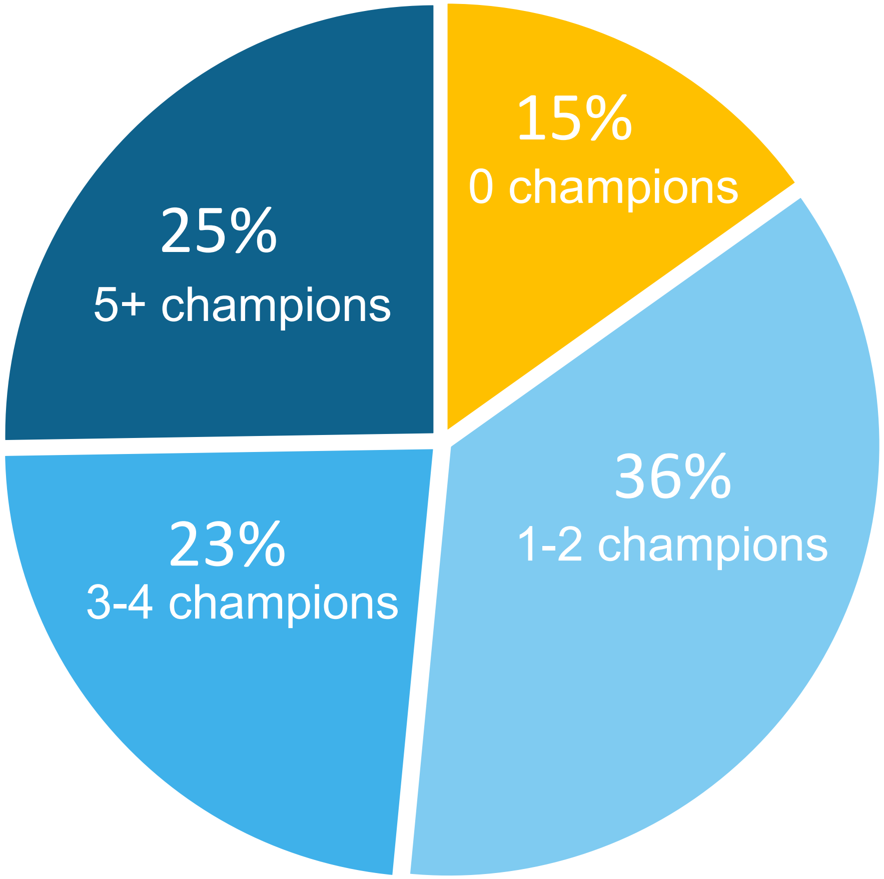
2. PCPs have lower intentions to use presumptive recommendations at age 9 versus age 12, due to:
    - Lower confidence in their ability
    - The perception that parents do not usually accept HPV vaccination

3. Vaccine champions can help, but they need support

Brewington, et al., 2024, *Implementation Science Communications*

How common are vaccine champions?

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



Brewington, et al., 2024, *Implementation Science Communications*

Which vaccines do champions focus on?

All vaccines

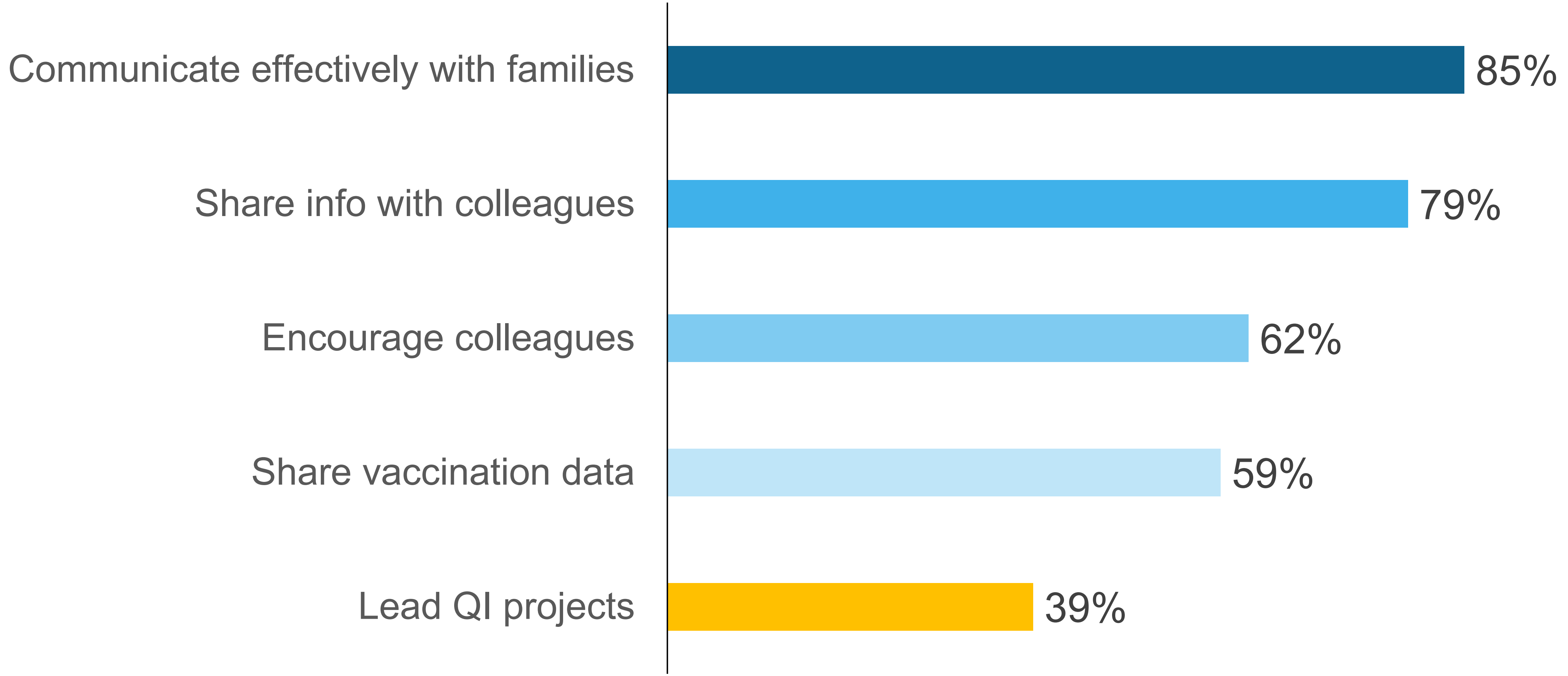
- **All (45%)**

Select vaccines

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

Brewington, et al., 2024, *Implementation Science Communications*

What strategies do champions use?



Brewington, et al., 2024, *Implementation Science Communications*

What else have we learned?

1. PCPs can adapt presumptive recommendations to age 9
2. PCPs have lower intentions to use presumptive recommendations at age 9 versus age 12, due to:
   - Lower confidence in their ability
   - The perception that parents do not usually accept HPV vaccination
3. Vaccine champions can help, but they need support

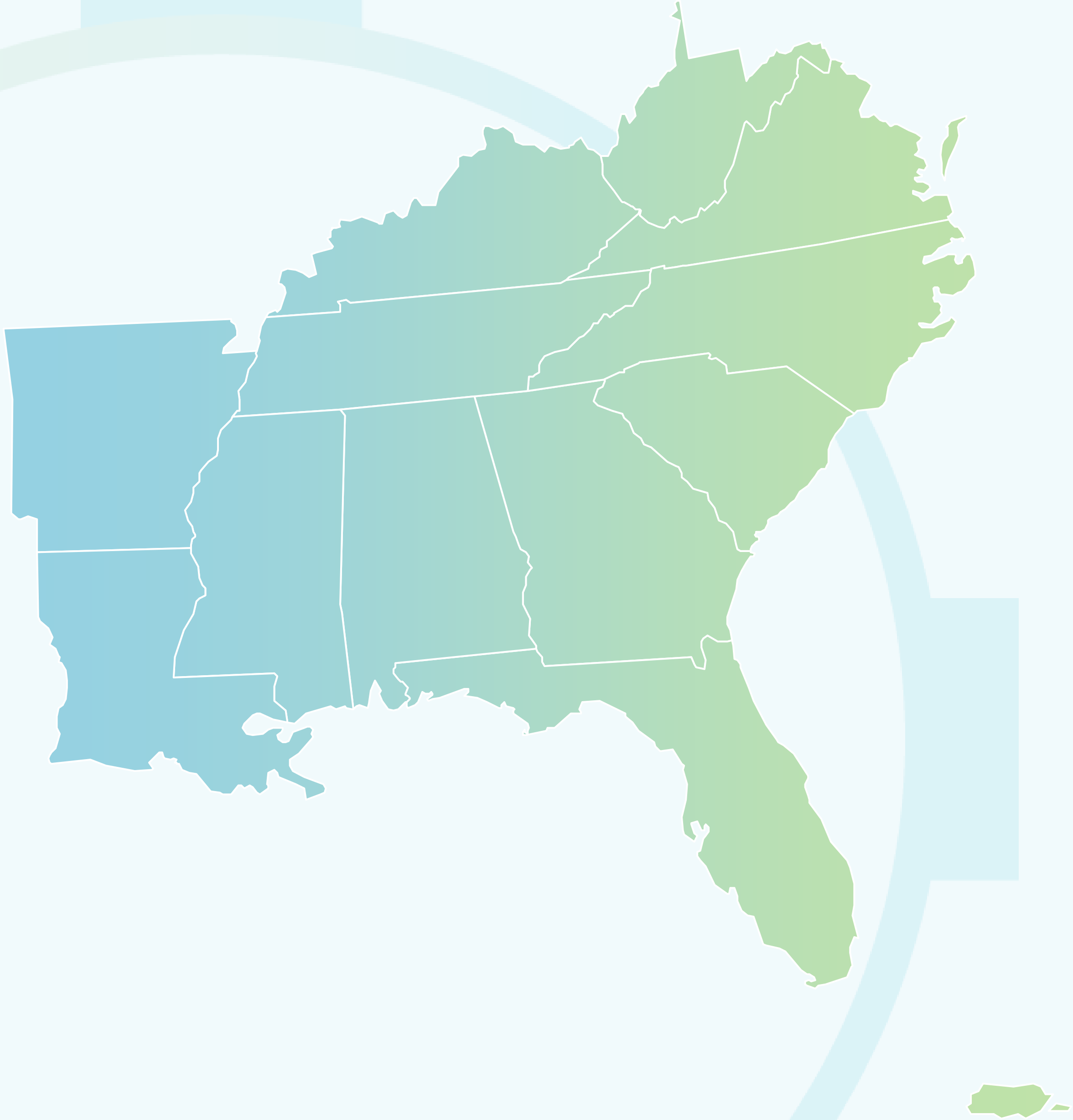
Thank you!

Wei Yi Kong, PhD
Postdoctoral Researcher
Mayo Clinic

Recommending Human Papillomavirus Vaccination at Age 9:
A National Survey of Primary Care Professionals.
Kong WY, Huang Q, Thompson P, Grabert BK, Brewer NT, Gilkey MB.
Academic Pediatrics; 2022, 22(4):573-580.

Impact of visit characteristics on intention to recommend HPV vaccine: An experiment with US health care professionals.
Kong WY, Queen TL, Gottfredson O'Shea N, Heisler-MacKinnon J, Liu A, Ozawa S, Brewer NT, Gilkey MB.
Preventive Medicine. 2024;179:107841.

HPViq.org video: The Announcement Approach at ages 9-10
https://www.hpviq.org/wp-content/uploads/2023/10/the_announcement_approach___ages_9-10-1080p.mp4?_=1



Speaker:

Jennifer Isher-Witt, PhD
Director of Data and Evaluation,
Implementation Science Team,
American Cancer Society

Using data for action:

Exploring HPV vaccination at age 9 in quality improvement clinical interventions

HPV Vaccination Roundtable of the Southeast
Quarterly Case Study
September 25, 2025

American Cancer Society®

Dr. Jen Isher-Witt

Why Age 9?

Increased likelihood of on-time completion[1]

Less stigma related to sexual activity[2]

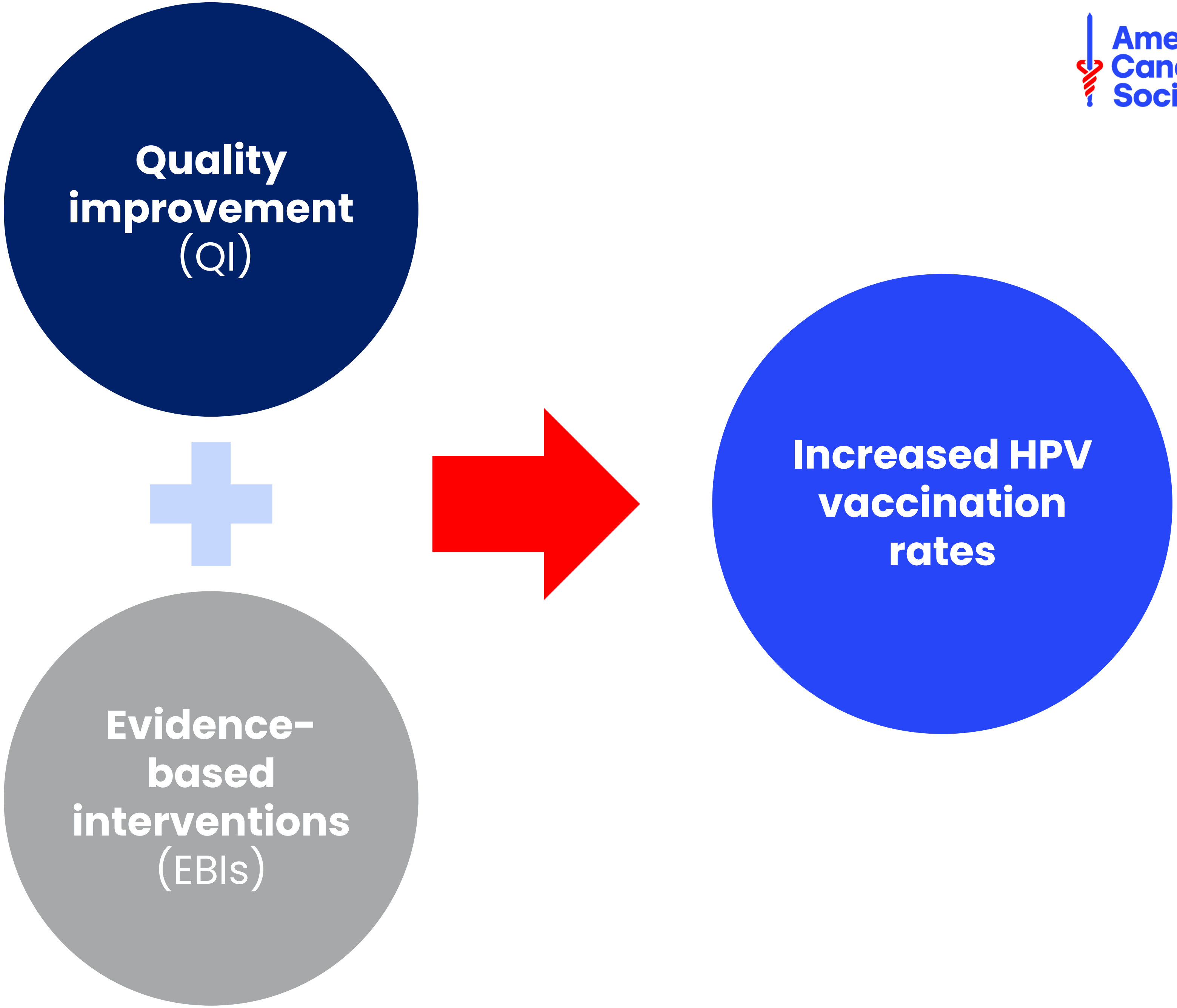
Greater focus on cancer prevention

Fewer shots at ages 11-13

1. O'Leary SC, Frost HM. Does HPV vaccination initiation at age 9, improve HPV initiation and vaccine series completion rates by age 13? Hum Vaccines Immunother. 2023;19(1):2180971. doi:10.1080/21645515.2023.2180971.
2. Brandt HM, Footman A, Adsul P, Ramanadhan S, Kepka D. Implementing interventions to start HPV vaccination at age 9: using the evidence we have. Hum Vaccines Immunother. 2023;19(1):2180250. doi:10.1080/21645515.2023.2180250.

Project Background

QI Clinical Intervention Design



Partnership Structure

ACS National Team

Programming and evaluation

ACS Associate Directors

Regionally located, manage several health system accounts

Health System Partners

Federally qualified health centers, integrated delivery systems, hospitals, health departments, academic institutions

Quality Improvement for Cancer Prevention

January 1

December 31

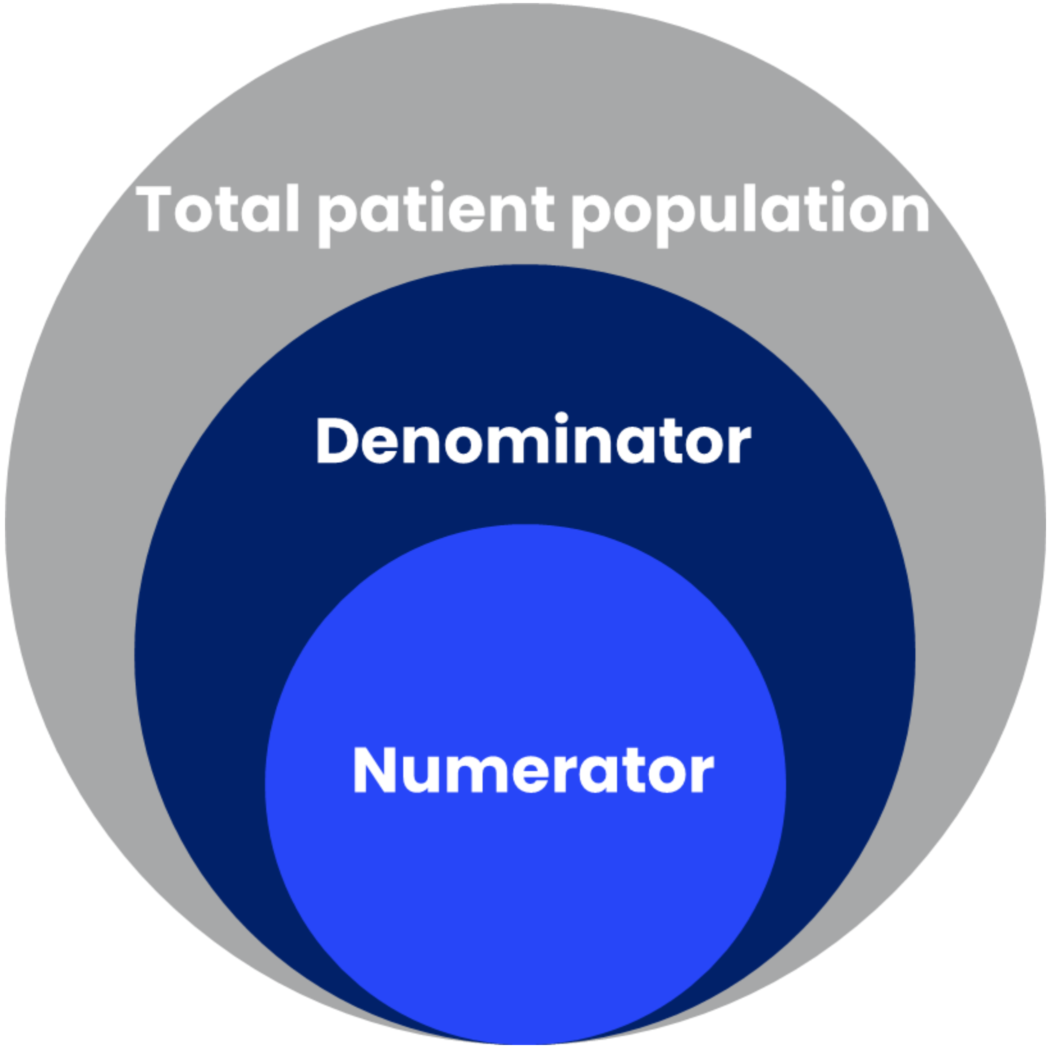
- Form a well-rounded team
- Assess baseline data
- Set a data-driven aim statement
- Create action plan
- Explore processes & gaps to customize EBIs
- Track progress and celebrate success

Baseline data submission

Final data submission

American Cancer Society®

Measuring HPV Initiation Rates



Numerator

Eligible patients who have *ever* received at least one dose of the HPV vaccine, including eligible patients who have also received their second dose.

Denominator

Number of adolescents ages 9-13 with at least one reportable medical visit during the trailing 12-month measurement period. Eligible patients were grouped by the following age ranges: 9-10, 11-12, 13.

= **HPV Initiation rate (%)**

HPV Completion, meningococcal, and tdap rates also collected

Age 9 Questions of Interest

American Cancer Society®

Do partners have the capacity to report HPV initiation rates for ages 9-10?

How do HPV initiation rates for ages 9-10 trend compared to older ages?

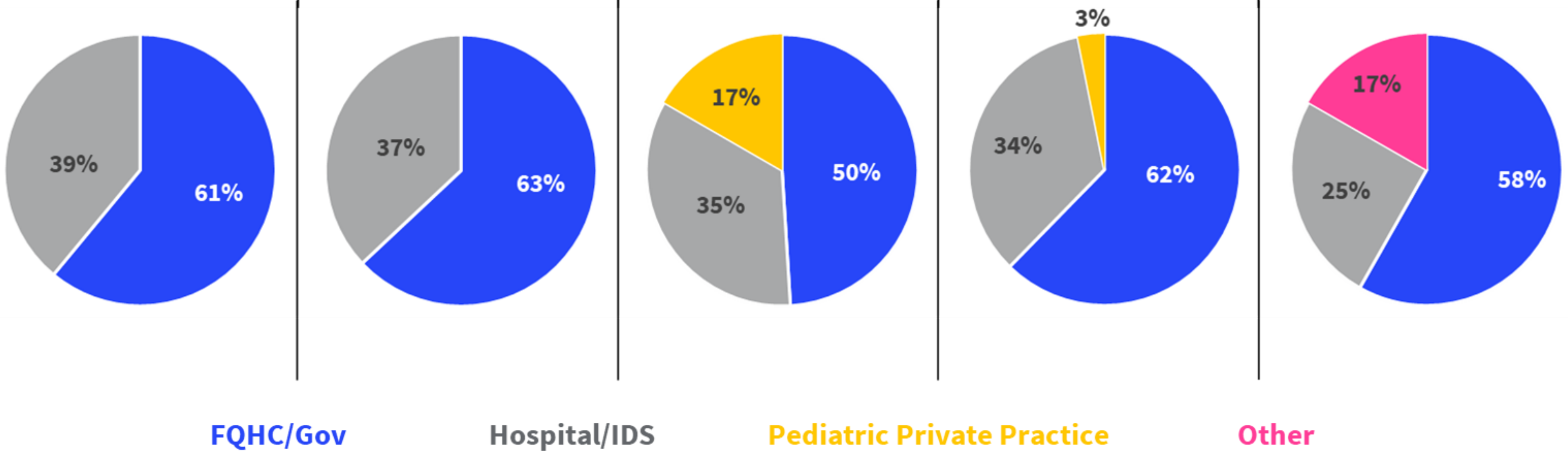
How does aim statement focus influence HPV initiation rates for ages 9-10?

Is multi-year participation associated with higher HPV initiation rates for ages 9-10?

Our Sample

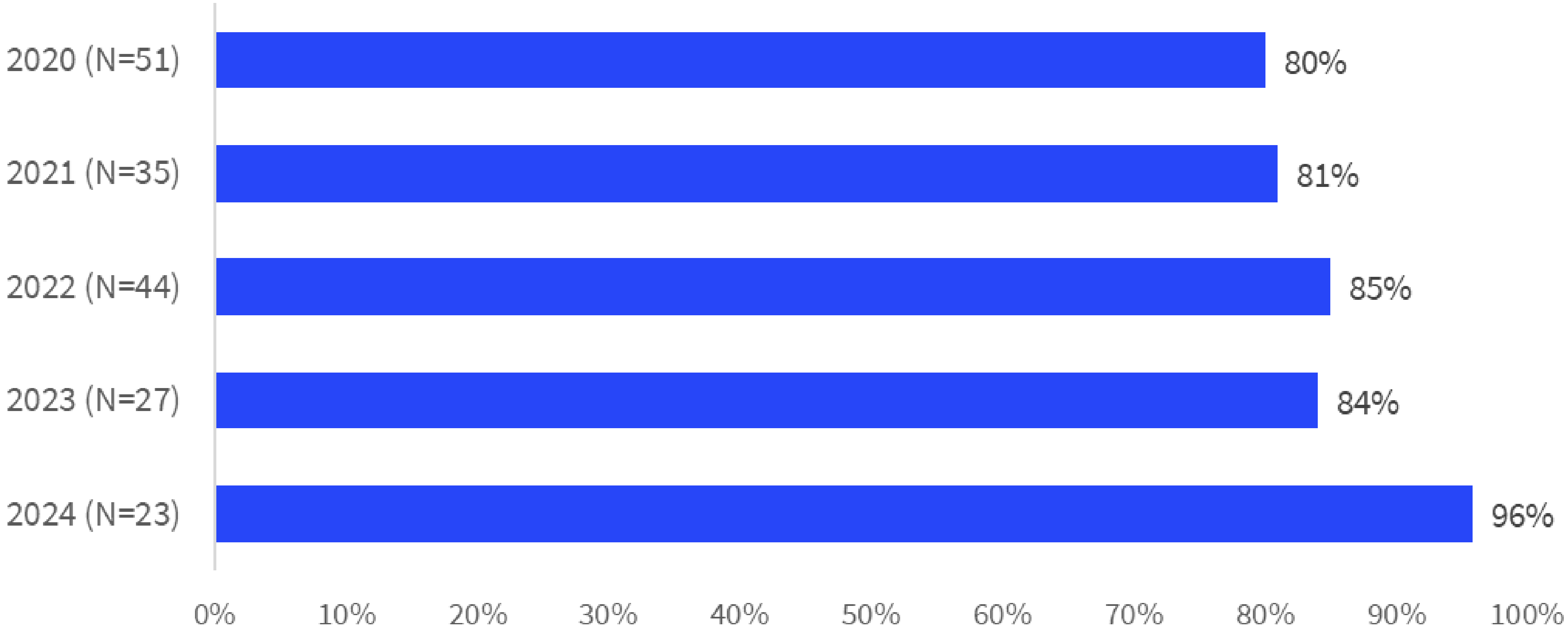
American Cancer Society

Total	Project Year 2020	2021	2022	2023	2024
Partners	64	43	52	32	24
Participating clinics	479	368	456	144	211
Patient population, ages 9-13	288,629	289,612	335,303	70,778	254,478
System Type					



Capacity to report HPV initiation for ages 9-10

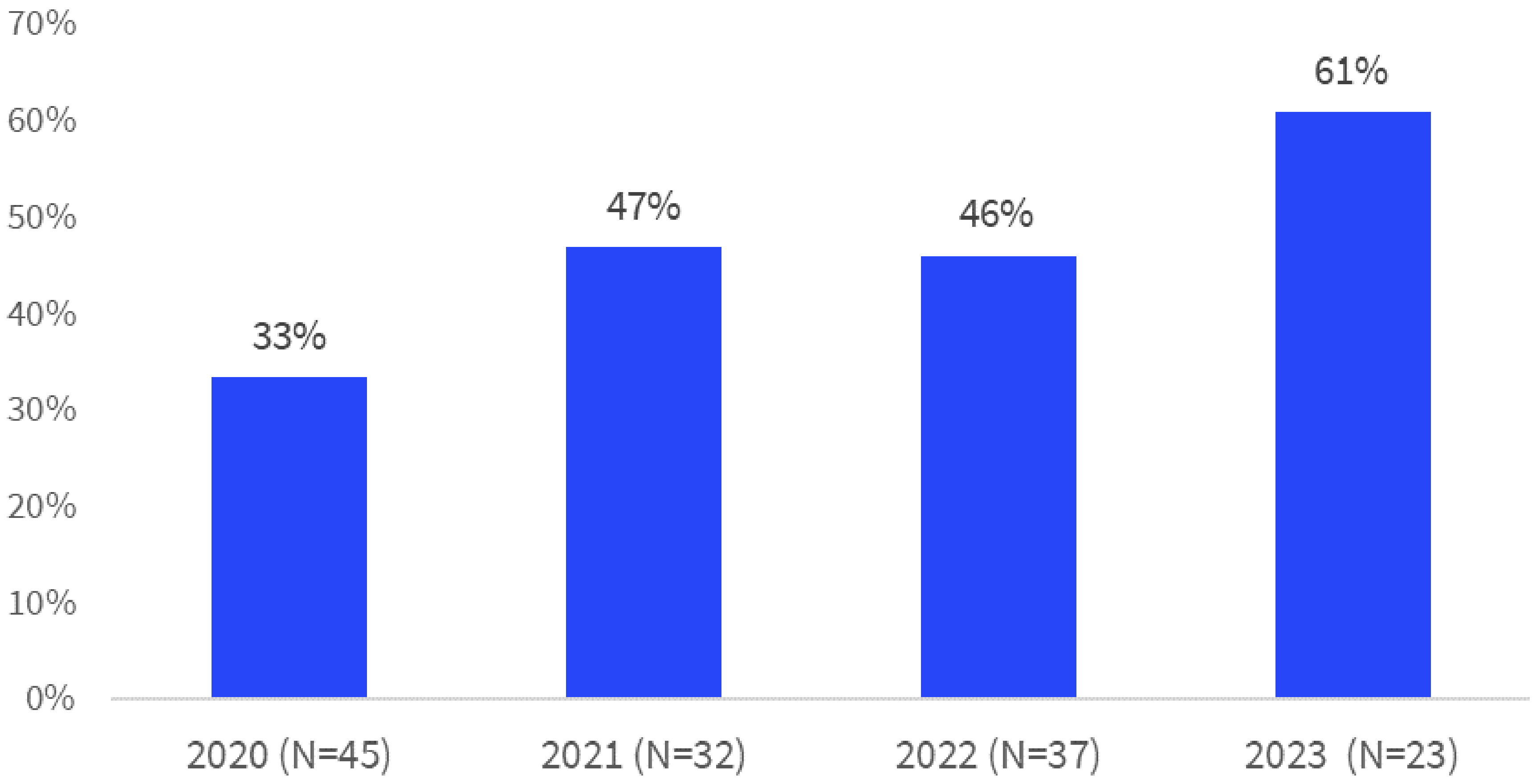
Percentage of systems with the capacity to report HPV initiation at ages 9-10 has been consistently high since 2020



American Cancer Society

Capacity to report HPV initiation for ages 9-10

Percentage of systems that included initiation at ages 9-10 in aim statements has consistently increased since 2020



Initiation rates for ages 9–10 compared to older ages

Mean HPV initiation rate change for ages 9–10 has been robust since 2020

Ages 9-10

Ages 11-12

Age 13

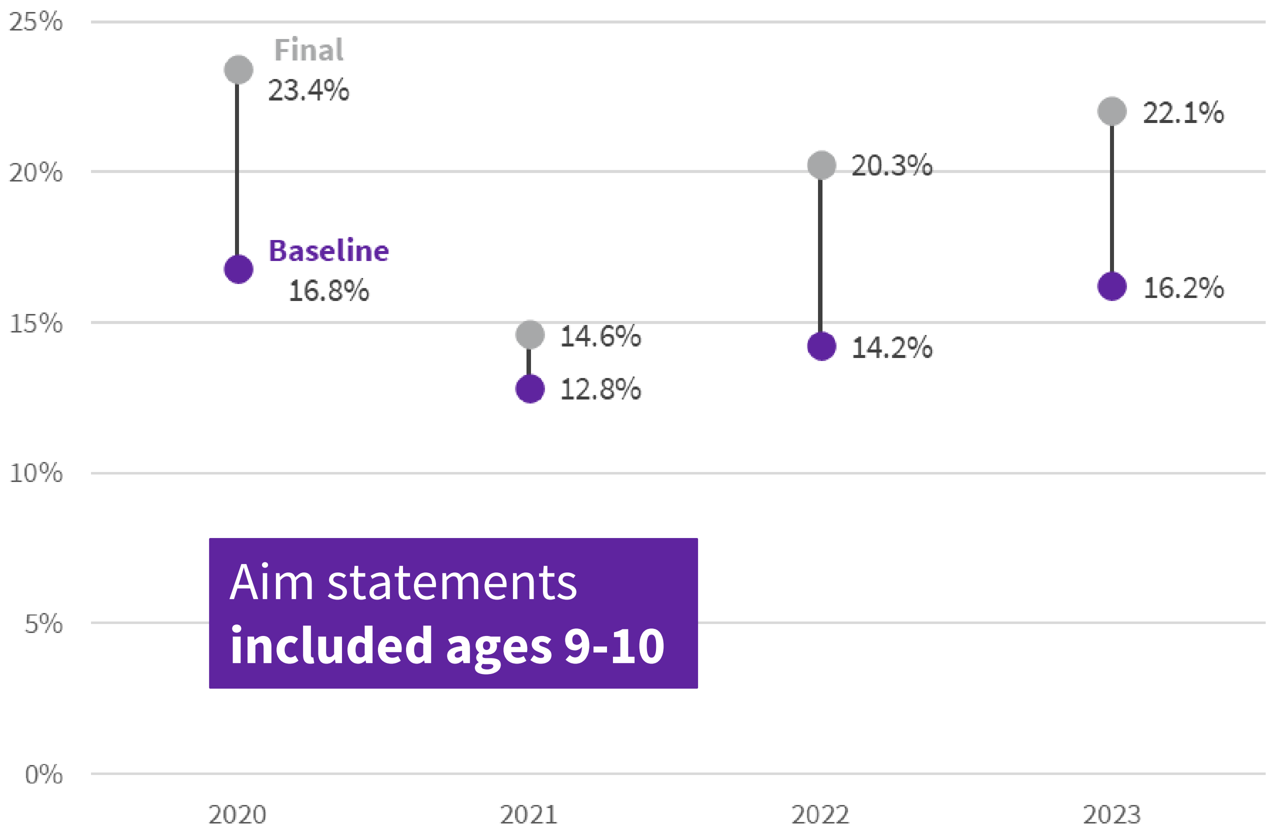
* Significant at *p* < .05

** Significant at *p* < .01

American Cancer Society

How does aim statement focus influence HPV initiation rates for ages 9–10?

Aim statement focus is less critical component for improving mean HPV initiation rates for ages 9–10

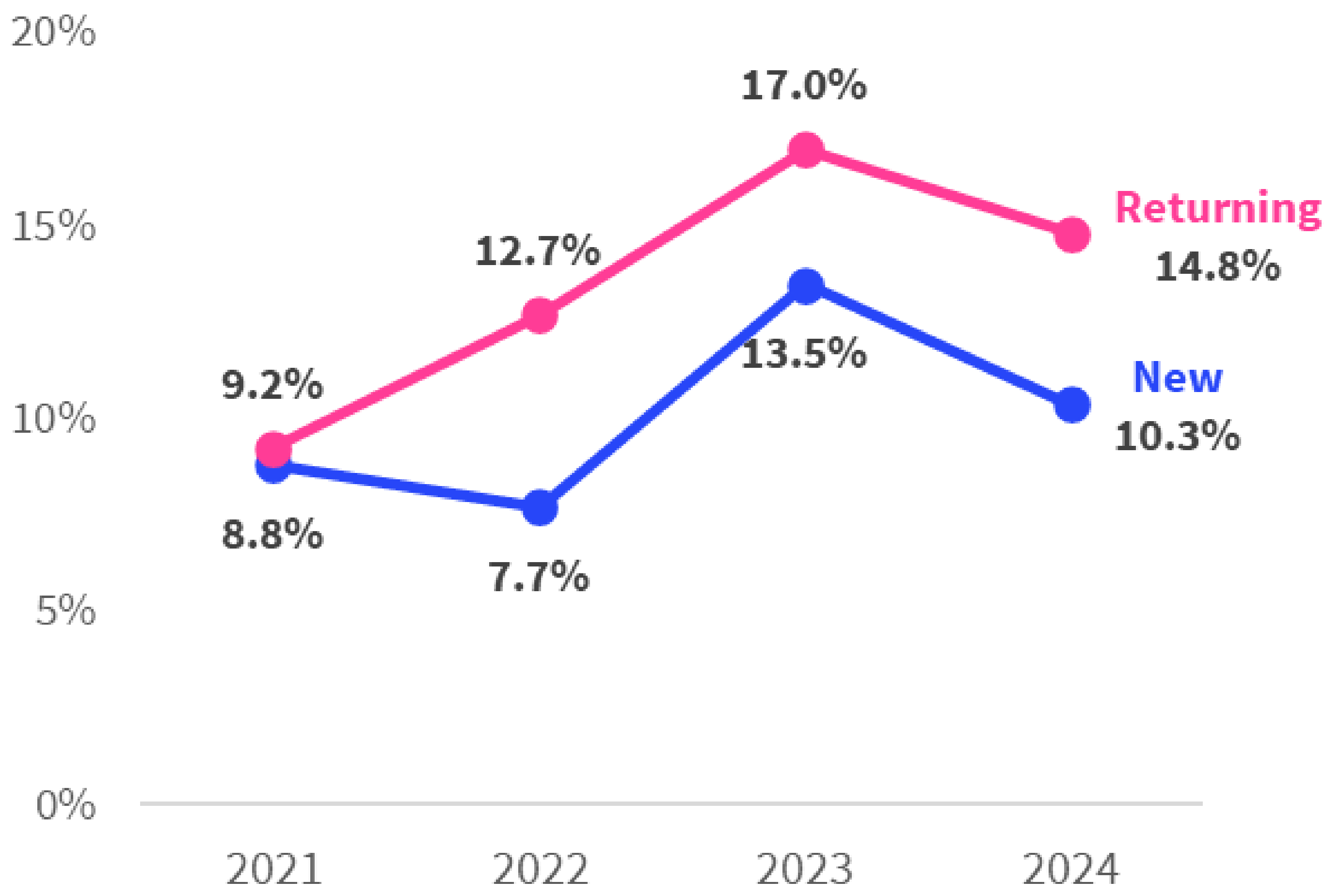


American Cancer Society

Mission HPV Cancer Free

Impact of multi-year participation on initiation rates for 9–10

Returning partners generally have higher average baseline HPV initiation rates for ages 9–10 than new partners in the same project year



American Cancer Society®

Age Nine = Opportunity

American Cancer Society

1. Systems are *capable of* and *want* to track HPV initiation rates for ages 9-10
2. Age 9 initiation rate change is robust without negatively impacting rate change for older ages
3. An age 9-inclusive aim statement isn't necessary for ages 9-10 initiation rate change
4. Returning systems have higher baseline HPV initiation rates for ages 9-10 than new systems.

HPV Program & Eval Team

American Cancer Society

Michelle Burcin
Senior Director
Data and Evaluation

Katie Crawford
Senior Payor Engagement Manager
HPV Vaccination

Ashleigh Flowers
Data and Evaluation Manager

Shaylen Foley
Senior Data & Evaluation Manager

Jen Isher-Witt
Director
Data and Evaluation

Ashley Lach
Program Manager
HPV Disparities

Kaela Momtselidze
Director
Cancer Prevention

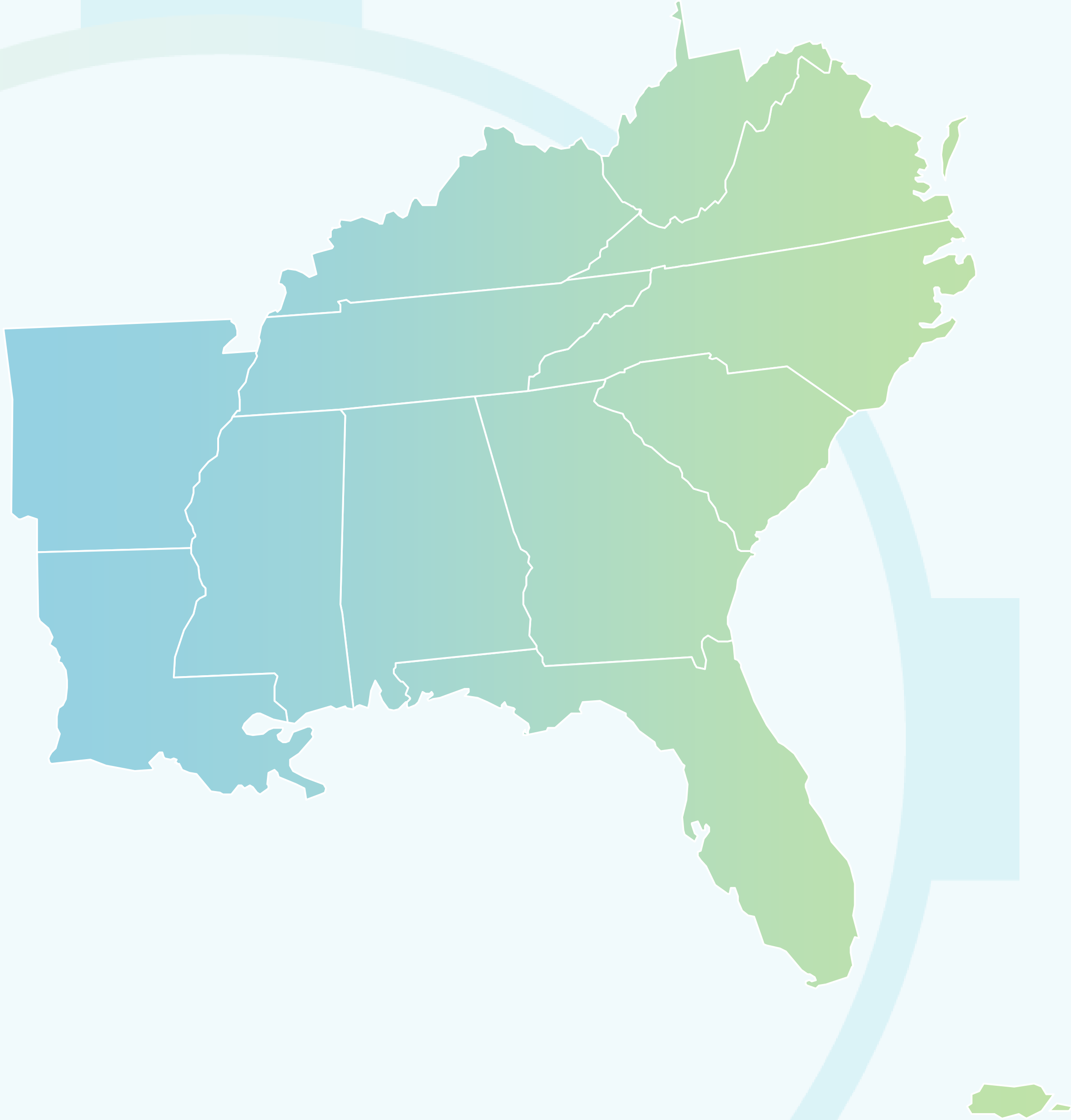
Hannah Nein
Senior Program Manager
HPV State Engagement

Jennifer Nkonga
Senior Director
Regional Strategy & Implementation

Briauna Salley
Program Manager
HPV Vaccination

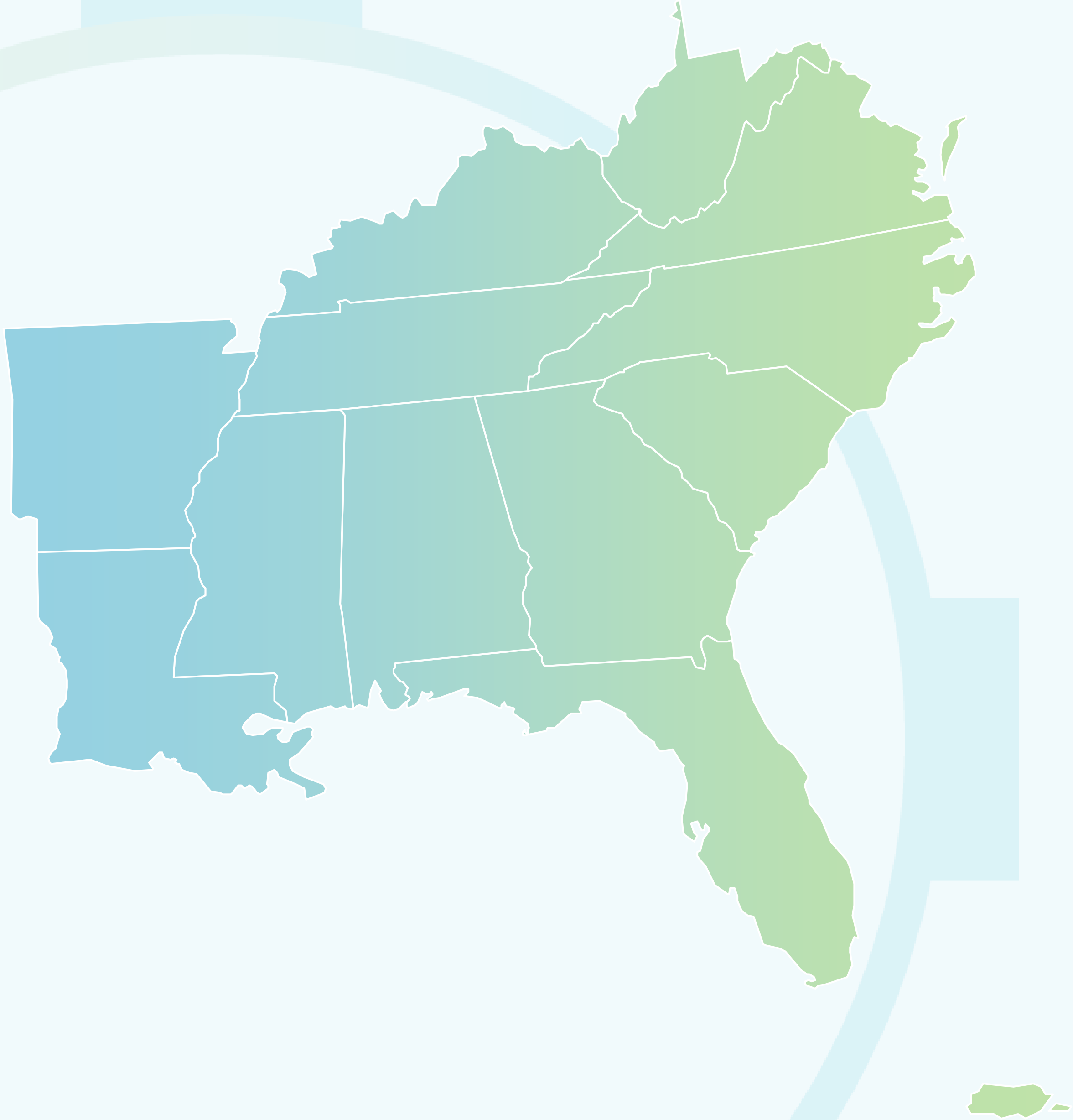
ACS's HPV program is supported in part by the Centers for Disease Control and Prevention of the US Department of Health and Human Services (HHS).

Thank You

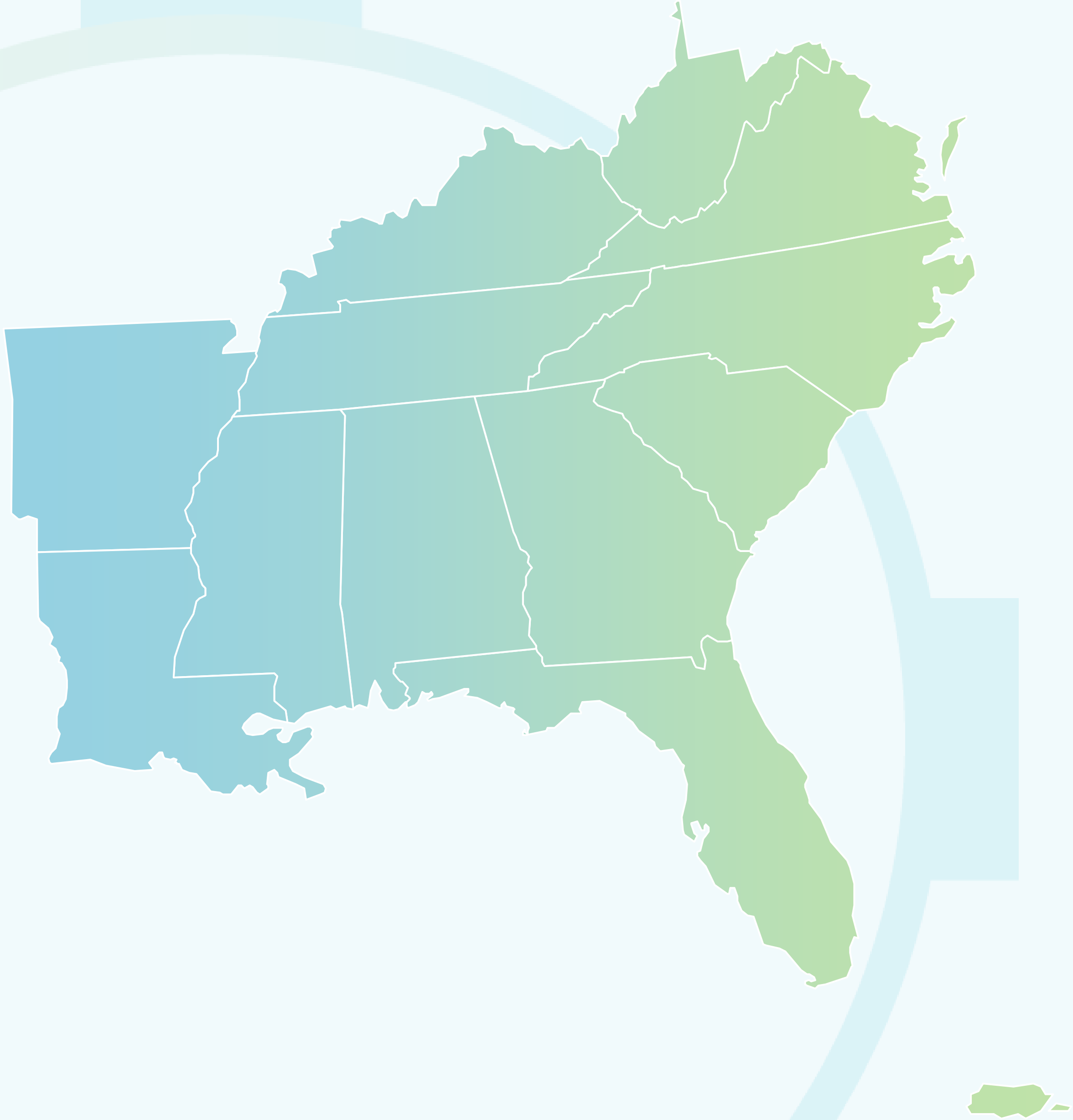


Q&A Moderator:

Jennifer Erves, PhD
Associate Professor, Department of Health Policy & Director of Community Engaged Research, Vanderbilt University Medical Center



Q&A Discussion



Breakout Room Discussions:

- 20 min. (return at 2:10 p.m.)
- Questions will be provided by a facilitator to share amongst the group.
- Actions discussed will later be combined into a "call to action" that will be provided with meeting summary.

Closing Remarks & Next Steps

Evaluation

- **Scan for Evaluation Link:**

Southeast Roundtable Membership Form

Anyone is welcome to join the roundtable who shares our commitment to improve HPV vaccination across the Southeast

Membership will help to monitor metrics related to participation and engagement

Membership Form

http://stjude.org/SERTmem

Upcoming Case Study Meetings

- ***Thursday, November 20, 2025***

- ***Thursday, January 29, 2026***

THANK YOU!

Don't forget to join us for our upcoming case study meetings on November 20 and January 29!