Centering Health Equity
HPV Vaccination with Rural U.S. Communities

Heather M. Brandt, PhD
Director, HPV Cancer Prevention Program
St. Jude Children’s Research Hospital
Higher HPV cancers among rural populations

Lower HPV vaccination among rural populations

Why Rural?

Rural does not mean “one size fits all”
HPV Vaccination Coverage in Rural Areas is Consistently Lower, NIS-Teen 2018–2022

Children living in rural areas have lower HPV vaccination coverage than children living in urban areas.
Rural caregivers were asked to recommend ways to help more people living in rural areas get vaccinated. Some were uncertain and recognized the barriers. There was a common theme about at least part of the solution – the role of health care providers.

- More health care providers strongly recommending HPV vaccination
- Health care providers recommending HPV vaccination at every visit
- More access to accurate, meaningful information
- Make it real to those who think HPV cancer will never be their reality
- Combat misinformation
- Offer programming with trusted community organizations, such as churches

“Many people that I consider friends will elect not to get their children vaccinated for HPV because it is not required, and they think it will cause infertility or encourage sexual activity.” – Erin
Preventing HPV Cancers with Rural Communities

Wide Open Spaces
Wide Open Spaces is a new series of articles to be included in our program's monthly newsletter starting this month. These articles will address ways to improve HPV vaccination with rural communities. We invite you to contribute to share information on how they are working to improve HPV vaccination in rural areas. If you are interested in contributing, please email us at PreventHPV@stjude.org.

Partnering with Schools to Increase HPV Vaccine Coverage in Rural Communities along the U.S.-Mexico Border

Perspectives on HPV Vaccination in Rural America

Addressing HPV-related Stigma to Increase HPV Vaccination in Rural Communities

Convening a "Think Tank" to Inform Actions to Improve HPV Vaccination Coverage with Rural Communities.

Testing Evidence-based Strategies to Improve HPV Vaccination Coverage in Rural Primary Care Clinics

A Possible Strategy to Increase HPV Vaccination Rates Among Young Adults in Rural Areas: Partnering with Universities

It's All Greek - Improving HPV Vaccination with Greek Life

Impact of COVID-19 on Behind-the-Scenes HPV Vaccination Work with Rural Clinics

Learn more at stjude.org/hpvrural
Equity and Knowledge in the LGBTQ+ Community

Amy Wiser, MD, FAAFP, IBCLC
Prism Health, Cascade AIDS Project
Jenessa’s Journey to the Speculum

• Your new patient....
• Lovely 37-year-old cis woman
• Works as a MA at a Rural FQHC in the “next town over”
• Generally healthy: Lexapro for depression/anxiety
• Sexual History: STIs, HPV vaccination, Cervical Cancer Screening

Sexual orientation and gender identity
Jenessa’s Journey to the Speculum

Discloses she is a lesbian and only has ciswomen partners
  • Family nor work know her sexual orientation
  • Afraid of responses

Has never needed birth control (no sperm in sight)
Does not have penetrative intercourse
  • Has been told because of the above does not need cervical cancer screening
  • Scared of a speculum exam

Limited access to care in her town
  • Lives in a place (pick one) with medical discrimination
  • Professional role in her own clinic

Discrimination, access, education
Jenessa’s Journey to the Speculum
ACS Roundtable Health Equity Learning Collaborative

Ashley Brown, MPP & Caleb Levell, MA
American Cancer Society
Roundtable Collaborative Purpose and Goals

**Purpose:** Support the ACS Roundtables by providing a space for roundtable teams to learn more about health equity, develop roundtable-specific health equity action plans, and share other health equity best practices, challenges, and successes.

**Goals:** At the end of 2023, take action on 2-3 of our health equity principles to more concretely apply health equity to your work. Ultimately, further advance your roundtable goals through a health equity lens.
Roundtable Health Equity Learning Collaborative

Support the ACS Roundtables by proving a space for roundtable teams to learn more about health equity, develop roundtable-specific health equity action plans, and share other health equity best practices, challenges, and successes.

**TA Kick-off**
Define health equity, reinforce importance to ACS mission, and putting HE principles into action.

**1: Our Work Together**
Review learning collaborative charge, establish shared goals, and review expected outcomes (HE framework)

**2: HE Commitment**
Share how RTs demonstrate their commitment to advancing HE.

**3: Develop Action Plan**
Review areas of opportunity for integrating HE and identify strategic priorities to advance HE.

**4: Finalize Action Plan**
Review and provide feedback on action plan

**Implement Action Plan**
Working HE action plan presented and disseminated int/ext; and begin integrating strategies into annual activities.
Health Equity Principles – Roundtable Edition

Everyone should have a fair and just opportunity to be healthy and cancer-free.

- Help people with the greatest need.
- Prioritize diversity, equity, and inclusion.
- Address structural and social determinants of health.
- Understand the community's historical, social, cultural, and economic context.
- Implement sustainable community solutions.
- Leverage the power of volunteers.
- Partner with different sectors.
- Prevent and address unintended consequences.
- Value community expertise.

Make health equity a strategic priority.

Learn and improve.
Health Equity Commitment Statement

The [roundtable] believes that all people should have a fair and just opportunity to prevent, find, treat, and survive cancer, regardless of income, skin color, sexual orientation, gender identity, disability status, or zip code. Therefore, the [roundtable] commits to centering health equity in all that we do.

<table>
<thead>
<tr>
<th>Sample Message 1</th>
<th>Sample Message 2</th>
<th>Sample Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert a message that highlights why health equity is critical to your roundtable’s work.</td>
<td>Insert a message that highlights your health equity goal, which could include addressing the needs of specific populations.</td>
<td>Insert a message that highlights what your roundtable is doing to advance health equity.</td>
</tr>
</tbody>
</table>

Cancer Disparities Data Proof Points

1. 
2. 
3. 

Working Example from the National Roundtable on Cervical Cancer (NRTCC)

“The NRTCC believes that all people should have a fair and just opportunity to prevent, find, treat, and survive cervical cancer, regardless of income, skin color, sexual orientation, gender identity, disability status, or zip code. Therefore, the NRTCC commits to centering health equity in all that we do. We agree to work toward fairness and justice by systematically assessing disparities in opportunities, outcomes, and representation, and redressing [those] disparities through targeted actions. To achieve this, we will:

- Ground our work in data and context, creating targeted solutions.
- Focus on policy and systems changes, in addition to programs and services.
- Empower community voices to share decision-making with institutional leaders.
- Listen to and act with the community, and
- Build equity in leadership and accountability.”
A Deeper Dive: Addressing Power Dynamics and Ideas for Action

Power dynamics are inevitable among different sectors, organizations, communities, and individuals. These power dynamics can influence roundtable priorities. As large, complex networks of organizations, roundtables must confront the power imbalances that arise when certain groups have more resources and influence than others.

**Sharing Power**
- Identify ways for power to be shared with community-based organizations, whether through decision-making ability, consultation, or some other channel.
- Create more and intentional collaboration opportunities for community members and representatives from smaller organizations to engage with roundtable leadership.

**Decision Making**
- Share decision-making power with communities through both formal (e.g., community advisory groups) and informal (e.g., community input, tribal consultation) means.
- When including community members in formal decision-making groups, provide training to help leadership and community members understand one another's perspectives and how to interact effectively.
- Use voting practices that ensure transparency in decision-making, such as public voting.

**Representation**
- Strive for diverse representation, especially in decision-making groups (e.g., staff, committees, boards, etc.). Diversity could be reflected in race, ethnicity, lived experience, sector representation, income, disability status, etc.
- Ensure engagement with tribal nations starts by recognizing tribal sovereignty.

**Accountability**
- Regularly document decisions and how they were made to help ensure equity and transparency in decision-making. This could be done by regularly taking and sharing official meeting minutes.
- Recognize the power held by community voices and the expertise they bring to the roundtables.
- Build transparency into funding structures by providing guidance on how funding is prioritized and allocated.
# Health Equity Action Plan Example

<table>
<thead>
<tr>
<th>Health Equity Priority Principle</th>
<th>Goal Description</th>
</tr>
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<tbody>
<tr>
<td>Embrace diversity and inclusion</td>
<td>Increase the diversity and inclusion of our Roundtable by December 2023.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action 1</th>
<th>Review cancer disparities data to determine priority populations</th>
<th>XXXXX</th>
<th>XXXX</th>
<th>5/31/23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 2</td>
<td>Assess the diversity of our organization by answering the questions featured in “Who is at the table?” (e.g. review past event agendas to see which populations you prioritized)</td>
<td>XXXX</td>
<td>XXXX</td>
<td>7/31/23</td>
</tr>
<tr>
<td>Action 3</td>
<td>Based on the results of the assessment, recruit 2 organizations that represent x community your organization</td>
<td>XXXX</td>
<td>XXXX</td>
<td>12/31/23</td>
</tr>
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<th>Health Equity Priority Principle</th>
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<tr>
<td>Collaborate with community members</td>
<td>Develop a process to ensure XXXX’s perspectives are incorporated into Roundtable events and strategies.</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>Action 1</td>
<td>Implement “Who is at the table?” exercise to determine which perspectives are missing.</td>
</tr>
<tr>
<td>Action 2</td>
<td>Invite XX to be a part of the steering committee OR implement a planning exercise to ensure are perspectives are included.</td>
</tr>
<tr>
<td>Action 3</td>
<td>Include questions in your evaluation to measure your health equity impact.</td>
</tr>
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</table>
Health Equity is a Journey

“I think we have to push back on an instinct that the fixes are quick. There is not a checkbox, where we can say ‘do these three things.’ But it is a process, and if we can do more in partnership, genuinely, with the communities that have been most affected, that's how we [increase] trustworthiness.”

— Marcella Nunez-Smith, M.D.”
In Table Groups, discuss what you could do in your work/organization around health equity

Write your reflections in your Participant Adventure Guide

Reassess your organization’s stage of change
Call-To-Action Time!

- Identify one strategy from the wheel that can be your health equity call-to-action and record in your Participant Adventure Guide
- Share your calls-to-action at your Table Group
- Reminder to complete your pledge!
Make health equity a strategic priority

People

- Help people with the greatest need.
- Embrace diversity and inclusion.
- Address structural and social determinants of health.
- Collaborate with community members.
- Partner with different sectors.

Everyone should have a fair and just distribution of health.
learn and improve

- Prevent and address unintended consequences.
- Leverage the power of volunteers.
- Implement sustainable community solutions.
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