



HPV Vaccinations: A Community Health Worker's Role ECHO Series

Session 5: Addressing Parental Hesitancy Around HPV Vaccinations

Wednesday, September 27th, 2023

12-1:15pm PST





In the chat, please share the following:

- Name
- Organization
- Share with us what hesitancies you encounter with parents/in your community.

Introductions

ECHO Disclosures



Each ECHO session will be recorded and will be posted to a publicly-facing website



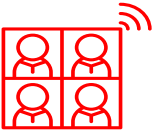
You will be muted with your video turned off when you join the call. Use the buttons in the *black* menu bar to unmute your line and to turn on your video. **If you do not wish to have your image recorded, please turn OFF the video option.**



Today's materials will be made available on the [ACS ECHO website](#)



Please type your full name, the full name of your organization, and e-mail in the chat box



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Remember: Do NOT share any personal health information (PHI) about any patient. This includes but not limited to patient name, date of birth, address, occupation, name of friends/family, and any other identifiable features (including scars, tattoos, hair/eye color)



This ECHO is made possible through funding from Merck, for the purpose of Mission: HPV Cancer Free Quality Improvement Initiative.



Need assistance with Zoom? Please directly chat Allison, Alyssa, Ashley, Jenny, Troy, or Sandy for assistance

Disclosure Policy

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The following presenter has/have disclosed the following relationship with an ineligible entity:

- Ashley Lach, MHA, CPHQ
 - *Grant/Research Support: Merck*
- Allison Rosen, MS
 - *Consultant: Bayer Oncology*
- Sean O'Leary, MD
 - *Merck*

All other presenters, planners, or anyone in a position to control the content of this continuing medical education activity have indicated that neither they nor their spouse/legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity.



Group Photo Time: Grab something sporty!

Today's Agenda

- 1 Introductions**
2 minutes
- 2 Housekeeping & Session Overview**
5 minutes
- 3 Didactic Presentation & Q +A**
45 minutes
- 4 Case Presentation: Karina Precicado**
15 minutes
- 5 Closing remarks, Wrap-Up & Post-Session Survey Poll**
5 minutes

Learning Objectives



1

Participants will be able to demonstrate new knowledge to use in discussion with vaccine hesitant parents.

2

Participants will be able to share new ideas about the architecture of vaccine conversations with parents, to promote more effective and efficient communication.



Sean O'Leary, MD, MPH

Session 5:

Addressing Parental Hesitancy Around HPV Vaccinations





Strategies for Communicating About HPV Vaccine with Vaccine Hesitant Parents

Sean O'Leary, MD, MPH, FAAP

September 27, 2023

HPV ECHO Series





Objectives

By the end of this talk, audience members will:





Objectives

By the end of this talk, audience members will:

1. Have new knowledge to use in discussions with parents hesitant to get HPV vaccine
2. Have new ideas about the architecture of vaccine conversations with parents, in order to promote more effective and efficient communication





Outline

- Background
- Evidence regarding provider conversation techniques for increasing vaccine acceptance
- Ideas and strategies for the HPV vaccine conversation
- Cases





Brief (and highly opinionated) Summary of Current State of Vaccine Communication Research

- Tons of research on parents' knowledge, attitudes, beliefs
- Little research on what communication techniques actually *change behavior*
- Research in this area is complicated!
- We've been focused on the '**what**' more than the '**how**'





It's Not (just) About the Facts: The “What” and the “How”

- The **What** – *necessary, but often not sufficient*
 - Safety surveillance mechanisms, ingredients, facts about diseases prevented, immunology of vaccination, ACIP recommendations, misconceptions, etc
- The **How** – what is the best way to convey information so that a person who is already resistant will be receptive to the information?
- Conventional Wisdom: Improve knowledge and people will make the right decision
 - This educational approach assumes human decision making is always rational (has been called the ‘Information Deficit Model’)
- Becoming increasingly clear that simply correcting knowledge gaps – whether through informational brochures, community campaigns, or direct provider conversations – is often **not enough** to address people who have concerns about vaccines





**SOME IDEAS ABOUT “THE HOW”
OF TALKING WITH PEOPLE
ABOUT VACCINES**






Landmark Study

The Architecture of Provider-Parent Vaccine Discussions at Health Supervision Visits

Douglas J. Opel, John Heritage, James A. Taylor, Rita Mangione-Smith, Halle Showalter Salas, Victoria DeVere, Chuan Zhou and Jeffrey D. Robinson
Pediatrics 2013;132;1037; originally published online November 4, 2013;

- Investigators in Seattle videotaped well visit encounters for children 1-19 months old
- Oversampled “vaccine hesitant parents”
- 111 vaccine discussions, 50% with VHPs
- Tried to figure out what predicted uptake of vaccines





The best predictor of vaccination uptake in the videotaped encounters, for both hesitant and non-hesitant parents, was how the provider started the conversation

Presumptive Format:

- a declarative statement
- presupposes parents will vaccinate
- “Sara gets 3 shots today.”


Participatory Format:

- an open-ended question
- shifts decisional control to parents
- “How do you feel about shots today?”



Formats to Initiate the Vaccine Discussion





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Parent resists
26% of the time

Participatory Format:

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Participatory Format:

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- shifts decisional control to parents
- “How do you feel about shots today?”

Parent resists
83% of the time

Formats to Initiate the Vaccine Discussion



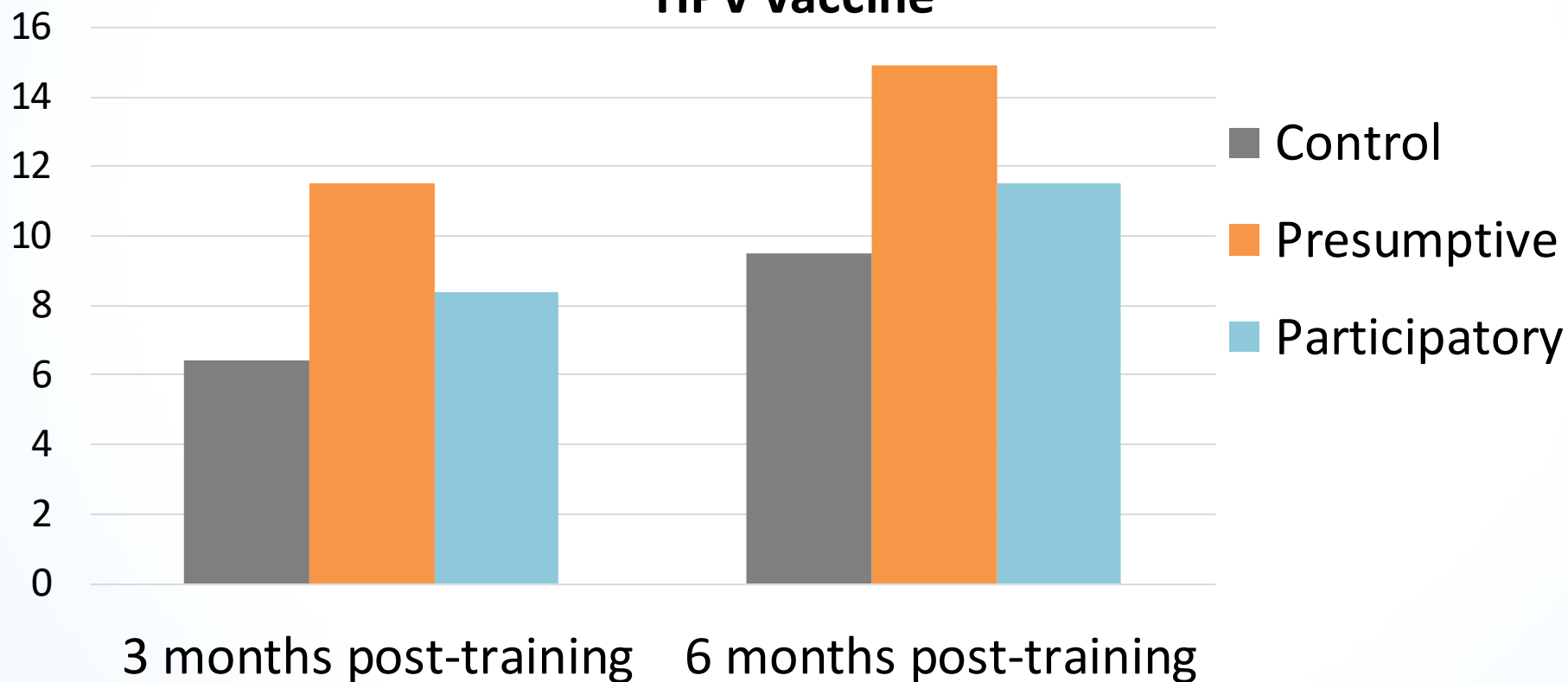


Why use a presumptive format and why does it work?

- Vaccination is the clear standard of care
- It normalizes the vaccine decision
- For parents with mild or even moderate hesitancy about vaccines, a provider giving a strong recommendation in a presumptive format is often all that is needed, and, perhaps counterintuitively, may actually make parents more comfortable with the decision to vaccinate
- Use of a presumptive format still leaves latitude for questions and concerns



Change in % of adolescents who received ≥ 1 dose of HPV vaccine



Brewer et al. *Pediatrics* 2017



Presumptive Format and HPV Uptake





CA: A Cancer Journal for Clinicians

Article |  Open Access | 

Clinician communication strategies associated with increased uptake of the human papillomavirus (HPV) vaccine: A systematic review

Catherine Constable MD  Kyle Ferguson PhD, Joey Nicholson MLIS, MPH, Gwendolyn P. Quinn PhD

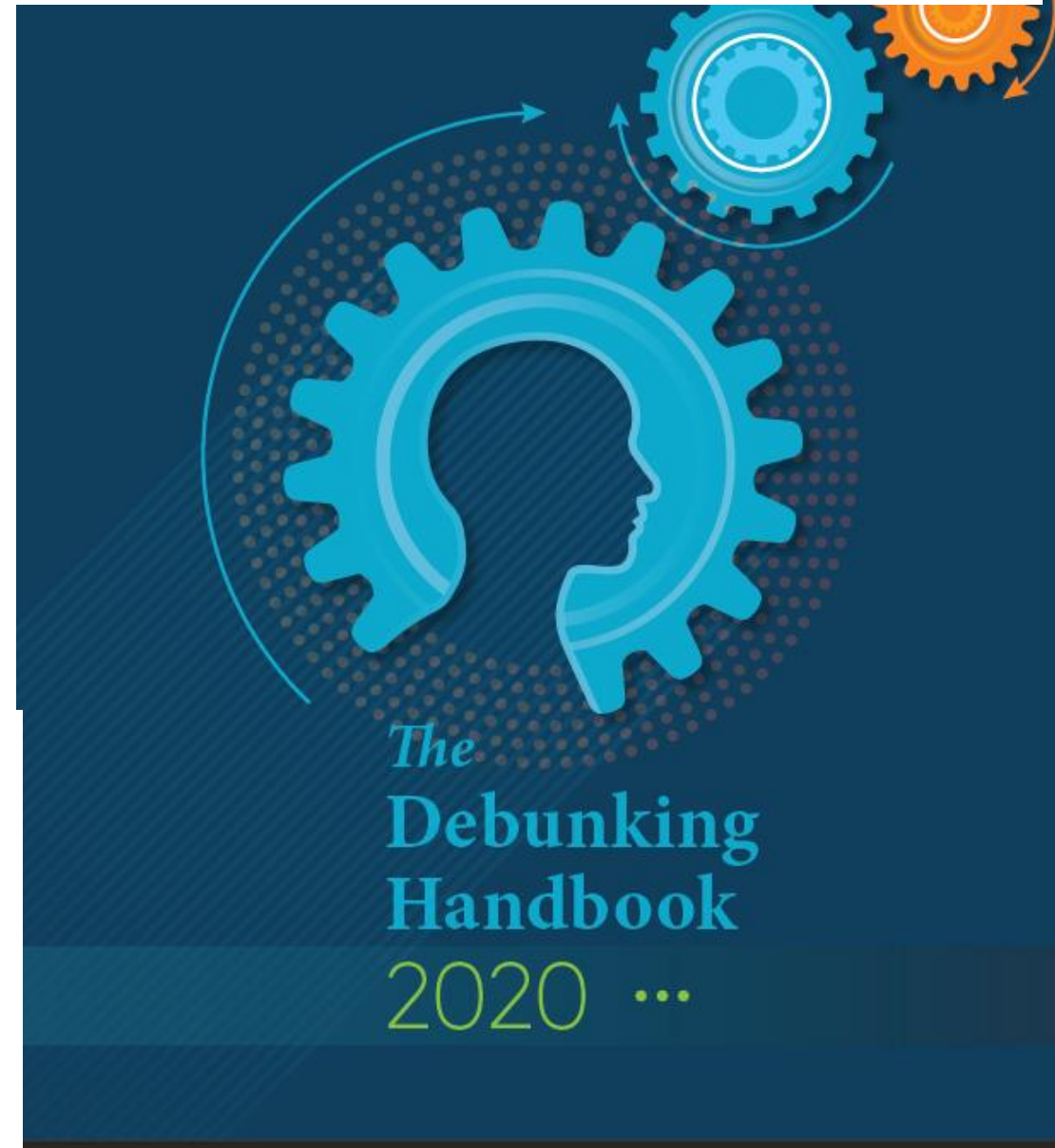
First published: 15 August 2022 | <https://doi.org/10.3322/caac.21753> | Citations: 5

- Recent systematic review specific to HPV vaccine communication strategies
- Strongest evidence for:
 - Strong clinician recommendation
 - **Presumptive recommendation**



Lewandowsky, S., Cook, J., Ecker, U. K. H., Albarracín, D., Amazeen, M. A., Kendeou, P., Lombardi, D., Newman, E. J., Pennycook, G., Porter, E. Rand, D. G., Rapp, D. N., Reifler, J., Roozenbeek, J., Schmid, P., Seifert, C. M., Sinatra, G. M., Swire-Thompson, B., van der Linden, S., Vraga, E. K., Wood, T. J., Zaragoza, M. S. (2020). The Debunking Handbook 2020. Available at <https://sks.to/db2020>. DOI:10.17910/b7.1182

HOW TO DEAL WITH MYTHS





The Illusory Truth Effect

- Objective truth is less important than familiarity; we tend to believe falsehoods when they are repeated sufficiently often.
- Misinformation can be intentionally suggested by “just asking questions”
 - Common technique on social media platforms to avoid being banned by the platform



The Familiarity Backfire Effect

- Once people hear a myth, or misinformation, it's very difficult to remove that from their minds
- Debunking a myth can sometimes actually strengthen it





Inoculation or “Pre-bunking”

- Because misinformation is sticky, it’s best preempted
- Explain misleading or manipulative argumentation strategies to people
 - “This is what you’re going to see if you look for this on the Internet...”
 - “This is how they will try to convince you that vaccines are bad...”
 - “The media sometimes does not check facts before publishing information that turns out to be inaccurate.”
- Cultivate “cognitive antibodies”





Debunk Often and Do It Properly

FACT

Lead with the fact if it's clear, pithy, and sticky—make it simple, concrete, and plausible. It must “fit” with the story.

WARN ABOUT THE MYTH


Warn beforehand that a myth is coming... mention it once only.

EXPLAIN FALLACY

Explain how the myth misleads.

FACT

Finish by reinforcing the fact—multiple times if possible. Make sure it provides an alternative causal explanation.





Truth is Sometimes More Complicated Than Myths

Invest effort into translating complicated ideas so they
are readily understood by parents and patients





DHGate.com eudoralove

ON TO THE CASES...



Case

- An 11 year old girl comes to your office for a well check and her adolescent vaccines





Case

- An 11 year old girl comes to your office for a well check and her adolescent vaccines
- You offer a ‘presumptive’ recommendation for the vaccines, saying “Great, you’re here for your vaccines, we can go ahead and do her tetanus/whooping cough vaccine, her HPV vaccine, and her meningitis vaccine”



Not so fast...

Her mother says, “We’re okay doing that tetanus shot and the meningitis one, but we’re going to hold off on the HPV vaccine.”



How do you approach this situation?

- Difficult – parents often set in their ways
- They've already done their "research"





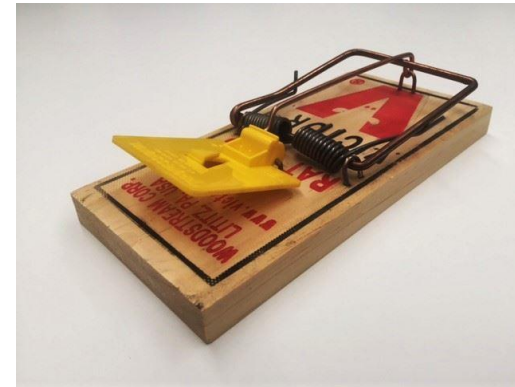
What Usually Happens when a Parent is Resistant or Hesitant?

- The provider usually asks the parent why she does not want the vaccine
 - The parent will then begin to argue for all the reasons she does not want her child to be vaccinated
 - In the process, the parent strengthens her resolve against the vaccination
- The provider is now left open to falling into conversation traps



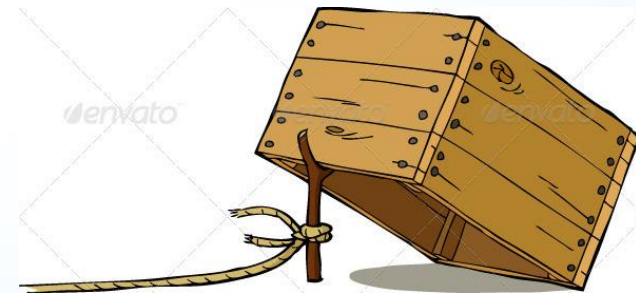
Persuasion Trap

Persuasion Trap – when the provider becomes the champion for the vaccine and tries to convince the hesitant or resistant parent of the benefits. This usually ends up in an argumentative type of “yes, but” cycle.



The Lecture Trap

- Lecture (Data Dump Trap)– the tendency here is to provide the full story about some aspect of the vaccine
 - Puts people off and raises resistance because it implies that they don't know the full story and you're going to give it to them
 - I.e., You're an expert and they're not
- Also, it can be counter-productive because you end up raising concerns that the patient had not previously considered





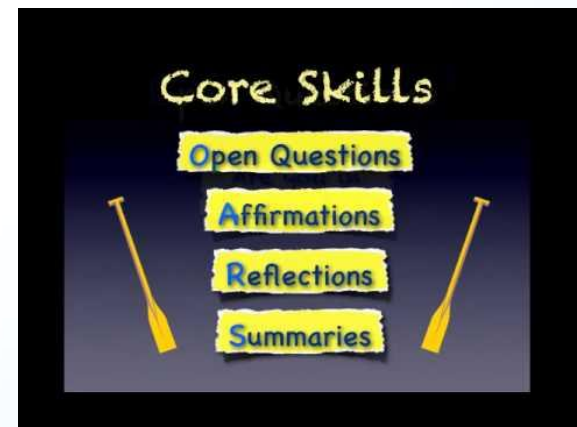
In Summary...

- Presumptive recommendations work well for the patient who is ready to be vaccinated, those who are mildly (or even moderately) hesitant, or for those who just expect the clinician to tell them what to do
 - 50-95+% depending on your patient population
- For patients who are unsure or resistant, a closed-ended question following a recommendation can lead to less productive conversations.





Motivational Interviewing Techniques for Difficult Vaccine Discussions





MI for the Vaccine Conversation

JAMA Pediatrics | [Original Investigation](#)

Effect of a Health Care Professional Communication Training Intervention on Adolescent Human Papillomavirus Vaccination A Cluster Randomized Clinical Trial

Amanda F. Dempsey, MD, PhD, MPH; Jennifer Pyrznowoski, MSPH; Steven Lockhart, MPH; Juliana Barnard, MA;
Elizabeth J. Campagna, MS; Kathleen Garrett, MA; Allison Fisher, MPH; L. Miriam Dickinson, PhD; Sean T. O'Leary, MD, MPH





Strengthening Provider Communication for Increasing Uptake of HPV Vaccine

- Cluster RCT Among 16 public and private practices in Colorado
- Multi-component intervention which included **Motivational Interviewing Training**



- Self-efficacy for changing parents minds about HPV vaccine improved among providers
- Time spent in HPV vaccine discussions was the same or decreased from baseline at 4 months after the training in intervention clinics
- **9.5% increase** in HPV initiation in intervention versus control practices

JAMA Pediatrics | [Original Investigation](#)

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Evidence that use of MI Increases
Vaccine Uptake





So what is Motivational Interviewing?

Motivational interviewing is a patient-centered, guiding communication style for enhancing a person's **own** motivation for change or behavioral activation.





5 MI Skills for Vaccine Conversations

- **Open Ended Questions**
 - helps explore and understand a parent's stance on vaccination
- **Affirmation**
 - improves parent engagement in an open discussion with you by helping them feel supported, appreciated, and understood
- **Reflection**
 - encourages partnerships, deepens rapport, and allows a parent to understand themselves and their motivations on a deeper level
- **Autonomy Support**
 - enhances a parent's sense of control and makes them feel more at ease with the conversation
- **Ask Permission to Share**
 - puts parents in a less defensive posture and makes them more receptive to the information you'd like to share





Pivot to Motivational Interviewing

The provider asks in a non-threatening way to share the parent's concerns.

Example:

“So you seem to have concerns about the HPV vaccine. Well, that’s perfectly understandable – I’ve had a number of questions about this one. Would you mind sharing what your particular concerns are?”

“Well, I’ve heard that it’s a vaccine to prevent a disease that’s transmitted by having sex, and she is a looooong way from having sex.”





Directing the Conversation the MI way

The provider reflects back what the patient is saying to be sure he/she understands (**empathy**) and summarizes what has been heard before proceeding, again with permission, to make a recommendation.

Example:

“So I can hear that you’re concerned that she’s too young for the HPV vaccine because HPV is transmitted by sexual activity. Well, I completely get that – she is only 11 after all. I’ve thought a lot about this. Is it okay if I go over how I’ve come to think about this vaccine?”





It is now that you make a clear and personalized recommendation

Example:

“I used to think of this vaccine as something to prevent a sexually transmitted disease, but realized it’s really about preventing cancer. Almost everyone gets this virus, so I think it’s important for everyone.”





It is now that you make a clear and personalized recommendation

Example:

“If she were my daughter I would not hesitate to recommend this vaccine for her, and most of my patients now are getting the vaccine. Having said that, this is a decision that only you and your daughter can make. What do you think?”





MI for the Vaccine Conversation

- Open ended questions
- Reflections, Affirmations
- Ask permission to share
- Autonomy support
- Use of behavior change principles like emphasizing social norms and focusing on the disease that is prevented rather than negatives (like side effects)
- A clear strong and personalized recommendation





Case

- You're seeing a 14-year-old girl for a well visit; the family has no specific concerns
- You note that she is up-to-date on her Tdap and MCV4 vaccines and received her annual influenza vaccine a month ago





Case

- You're seeing a 14-year-old girl for a well visit; the family has no specific concerns
- You note that she is up-to-date on her Tdap and MCV4 vaccines and received her annual influenza vaccine a month ago
- She has not, however, received her HPV vaccine
- You mention to the patient and her mom that you are strongly recommending the vaccine to all of your patients and ask if you can give it to her today





Case

- You're seeing a 14-year-old girl for a well visit; the family has no specific concerns
- You note that she is up-to-date on her Tdap and MCV4 vaccines and received his annual influenza vaccine a month ago
- She has not, however, received her HPV vaccine
- You mention to the patient and her mom that you are strongly recommending the vaccine to all of your patients and ask if you can give it to her today
- "Well... I'm not so sure..."





Using Motivational Interviewing

The provider asks in a non-threatening way to share the parent's concerns.

Example:

Provider: *“So, you seem to have concerns about the HPV vaccine. Well, that’s perfectly understandable – I’ve had a number of questions about it. Would you mind sharing what your particular concerns are?”*

Parent: *“Well, I’ve heard that it can cause infertility, and that really worries me. We just don’t know the long-term side effects...”*





Directing the Conversation the MI way

The provider reflects back what the patient is saying to be sure he/she understands and summarizes what has been heard before proceeding, after asking permission, to make a recommendation.

Example:

Provider: “So, I can hear that you’re concerned that maybe the vaccine could lead to problems down the road. Well, I completely get that – there’s a lot of information out there to digest. I’ve thought a lot about this and looked into it a great deal. Is it okay if I go over what I’ve found out?”





It is now that you make a clear and
personalized recommendation

Example:

Provider: *“I heard some of those same rumors myself, so I looked into it. It turns out that the possible association with infertility is a complete myth. It started with rumors on the Internet and spread from there. There is no truth to it, and experts agree that there is really no plausible way this vaccine would lead to infertility.”*





It is now that you make a clear and
personalized recommendation

Example:

Provider: “What we do know is that getting HPV - which is very common - can cause all kinds of potential problems down the road, including cancer and even infertility. If she were my daughter, I would not hesitate to recommend this vaccine for her, and most of my patients now are getting the vaccine. Having said that, this is a decision that only you and your daughter can make. What do you think?”





MI for the Vaccine Conversation

- Open ended questions
- Reflections, Affirmations
- Ask permission to share
- Autonomy support
- Use of behavior change principles like emphasizing social norms, focusing on the disease that is prevented rather than negatives (like side effects)
- A clear strong and personalized recommendation





Case

- Your next patient is a 12 year old boy who you haven't seen in a few years, in for a well visit and to get some forms signed
- He has received all his recommended vaccines up to this point, and received his Tdap and meningococcal vaccines last year as part of a 'sports physical' somewhere in town
- He did not receive HPV vaccine
- You get them the forms they need, and offer a presumptive recommendation for the HPV vaccine





Again, not so fast...

His mother seems a little uncomfortable. “Um, well, I’d rather not do that HPV vaccine. I’ve heard some bad things about it.”





Case

- You are a little surprised, since you've known this family for many years, and this child has received all of his recommended vaccines to now, and express this surprise to the mother, and ask, "Would you mind telling me what you've heard about it?"
- "Well, I've heard that some children that get the shot can die from it. I know it's probably not true, but that kind of scared me."





Case

You reflect back the concern to be sure you understand (**empathy**) and summarize what has been heard before proceeding, again with permission, to make a recommendation.

“Wow – well, I can see why that would scare you – that would scare me too! This question has come up for me before, and I’ve looked into where it came from. Would you mind if I went over what I found out, and why I think this is such an important vaccine?”





Case

After getting permission, you proceed with your response.

Example:

“To address your specific concern, it turns out people started rumors about this vaccine on the Internet, and those rumors spread. There is no truth to them. In fact, this is one of the safest vaccines we have, and it’s been very well studied.

Personally, though, I think it’s most important to think about why we’re giving the vaccine in the first place. This vaccine prevents several types of cancer, and it works really well. I’ve given it to my own children, and I think it’s a really important vaccine. That said, this is your decision.”





Techniques

- Empathy
- Open-ended questions
- Reflections
- Asking permission to share
- Autonomy support
- Debunk the myth without reinforcing it
- Turn the focus from the side effect to the disease





Case

- It's 5 o'clock, but you've got one more patient to see
- This time, it's 14 year old boy with several comorbid conditions who hasn't been in to see you in quite some time





Case

- It's 5 o'clock, but you've got one more patient to see
- This time, it's 14 year old boy with several comorbid conditions who hasn't been in to see you in quite some time
- An hour later, after addressing his medical and behavioral issues, filling out several school forms, getting him back on appropriate medications, and offering empathic support to the family, you realize that he is due for all three adolescent vaccines





Case

- It's 5 o'clock, but you've got one more patient to see
- This time, it's 14 year old boy with several comorbid conditions who hasn't been in to see you in quite some time
- An hour later, after addressing his medical and behavioral issues, filling out several school forms, getting him back on appropriate medications, and offering empathic support to the family, you realize that he is due for all three adolescent vaccines
- You offer a presumptive recommendation: "We'll go ahead and get him caught up on his vaccines today too. He's due for his tetanus-diphtheria-pertussis shot, his HPV shot – that's the cancer vaccine, and his meningitis shot."





Again, not so fast...

His mother seems a little uncomfortable. “I don’t want him to get that HPV vaccine. It just hasn’t been tested enough, and I don’t want him to be a guinea pig for a new vaccine.”





Case

After taking a deep breath – it’s 6 o’clock after all – you reflect back the concern to be sure you understand and summarize what has been heard before proceeding, again with permission, to make a recommendation.

Example:

Provider: “I hear you – I had some of the same concerns when this vaccine first came out – that maybe it hadn’t been tested enough. Would you mind if I went over why I think this vaccine is so important?”





Using Motivational Interviewing

You now can proceed to briefly share information about the development of the vaccine, emphasizing safety.

Example:

Provider: *“Vaccines are held to a higher safety standard than other medications. We have to know they are safe because we give them to people to prevent illness rather than treat a specific condition. HPV vaccine is no different. There was extensive research and testing done before it went into common use, and now we have safety information after hundreds of millions of doses given showing that it is very safe.”*





Using Motivational Interviewing

Example:

Provider: *“I feel better knowing my own children and my patients are protected from HPV because the things it causes are so serious. That said, this is your decision, and I want you to be comfortable with that. What do you think?”*



Techniques

- Empathy
- Ask permission to share
- Debunk the myth without reinforcing it
 - Replace the myth with a compelling alternative
- Turn the focus to the disease
- Autonomy support





Motivational Interviewing doesn't always work!

The mother and son decide they still want to wait, but will think more about it, and thank you for going over it with them. But there's one thing left for you to do...





Motivational Interviewing doesn't always work!

The mother and son decide they still want to wait, but will think more about it, and thank you for going over it with them. But there's one thing left for you to do...

Example:

“As you're looking into this further, be really careful about your sources of information. There's a lot of incorrect and misleading information out there that frankly can be pretty convincing, and it can be really hard to sort out good sources from bad sources. I'd suggest completely avoiding social media for information about vaccines and encourage you to really verify any sources you use. Professional organizations like AAP have great information, as does CDC and many academic medical centers. I have a list of sources I trust that I can share with you.”



CONCLUSIONS



Summary

- Be mindful of the structure of the conversation
- Presumptive recommendations work (most of the time)
- Avoid arguments
 - spend as little time as you can 'refuting'
- Open-ended questions
- Remember to 'ask permission to share!'



The Importance of the Tried and True...

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5

[Vaccination Programs: Home Visits to Increase Vaccination Rates](#)

Recommended | Completed February 2016

Vaccination

[Vaccination Programs: Requirements for Child Care, School, and College Attendance](#)

Recommended | Completed February 2016

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[Vaccination Programs: Client-Held Paper Immunization Records](#)

Insufficient Evidence | Completed February 2016

Vaccination

www.thecommunityguide.org





It's Worth Your Time!

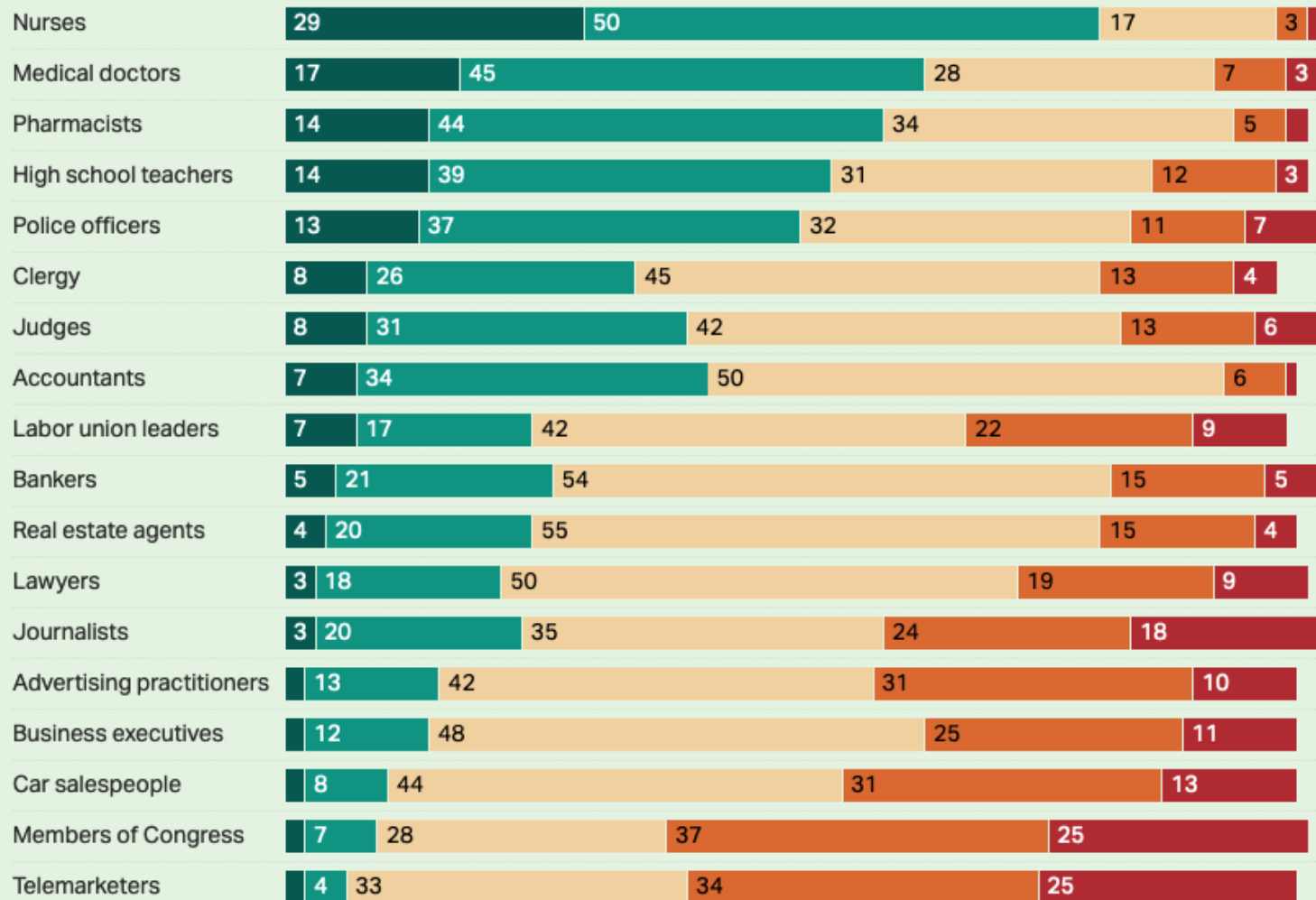
- People still respect the opinion of healthcare providers
- Remember that you all really are the experts!



Americans' Ratings of Honesty and Ethics of Professions

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

■ % Very high ■ % High ■ % Average ■ % Low ■ % Very low



Those with no opinion are not shown.

NOV. 9-DEC. 2, 2022 • Get the data • Download image

GALLUP

- People still
- Remember



“VACCINES DON’T SAVE LIVES; VACCINATION SAVES LIVES”



Didactic Q&A



Session 5: Case Presentation

Karina Preciado

Access to Healthcare

High Risk Care Coordinator



Session 5 Case Study

Provided by: Karina Preciado, CHW

Access to Healthcare

Focus: Patient



Patient Hx

- 27 Year Old Hispanic Female
- From Mexico
- Had not started HPV vaccination series
- Has a partner who may or may not have the virus
- Patient did not know if she had contracted the virus

Key Elements

- Patient has concerns about contracting the HPV Virus
- Had recently moved from Mexico to the US
- Patient was not familiar with the HPV vaccine and the protection that the vaccine provided
- CHW provided education on the HPV vaccine using web resources
- Patient scheduled a visit for the vaccine

Barriers/Challenges

- Lack of knowledge regarding the vaccine and how HPV was contracted and who could carry it
- New to the US
- Had not started the vaccine series
- Was unaware if her or had contracted HPV
- Language barrier
- Cultural barrier

Session 5 Case Study

Provided by: Karina Preciado, CHW

Access to Healthcare

Focus: Patient



Discussion & Questions:


- Are both males and females able to transmit the virus back and forth?
- Is it true that only Women can carry the HPV virus?
- How should I handle an encounter like this in the future?

Barriers/Challenges (reference)

- Lack of knowledge regarding the vaccine and how HPV was contracted and who could carry it
- New to the US
- Had not started the vaccine series
- Was unaware if her or had contracted HPV
- Language barrier
- Cultural barrier

Curriculum Schedule



Date	Session	Topic	Didactic Presenter
August 2nd 12-1:15pm PST	Session 1	Role of CHWs in Immunizations	<u>Cody Wagner</u> <i>Nevada Community Health Worker Association</i>
August 16th 12-1:15pm PST	Session 2	HPV 101	<u>Dr. Vanessa Slots</u> <i>M Health Fairview</i>
August 30th 12-1:15on PST	Session 3	Cultural Humility and Social Determinants of Health	<u>Dr. Talee Vang</u> <i>Hennepin Healthcare</i>
September 13th 12-1:15pm PST	Session 4	The Art of Motivational Interviewing and Vaccines	<u>Aaron Blackham, LCSW</u>
September 27th 12-1:15pm PST	Session 5	Addressing Parental Hesitancy Around HPV Vaccinations	<u>Dr. Sean O’Leary</u> <i>Children's Hospital Colorado</i>
October 11th 12-1:15pm PST	Session 6	Busting HPV Vaccination Myths 	<u>Dr. Jose Cucalon</u> <i>University of Nevada, Reno</i>
October 25th 12-1:15pm PST	Session 7	Implementation Science: CHW’s as HPV Vaccination Champions	<u>Liz Partida, CHW</u> <i>Community Health Alliance</i>

Case Sign Up Schedule



A member of the support team will confirm your case presentation date and work with you to ensure your experience is easy AND valuable.

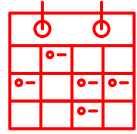


Date	Session	Participant Name #1	Participant Name #2	Alternate Participant
August 2nd 12-1:15pm PST	Session 1	Edgar Zepeda		
August 16th 12-1:15pm PST	Session 2	Nancy Herrera	Savannah Criswell	
August 30th 12-1:15on PST	Session 3	Joy Shultz	Valerie Martinez	
September 13th 12-1:15pm PST	Session 4	Rina Mercadillo	Eleanor McCastle	
September 27th 12-1:15pm PST	Session 5	Dr. Sean O'Leary	Karina Preciado	
October 11th 12-1:15pm PST	Session 6	Indi Kaufman 	Vacant	
October 25th 12-1:15pm PST	Session 7	Vacant	Denise Davidson	



Post-Session Poll

A Few Reminders



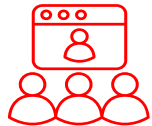
Next ECHO Session: October 11th, 2023 from 12-1:15pm PST via Zoom



Next Didactic Presenter: Busting HPV Vaccination Myths with Dr. Jose Cucalon



Materials and Resources will be made available within one week. All resources will be available on the [ACS ECHO Website](#)



Next case presenters: Indi Kaufman
Case Form: <https://forms.office.com/r/WkrwSzSpQZ>



CME/CEU Information: https://unrmed.formstack.com/forms/echo_evaluation?date=09/27/23&title=HPV
(Code: 10534)



Questions: Contact Ashley Lach, HPV Program Manager, Ashley.Lach@cancer.org OR Jenny Escalera-Guerrero, Program Coordinator-Project ECHO Nevada, jescaleraquerrero@med.unr.edu



FAVORITE COLOR THEME NEXT SESSION!

Thank You