Introduction

A stakeholder is a person, group, or organization that has interest in an organization’s mission and activities. Immunization Programs can pull together a variety of stakeholders to help develop and implement activities to increase adolescent immunization rates. Engaging immunization stakeholders—such as state and/or local immunization coalitions, local health departments, professional medical associations, community groups, and schools—allows for sharing of resources and leveraging skills and expertise. Considering stakeholder needs and interests throughout the process of implementing an activity is critical to success.

Recommendation 3.3 from the National Vaccine Advisory Committee’s report on overcoming barriers to low HPV vaccination rates recommends engaging stakeholders by promoting collaboration among all stakeholders to coordinate communications and messaging that increases message consistency across professional organizations and their constituencies. The US National Vaccine Plan, established in 2010, has a similar message and stresses the importance of obtaining broad-based input from stakeholders as well as the public when developing new immunization policies, and assessing existing ones. Stakeholder engagement is critical when it comes to the communication of vaccine benefits, risks, and recommendations, according to the National Vaccine Plan.

Immunization Programs across the country work to actively engage stakeholders in adolescent immunization campaigns, such as supporting immunization coalition-led projects to increase coverage rates, establishing relationships with new partners involved in adolescent immunization (eg, cancer prevention programs), and forming groups with multiple internal and external partners to share ideas and collaborate on adolescent immunization activities.

The activities highlighted here related to engaging stakeholders are:

♦ Getting Started: Sustaining an HPV Stakeholder group (Michigan)

♦ Moving Forward: Establishing a statewide workgroup to address adolescent immunization (Montana)

♦ Taking It to the Next Level: Building on jurisdiction-specific connections through an HPV stakeholder group (Alaska)

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**Ignite! Getting Your Community Coalition “Fired Up” for Change**

AIM hosted a webinar featuring Fran Butterfoss, PhD, author of the book, “Ignite! Getting Your Community Coalition ‘Fired Up’ for Change.” This presentation by Dr. Butterfoss was based on her book, which was written for community practitioners, leaders and activists who want to build and sustain innovative organizations, and coalitions to improve the health and well-being of their communities.

The information within this book and related webinar hosted by AIM are targeted at those who are ready to build and sustain innovative organizations and community coalitions that change policies, systems and environments. In Ignite!, building and sustaining a coalition is compared to planning, building, fueling and sustaining a campfire. The book’s four parts—“Before You Build It,” “Build It,” “Make It Work,” and “Sustain It”—are filled with useful tools that spark ideas and resources to “fire up” any community for healthy, lasting change.

National Resources for Engaging Stakeholders Directly

Many organizations provide tips and tools for working with stakeholders/partners, including:

**Centers for Disease Control and Prevention**
- Establishing partner networks (from the HPV partner toolkit):
  - www.cdc.gov/hpv/partners/establishing-partners/index.html
  - Includes a poster of benefits to engage specific partners (shown at right):
  - Includes information for developing a round table discussion:
    - www.cdc.gov/hpv/partners/establishing-partners/developing-roundtables.html
- Engaging stakeholders (from the perinatal hepatitis B program):
- Identifying and determining involvement of stakeholders (from the STD program):

**American Cancer Society**
- Finding partner HPV vaccination initiatives/interventions through a searchable database (shown at right):
- Guidance for successful comprehensive cancer control coalitions:
  - www.cccnationalpartners.org/new-resource-9-habits-successful-comprehensive-cancer-control-coalitions

**Other Public Sector Programs**
- Introduction to stakeholder participation (Social Science Tools for Coastal Programs):
- Stakeholder engagement toolkit (Los Angeles Department of Children and Family Services):
- Increasing participation and engaging stakeholders (Community Tool Box, a service of the Center for Community Health and Development at the University of Kansas):

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*Types of stakeholders with which Immunization Programs engaged to increase adolescent HPV vaccination rates (past 12 months)*

<table>
<thead>
<tr>
<th>Stakeholder Category</th>
<th>Engagement Rate</th>
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<tbody>
<tr>
<td>Cancer coalitions/alliances/organizations</td>
<td>59</td>
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<td>Community health centers</td>
<td>51</td>
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<tr>
<td>Local health departments</td>
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<tr>
<td>Local AAP chapters</td>
<td>47</td>
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<tr>
<td>Local AAFP chapters</td>
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<tr>
<td>STD/family planning clinics</td>
<td>39</td>
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<td>Department of education</td>
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<tr>
<td>Community vaccinators</td>
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<tr>
<td>Juvenile detention facilities</td>
<td>27</td>
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<tr>
<td>Pharmacies</td>
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*Data from 2016 AIM Annual Survey administered June-November 2016; 61 of 64 Immunization Programs responded to survey.*
Overview of activity
The Michigan Immunization Program is currently planning strategies for sustaining its HPV stakeholder group now that the HPV-specific Prevention and Public Health Fund (PPHF) funding period is over.

Adolescent ages targeted
All adolescents and young adults.

Background/impetus for the activity
With 2014 PPHF HPV funding, the Michigan Immunization Program ramped up its efforts focused specifically on HPV vaccine, including convening an HPV stakeholder group. The group held five face-to-face meetings, with 45 to 80 participants per meeting. The initial goals of this group were to convene an array of partners to share strategies and needs related to increasing the timely administration of HPV vaccine. Non-traditional partners included external cancer-focused organizations, such as the Michigan Chapter of the American Cancer Society (MI ACS) and the Michigan Cancer Consortium. The program also sought to create new partnerships with health plans and health insurers to learn about their HPV vaccination efforts and to potentially have a positive impact on their clinics and providers.

As the PPHF HPV grant wound down, the program and the MI ACS began discussions about sustaining the group while adjusting to the loss of grant funds and addressing some of the challenges that emerged from the initial HPV stakeholder group.

Description of activity
The Michigan Immunization Program and the MI ACS are actively collaborating on identification of strategies for continuing an HPV stakeholder group. The current plan is to move toward a roundtable format, following the model of the HPV-focused roundtable of the national ACS. The HPV roundtable would have a more formal structure than the original group, including a steering committee, bylaws and a more formal commitment from group participants. The roundtable format would include workgroups designed to focus participants’ efforts on particular topics. The list of potential topics under consideration include providers, resources, insurance, access, pharmacies, quality improvement measures, and advocacy.

The next step in moving to the roundtable format will be a conference call with participants from the initial stakeholder group who have agreed to take part in the steering committee. The call will focus on clarifying the structure and format of the new group. The program manager also intends to engage immunization champions within health systems who are not currently represented but have been suggested by others as potentially valuable contributors.
The members of the steering committee will need to address several questions in designing the HPV roundtable including:

- **To what degree are partners willing to participate?**
  Moving forward, the goal is to have a more action-oriented group in which participants would devote time and energy to collaborative efforts. In the initial HPV stakeholder group, participants were committed to achieving goals within their own organization, but not necessarily in collaboration with other partners.

- **Who will provide administrative support?**
  The Michigan Immunization Program hosted the original HPV stakeholder group. If MI ACS takes the lead on the roundtable, the structure may be more conducive to active participation, as the program would more closely match those of other MI ACS programs and the Michigan Immunization Program would not be responsible for leading every meeting.

- **What is the most effective format for the meetings?**
  Participants in the initial HPV stakeholder group preferred having in-person meetings, but half-day meetings in Lansing, Mich., may have been a barrier to participation for some stakeholders. In-person meetings also require more time and money compared with conference calls or virtual meetings.

- **What level of financial support will be needed and who will provide it?**
  Although administering a roundtable group may not be costly, the cost will depend on the format of the meetings.

**Role of Immunization Program and other agencies/groups involved**

The Michigan Immunization Program hosted the initial HPV stakeholder group. A planning committee consisting of staff from the Michigan Department of Health and Human Services (MDHHS), including the immunization program, plus an external moderator from the University of Michigan, provided input on meeting agendas that primarily build off prior meeting’s discussion and stakeholder updates.

Participants in the initial group included private providers (e.g., pediatricians, general practitioners), public providers (e.g., local health departments, federally qualified health centers, rural health centers, Indian Health Service clinics), internal cancer groups (e.g., Comprehensive Cancer Control Program), external cancer groups (MI ACS, Michigan Cancer Consortium), some medical provider organizations (e.g., Michigan Pharmacy Association), health plans, and health insurers. The roundtable group is expected to continue with the same types of participants, with the hope of having decision-makers at the table to facilitate an action-oriented focus.

The MI ACS is a major partner in forming the roundtable. The organization has proposed a strategic plan for the group, and MI ACS and the Immunization Program are organizing a steering committee.
Dissemination
The Immunization Program sent periodic informational messages to participants of the initial HPV stakeholder group via an email listserv. The party responsible for communicating with roundtable participants has yet to be determined.

Intersection with other program activities
The Immunization Program’s work on the HPV stakeholder group overlaps with other existing HPV efforts. For example, the adolescent and adult coordinator regularly meets with an existing internal workgroup that consists of members from various supporting programs including Michigan’s Cancer Control and Prevention, Michigan’s Cancer Consortium Survivorship workgroup, Michigan Oral Health Coalition, and school-based health centers. The adolescent and adult coordinator also serves on the Michigan Cancer Consortium’s HPV steering committee.

The Immunization Program hosts an adult immunization stakeholder group (supported by adult immunization PPHF funding). On two occasions, Immunization Program meetings were coordinated with the HPV stakeholder group meetings, and participants from each group were encouraged to attend both meetings.

Funding
The initial HPV stakeholder group was funded through an HPV-specific PPHF cooperative agreement. The Immunization Program expects to support continuing work with staff time (supported by main CDC cooperative agreement) and other in-kind contributions such as meeting space and educational materials.

Staffing
For the initial HPV stakeholder group, the program’s adolescent and adult coordinator and the AFIX (assessment, feedback, incentive, eXchange) quality improvement (QI) coordinator created the meeting agendas, identified presenters, and prepared program grant updates and HPV coverage level data to provide at meetings. Another staff person, who was full-time on the HPV grant mainly to help with immunization registry-based HPV recall, helped with administrative duties associated with hosting the meetings (eg, conference space, food, RSVPs). Going forward, the program’s AFIX QI coordinator and the adolescent and adult coordinator will participate in the new stakeholder group as part of their regular duties.

Implementation status
The initial HPV stakeholder group held its last meeting in March 2017. Discussions about the next iteration of an HPV group were initiated in January 2017 and are ongoing.

Successes
- The initial stakeholder group provided a helpful way for partners to stay up to date on the activities and achievements of other groups within their organization that are supporting HPV vaccination, and building connections between different stakeholders.
- The participation of an external facilitator/moderator brought a skill set to the meetings that the program did not otherwise have previously, which helped to spur discussion during meetings.
Challenges

• Efforts to involve the state chapter of the American Academy of Pediatrics in the HPV stakeholder group have been unsuccessful.

• Identifying the ideal contacts to invite from health plans and health systems has been challenging. For health plans, the program first asked the state Medicaid section for plan representatives working on quality improvement initiatives or in director/decision-maker roles. However, the representatives sent by these health plans and systems were often lower-level staff members rather than decision makers. While it is helpful to have their representation, it is not as helpful for driving change and moving past barriers. For health systems, pharmaceutical contacts have sometimes suggested decision makers to contact. Involving decision makers will be the goal for the new stakeholder group.

Other lessons learned/Advice to other programs

• There are other models for stakeholder groups that can encourage active participation. For example, the Immunization Program structured participation in its adult stakeholder group such that in exchange for a stipend of $5,000, participating organizations agreed to develop an action plan, spend the stipend on adult immunization activities, attend stakeholder meetings, and host the program’s adult immunization standards module.

• An advantage to not having the Immunization Program lead a stakeholder effort is that the stakeholder group can tackle things that the Immunization Program cannot do as a government entity. For example, the advocacy workgroup on the HPV roundtable could work to educate state legislators about HPV vaccine, which the Immunization Program is not be able to do.

» For programs that want to start a new stakeholder group (or jumpstart an existing one), it is important to define goals and objectives and determine priorities. Use the SMART (specific, measurable, achievable, realistic, and time-based) system to set goals and keep track of progress. Decide whether the group will be more for information sharing or more action oriented, and whether it will be driven by the Immunization Program or more of a collaboration among partners. If the program is a collaboration, ensure partners understand their role and expected commitment from the start.

Relevant resources

• Michigan HPV stakeholder initiative meeting agendas

Information on the national ACS HPV roundtable:

For more information

Michigan Department of Health and Human Services
Division of Immunization
(517) 373-3740
Overview of activity
The Montana Immunization Program has established a workgroup to address adolescent immunization in the state.

Background/impetus for the activity
This workgroup was formed to address adolescent immunization rates and to follow up at the state level with the CDC’s HPV Call to Action. In addition, some existing partners had received funding to work on HPV activities and the program was increasingly fielding requests to provide resources and information. The workgroup allowed partners to come together to leverage resources and provide a consistent message about adolescent immunization throughout the state.

Description of activity
In 2015, the Montana Immunization Program formed a workgroup of internal and external partners throughout the state that had a stake in adolescent immunizations or a specific interest in HPV vaccination. The purpose was to establish a unified message regarding adolescent immunization throughout the state and to inform all parties of the partner group activities.

Prior to the first meeting, the Immunization Program asked its partners to provide perspective on adolescent immunization including activities currently underway, a list of all successful and unsuccessful efforts related to HPV immunization, and suggestions to increase coverage rates.

The workgroup held an initial in-person meeting, at which the Immunization Program established the ground rules and planned direction of the workgroup. Participants identified and prioritized topics to address, including provider and parent education, adolescent AFIX, school clinics, and other strategies to reach adolescents outside of primary care clinics. The workgroup developed next steps for each topic.

The workgroup has been meeting for about 18 months. Initially, meetings were held approximately every 6 weeks to establish the structure and next steps, and to keep the momentum going. Following the first in-person meeting, all subsequent meetings have been held by webinar. The workgroup is planning to meet twice a year in the future.

Role of immunization program and other agencies/groups involved
The Montana Immunization Program initiated and is currently leading this workgroup. External partners include the state chapters of the American Academy of Pediatrics and American Academy of Family Physicians, the Montana Public Health Association, several local health departments, private providers and nursing staff, and multiple health plans (public and private). Internal partners within the Public Health and Safety Division of the Montana Department of Public Health and Human Services include the cancer control, oral health, and women’s and men’s health programs.
Dissemination
The Montana Immunization Program communicates with workgroup members, including the distribution of meeting minutes, by email. The program provides updates on the workgroup during monthly calls with local health departments and through its annual regional workshops.

Intersection with other program activities
Discussions during the workgroup meetings have had a valuable impact on other program activities. For example, the Immunization Program recently launched a multiyear adolescent immunization campaign. Information from the workgroup was incorporated into the design of the campaign. Another idea discussed in the workgroup was peer-to-peer feedback as part of AFIX site visits, which the program is currently developing.

Information that the Immunization Program collected through other projects has been helpful for workgroup members. For example, to address questions related to vaccinating adolescents/young adults who are no longer eligible for coverage through Vaccines For Children (VFC), the program shared information from its billing project regarding vaccine accessibility and financing for this population.

Funding
Funding for the adolescent projects comes to the Montana Immunization Program through a state general fund appropriation that is used to support adolescent immunization. A portion of the funding goes toward the state vaccine program for under-insured adolescents. The funds were initially given to the program several years ago during the early push for HPV vaccine. The funding has been stable, but it is always subject to review when the state legislature meets (every 2 years).

Staffing
The workgroup is coordinated by the program’s staff member whose responsibilities also include being the adolescent immunization coordinator. This is one of many responsibilities and represents a small portion of the staff member’s time. However, the workgroup overlaps with other program activities, so pinpointing the actual time dedicated to this specific program is difficult.

Implementation status
The workgroup was originally planned to run for a year, but now expects to continue to meet for as long as needed. The Immunization Program is revisiting the workgroup’s membership and will invite additional relevant partners if anyone was previously overlooked. For example, the Immunization Program invited and is working to increase engagement with the Indian Health Service-Billings Area Office.
Successes

- Establishing the workgroup gave the Montana Immunization Program a mechanism for enhancing partner collaboration and generating support for addressing adolescent immunization from partners.
- The workgroup has provided a valuable way to share partner resources and ideas with a small outlay of program resources.
- As a result of a multiyear adolescent immunization campaign that the program recently launched the program is drawing new partners into the workgroup and generating enthusiasm for adolescent immunization.

Challenges

- It is challenging for people to commit to in-person meetings due to the geographic size of Montana, so the program holds most meetings by webinar and/or telephone. The initial meeting was an in-person session that gathered the stakeholders for a day-long discussion, but the remaining meetings have been 1-hour webinars, which has resulted in less participation.

Lessons learned/advice to other programs

- It is important that the person facilitating the workgroup is organized and can keep the workgroup on track.
- Having established goals and strategies provides those who are invited to participate in the workgroup with a well-defined list of responsibilities associated with participation.
- Workgroups may need to meet more frequently during the early stages of formation to define objectives and establish momentum.
- To build engagement with each partner to support active participation in adolescent immunization activities, the Immunization Program periodically contacts partners individually to discuss their thoughts on the program and planned activities.
- For this workgroup, it was important for the Immunization Program to educate partners on what actions were feasible. For example, it was suggested that VFC eligibility be expanded to age 20 years, but that is outside the scope of the Montana Immunization Program. However, the program was able to share resources on payment options for young adults and other relevant information.

Relevant resources


For more information

Montana Department of Public Health and Human Services
Immunization Program
(406) 444-5580
Overview of activity
The Alaska Immunization Program formed a new HPV joint initiative workgroup to provide input on HPV PPHF grant activities and increase collaboration across partners related to increasing HPV immunization rates.

Background/impetus for the activity
The Alaska Immunization Program was awarded a 2-year HPV-specific PPHF grant (2014-2016) to increase HPV vaccination coverage among adolescents. As part of the activities specified in the grant, the Immunization Program initiated an HPV-focused stakeholder group.

Description of activity
The CDC grant materials provided suggestions for partners to invite when forming an HPV-focused stakeholder group, and the Immunization Program also included specific state and local agencies to address the unique needs of its jurisdiction.

Several meetings were held during the grant period, mainly by telephone, and the stakeholder group provided input and feedback on the content and format of several HPV-related activities including:

- Educational materials targeting immunization providers
- A public media campaign, which included CDC materials that were adapted to the specific needs of the Alaska Immunization Program and two videos with Alaskan residents
- A reminder/recall postcard (focused on HPV vaccine but including Tdap and MCV as well)

Role of immunization program and other agencies/groups involved
The Alaska Immunization Program initiated and manages the HPV stakeholder group. Partners in the stakeholder group include: the Alaska Native Tribal Health Consortium; the CDC Arctic Investigations Program; internal partners in the division of public health (cancer control and prevention, public information office, public health nursing, adolescent health, and school health); the Anchorage Health Department; the state chapter of the AAP; the Anchorage School District Health Services Division; the Vaccinate Alaska Coalition; the Alaska Area Health Education Center; the state chapter of the American Cancer Society; and Let Every Woman Know, a nonprofit gynecologic cancer group.

Alaska’s vast geographic area and significant Alaska Native/American Indian population bring unique immunization challenges. A few state-specific and local partners on the stakeholder group help to address these challenges:

- Anchorage School District: the largest school district in the state; administers vaccines and conducts special projects related to adolescent immunization (eg, offering vaccines to students during parent-teacher meeting times).
- Municipality of Anchorage Health Department: Anchorage is the largest population center in Alaska and is the only borough in the state with independent health powers.
• Alaska Native Tribal Health Consortium: a nonprofit tribal health organization that partners with the 13 tribes and tribal health organizations in the Alaska Native Health Care System to provide health care to the Alaska Native/American Indian population throughout the state, especially in the widespread rural areas.

• Public Health Nursing: the services provided by this program, which is within the division of public health, include staffing a network of public health centers and offices in 16 communities and providing nurse visits to approximately 280 additional small communities and villages.

Dissemination
The Alaska Immunization Program has provided project update presentations at events run by stakeholder partners. This has resulted in increased awareness of resources among relevant partners. For example, the Alaska Cancer Prevention and Control Program recently asked permission to include some of the Immunization Program materials in its cervical cancer screening awareness efforts to combine the messages of screening and vaccination.

Intersection with other program activities
As noted above, the HPV stakeholder group provided input on materials developed for other HPV-related activities undertaken by the Immunization Program (public media campaign, reminder/recall effort, and provider education materials). Using the provider materials that were developed, the program distributed HPV vaccination toolkits to health care providers who administer the HPV vaccine.

Funding
The stakeholder initiative was supported by an HPV PPHF grant. The grant has ended, but continued support will come through the Immunization Program’s CDC cooperative agreement.

Staffing
The joint workgroup currently has one full-time staff member – the education and training manager – whose time is dedicated to providing support to the workgroup. Initially, the program also had a public health advisor, but his position has been eliminated.

Implementation status
Though the HPV PPHF grant has ended, the Immunization Program plans to continue operating the HPV stakeholder group. The initial focus of the group was to provide input on PPHF grant activities, but will now shift slightly to focus on keeping each other informed and working together on future activities. The Immunization Program will remain the administrator of the group, but will not necessarily be the impetus for all of the group’s activities.
Successes

- Establishing the HPV stakeholder group was particularly helpful in raising awareness of each other’s activities across all of the cancer-related partner groups.
- Through this stakeholder group, the Immunization Program developed new relationships with the American Cancer Society, Alaska Division of Public Health Cancer Prevention and Control, Alaska Adolescent Health Program, and Let Every Woman Know.
- Working with the Alaska Area Health Education Center was a relatively new and valuable collaboration.
- Overall communication among partners increased outside of workgroup activities.
- In keeping with the trend to do more with less, this group helped partners combine activities and identify potential redundancies. For example, both the Alaska Immunization Program and the Chronic Disease Prevention and Health Promotion Program were preparing guidance on the change in HPV vaccine dosing schedule and will now combine these efforts.

Challenges

- Given competing priorities among all involved partners, it is challenging to coordinate in-person meetings for the stakeholder group, resulting in less frequent meetings than originally planned. The program utilizes informal communication by email and generally holds meetings via conference call.

Other lessons learned/Advice to other programs

- Forming a stakeholder group requires significant, focused effort in the beginning to launch the group and initiate activities.
- Though it would depend on what an immunization program is trying to accomplish, it would be difficult for a truly effective stakeholder group to operate with anything less than one part-time employee (i.e., 20 hours/week). Once the group achieves some momentum, a staff member is necessary to keep the group organized and maintain the activities. However, the responsibilities can have significant overlap with other programmatic activities. Partners not yet involved in the Alaska Immunization Program’s HPV stakeholder group that should be considered include:
  - dental providers
  - pharmacists (they don’t participate in VFC in Alaska, but older adolescents are a population they might potentially serve)
  - representatives from private practice (the group has good representation of service areas that reach out to the public in Alaska, but not much on the private side).

Relevant resources

- HPV campaign materials developed with stakeholder group input:
  http://dhss.alaska.gov/dph/Epi/iz/Pages/hpv/default.aspx

For more information

Alaska Department of Health and Social Services
Immunization Program
(907) 269-8000
REFERENCES

