

The image features a teal-to-green gradient background with a subtle geometric pattern of overlapping triangles. White floral silhouettes, including hibiscus and other tropical flowers, are positioned in the top-left and bottom-right corners. The main text is centered in a large, bold, white font.

# Centering Health Equity



# HPV Vaccination with Rural U.S. Communities

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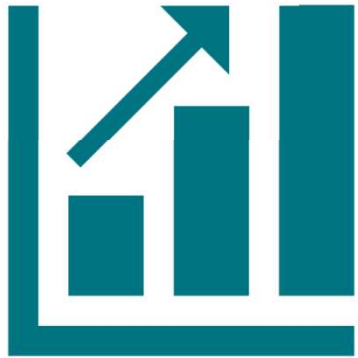
Heather M. Brandt, PhD

Director, HPV Cancer Prevention Program  
St. Jude Children's Research Hospital

# Why Rural?



Rural does not mean  
“one size fits all”



Higher HPV cancers  
among rural  
populations

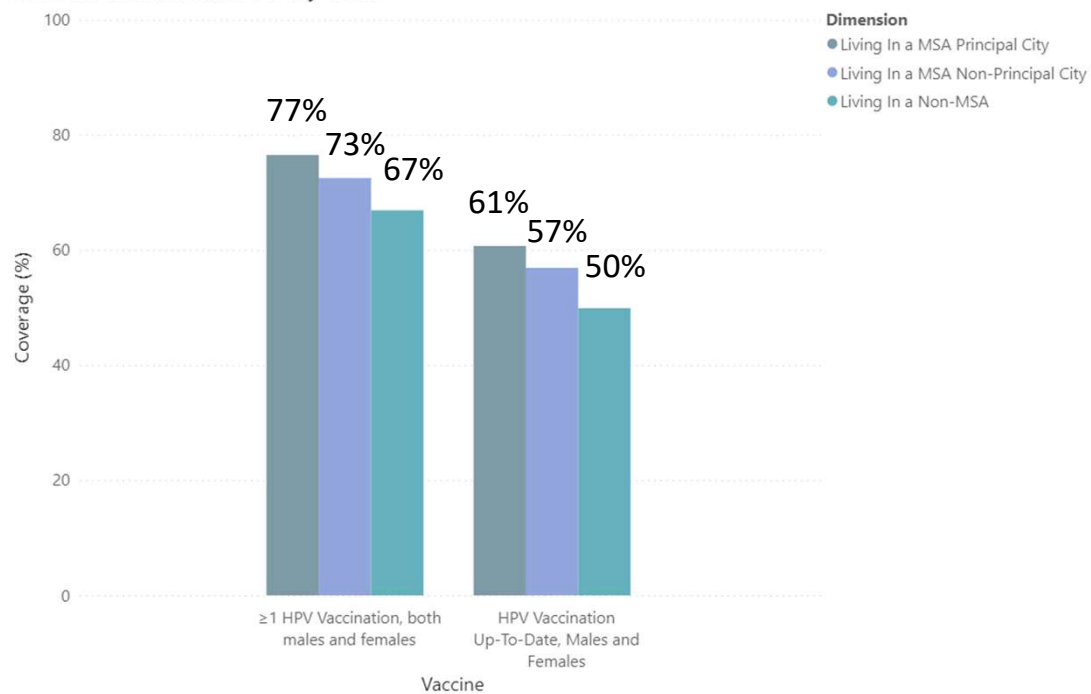


Lower HPV  
vaccination among  
rural populations



# HPV Vaccination Coverage in Rural Areas is Consistently Lower, NIS-Teen 2018–2022

Vaccination Coverage among Adolescents Age 13-17 Years, Survey Years 2018-2022, United States, National Immunization Survey-Teen



Children living in rural areas have lower HPV vaccination coverage than children living in urban areas.



### Rural Caregivers:

- Jason, married father of three adult children
- Erin, mother of two children under 5
- Mindy, married mother of one
- Susan, married grandmother of three middle schoolers

*“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*

**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



# 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 guest contributors 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](mailto: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

PATH →  
to prevention

## Preventing HPV Cancers with Rural Communities

The U.S. encompasses many geographic regions, cultural traditions and health care norms. **About 20% of the population lives in rural regions of the country**, which accounts for approximately 50 million Americans.






Americans living in rural areas possess numerous strengths, such as resiliency, self-sufficiency and a strong sense of community. And yet these same strengths can make many of these individuals less likely to seek preventive medical care, including cancer screening and HPV vaccination.

HPV is an extremely common virus that can cause six forms of cancer in adults – including cervical, vaginal, vulvar, anal, penile and oral/throat cancers. **HPV vaccination has been proven to prevent 90% of those cancers.** Healthy People 2030 goals aim for an 80% HPV vaccine completion rate. Unfortunately, people living in rural areas have higher rates of HPV cancers and have lower HPV vaccination coverage as compared to their urban counterparts. We want to change that.

HPV vaccination is cancer prevention.

### BARRIERS TO VACCINATION IN RURAL COMMUNITIES

Barriers in rural communities that lead to a lack of awareness about the safety and effectiveness of HPV vaccination include:

-  Low levels of HPV vaccination knowledge, especially among parents and caregivers
-  Lower overall childhood vaccination rates
-  Health care provider shortages, limiting access to vaccinations
-  Lack of health care provider recommendations for vaccinations
-  Lack of transportation and access to health care facilities



Learn more at [stjude.org/hpvrural](http://stjude.org/hpvrural)



# Equity and Knowledge in the **LGBTQ+** Community

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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 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

## 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



### **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.

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

### **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

Health Equity Priority Principle	Goal Description			
Embrace diversity and inclusion	Increase the diversity and inclusion of our Roundtable by December 2023.			
	Description	Lead Individual	Additional Support	Target Due Date
Action 1	Review cancer disparities data to determine priority populations	XXXXX	XXXX	5/31/23
Action 2	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)	XXXX	XXXX	7/31/23
Action 3	Based on the results of the assessment, recruit 2 organizations that represent x community your organization	XXXX	XXXX	12/31/23



# Health Equity Action Plan Example

Health Equity Priority Principle	Description			
Collaborate with community members	Develop a process to ensure XXXX's perspectives are incorporated into Roundtable events and strategies.			
	Description	Lead Individual	Additional Support	Target Due Date
Action 1	Implement "Who is at the table?" exercise to determine which perspectives are missing.	XXXXX	XXXXX	4/30/23
Action 2	Invite XX to be a part of the steering committee <u>OR</u> implement a planning exercise to ensure are perspectives are included.			
Action 3	Include questions in your evaluation to measure your health equity impact.			



# Health Equity is a Journey



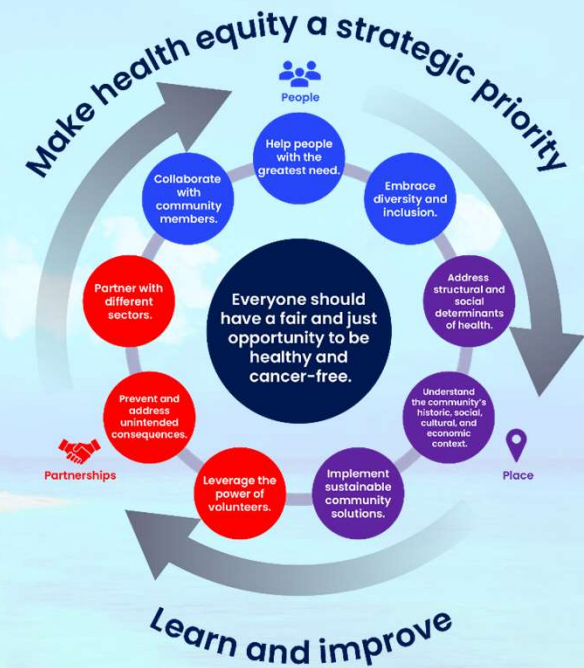
“I think we have to push back on an instinct that the fixes are quick. There is not a checkbox, where we can say ‘do these three things.’ But it is a process, and if we can do more in partnership, genuinely, with the communities that have been most affected, that's how we [increase] trustworthiness.”

— Marcella Nunez-Smith, M.D.”



# Health Equity Wheel Activity

- 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.

Collaborate with community members.

Partner with different sectors.

Everyone should have a fair and just

Address structural and social determinants of health.

**cancer-free.**

**Prevent and address unintended consequences.**

**Understand the community's historic, social, cultural, and economic context.**

**Leverage the power of volunteers.**

**Implement sustainable community solutions.**

**Partnerships**

**Place**

**Learn and improve**

