



## HPV Cancer Prevention Program

Empowering and Strengthening Community, Culture  
and Connection to Prevent HPV Cancers

# Addressing HPV Vaccination Inequities and HPV Cancer Disparities in African American and Black Communities

February 20, 2025



Empowering and Strengthening Community, Culture  
and Connection to Prevent HPV Cancers

# Facilitators



**Andrea Stubbs, PhD**  
*Administrative Director*



**Portia Knowlton, MHRM**  
*Program Coordinator*

# Synovia Moss, MPA

## MODERATOR

National Project Manager  
Good Health Women's  
Immunization Networks (Good  
Health WIN), National Council of  
Negro Women, Inc.



# Learning Objectives

- Discuss HPV vaccination inequities and the cancer disparities faced by African American and Black communities
- Discuss barriers to access
- Understand HPV vaccination and its role in prevention
- Recognize disparities in vaccination rates and HPV cancers
- Discuss implementable strategies

Empowering and Strengthening Community, Culture  
and Connection to Prevent HPV Cancers

# Presenters



**Kiara Long, MPH**  
Program Manager,  
ACS National HPV  
Vaccination Roundtable and  
ACS National Roundtable on  
Cervical Cancer



**Ashanda Saint Jean, MD, FACOG**  
*Chair of OBGYN Health Alliance  
Hospital/Westchester Medical Center  
Health Care Network  
Clinical Associate Professor of OBGYN,  
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**Andrea D. Willis, MD, MPG, FAAP**  
Senior Vice President/ Chief Medical Officer  
*BlueCross BlueShield of Tennessee*



**Tamika Felder**  
Founder & Chief Visionary  
*Cervivor, Inc.*

# Kiara Long, MPH

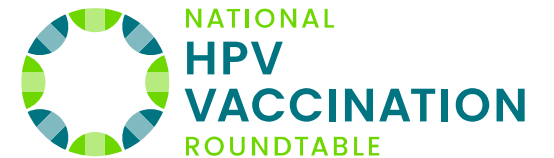
## FEATURED PANELIST

Program Manager

ACS National HPV Vaccination  
Roundtable and ACS National  
Roundtable on Cervical Cancer



# Reducing HPV-Related Cancer in African American Communities: A Path to Prevention and Improved Health Outcomes



February 2025

# ACS HPVRT Snapshot



**History:** Established in 2014 by the ACS, in partnership with the CDC, to serve as an umbrella organization to engage all types of partners who are committed to reducing HPV-associated cancers in the US.



**Mission:** To reduce the incidence of and mortality from HPV-associated cancers through coordinated leadership, strategic planning, and advocacy. We believe that by working together over the long-term, the US can move towards ending vaccine-preventable HPV cancers as a public health problem.



**Membership:** Collaborative partnership of 100+ member orgs, including nationally known experts, thought leaders, and decision makers.



# HPV Cancers Statistics Overview

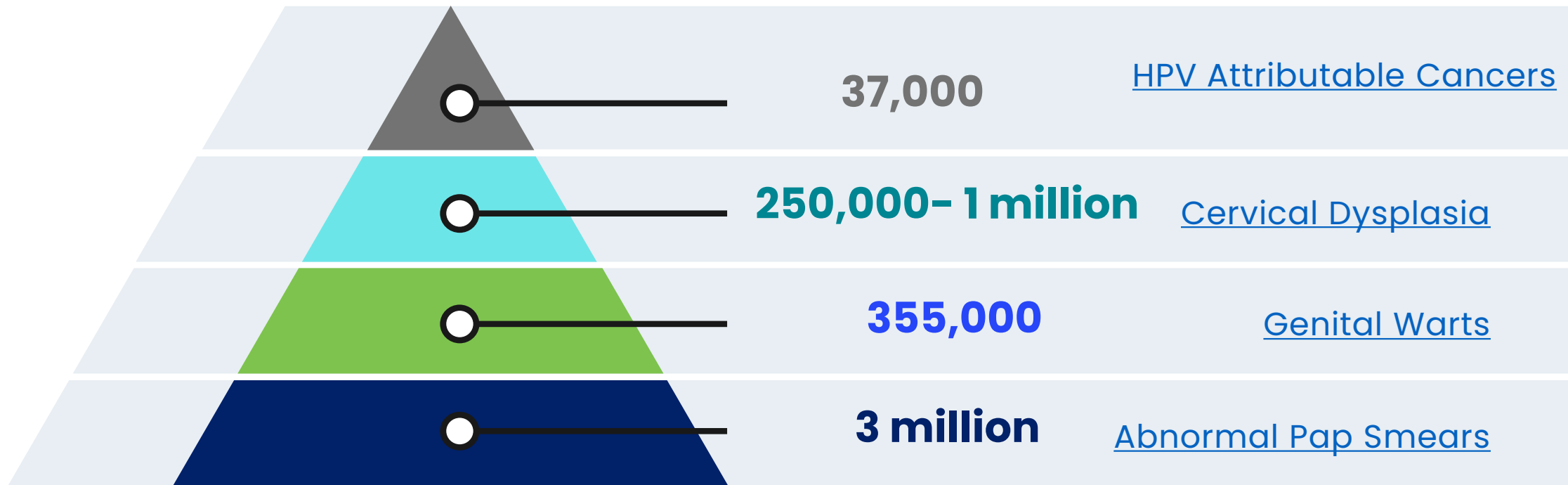
- Over 90% of anal cancer is caused by HPV. Incidence rates for HPV associated **anal cancer** in men are disproportionately higher in African Americans compared to Caucasians.
- **Cervical cancer** death rates have declined steadily since the 1970s primarily due to screening; rates in Black women continued to decline by 3% per year from 2013 through 2022 but have stabilized in White women in recent years.
  - Despite this progress, Black women remain 53% more likely to die from cervical cancer than White women.
- **Oropharyngeal cancer** has one of the greatest differences in survival based on race, with Black people having shorter survivals than White people.
- Most **penile cancers** (63%) is caused by HPV. Men over the age of 50 who are uncircumcised have an increased risk.

Source: [Cancer Statistics for African American and Black people, 2025](#)

Source: [Reducing HPV Associated Cancers and Disparities: Engaging African American Men to Develop a Culturally-Appropriate Program that Addresses their Needs - PMC](#)

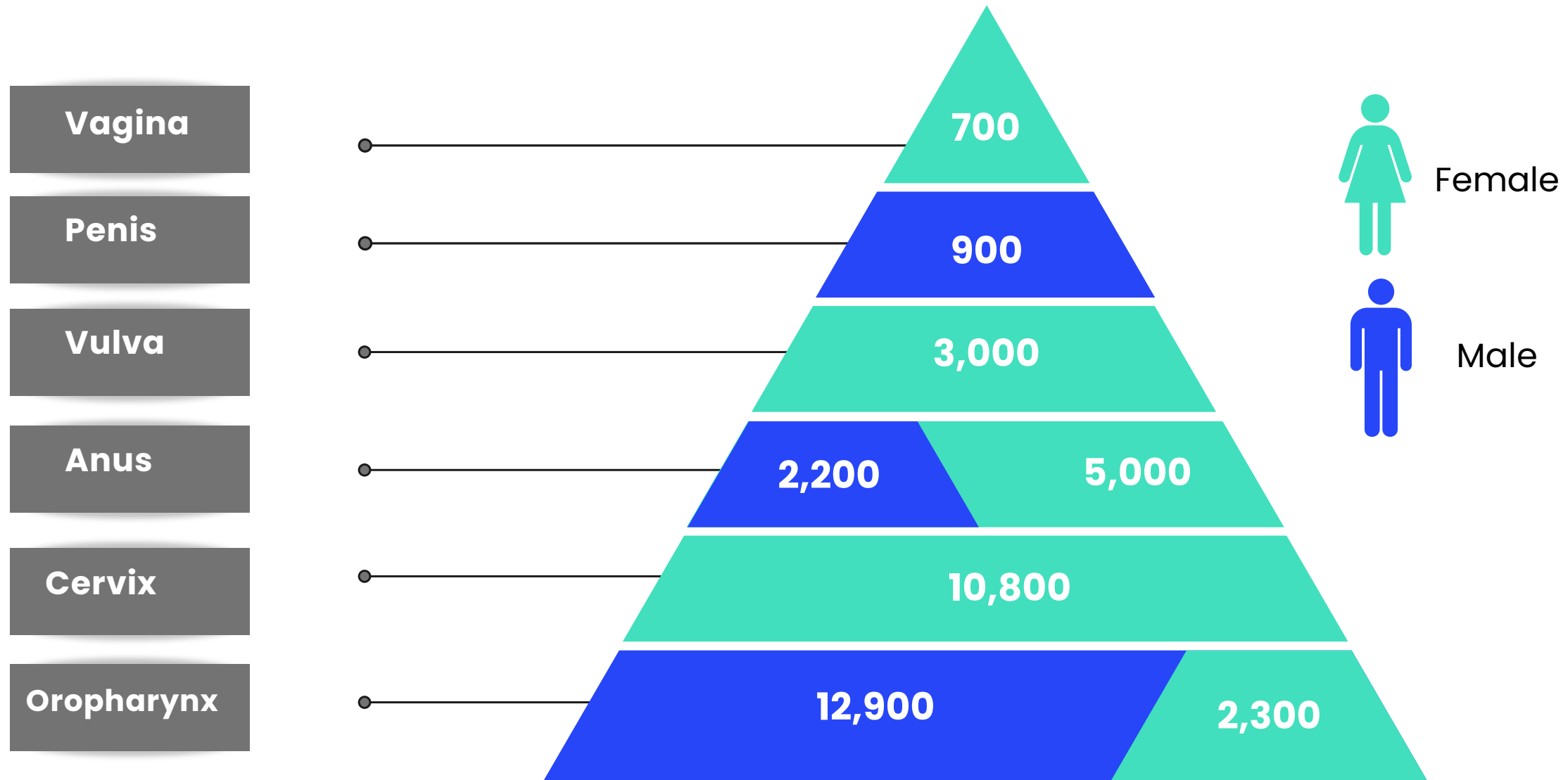
Source: [HPV and Cancer - NCI](#)

# HPV Multiple Impacts on Population Health



**\$9 Billion Annual Total Cost**

# U.S. HPV-Attributable Cancer Cases: 37,800





# HPV Vaccination is Cancer Prevention

We need to focus on prevention.

CANCER	ROUTINE SCREENING
Cervical	Yes
Anal	No
Penile	No
Throat	No
Vaginal	No
Vulvar	No



**90% of HPV-related cancers can be prevented with HPV vaccines when given at ages 9-13.**



# ACS HPV Vaccination Guidelines

- Boys and girls
- **Age 9 – 12 = ON TIME**; Can vaccinate LATE at ages 13 to 26
- Individuals ages 22 to 26 who were not previously vaccinated should be informed that vaccination at older ages is less effective in lowering cancer risk
- 2 doses\*



**Critical**  
AGES 15-26  
*3 Doses*  
1st dose at visit one  
2nd dose 1-2 months later  
3rd dose 6 months after 2nd



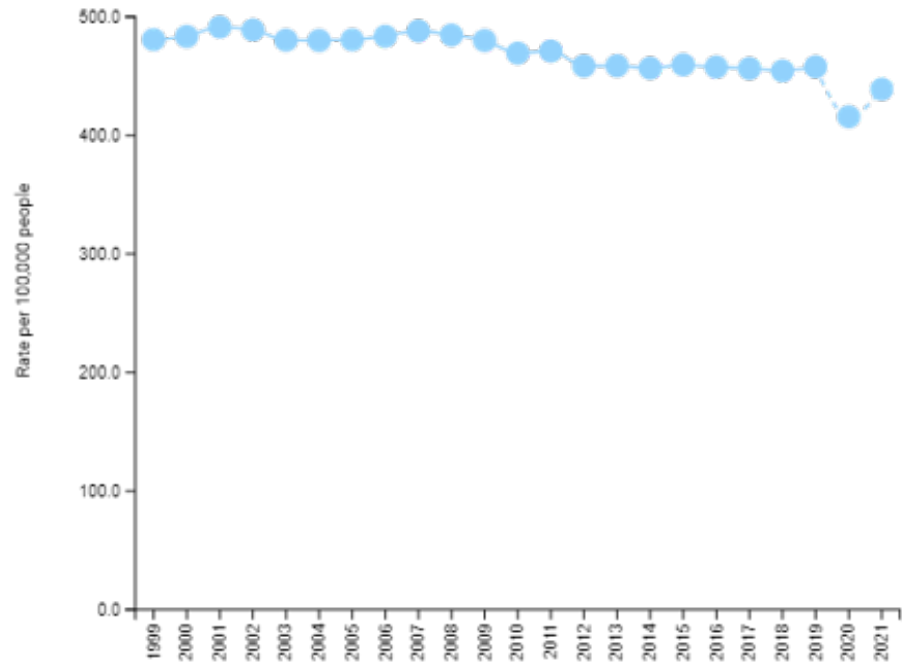
# What about Adults?

The American Cancer Society does not recommend HPV vaccination for adults older than 26 years.

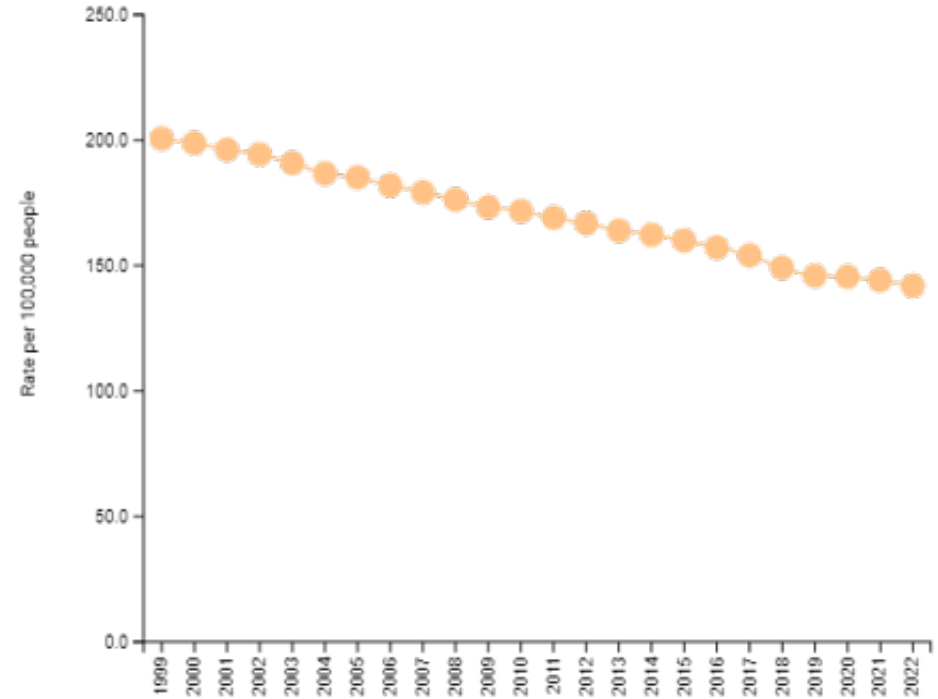


# Statistics: Vaccination Rates and Cancer Data

# Trends in Cancer Cases and Deaths



All Types of Cancer Cases, 1999-2021, M/F, All Races and Ethnicities



All Types of Cancer Deaths, 1999-2022, US, M/F, All Races and Ethnicities

# Differences in Cancer Deaths Have Improved but Still Persists

Age-Adjusted Cancer Death Rates for Blacks and Whites, Selected Years 1950–2022

	1950	1960	1970	1980	1990	2000	2010	2020
White	194.6	193.1	196.7	204.2	211.6	197.2	172.4	149.3
Black	176.4	199.1	225.3	256.4	279.5	248.5	203.8	166.8
Difference	18.2	6.0	28.6	52.2	67.9	51.3	31.4	17.5
Ratio	.9	1.0	1.2	1.3	1.3	1.3	1.2	1.1

SOURCE: National Center for Health Statistics, Health, United States 2017.

NOTES: Deaths per 100,000 population, “Difference” is calculated as black death rates minus white deaths rates for each cause of death. “Ratio” refers to the ratio of black deaths to white deaths.

Adapted from Williams, David R. and Jackson, Pamela Braboy, Social Sources Of Racial Disparities In Health, Health Affairs, vol.24, 2, pgs. 325-334, 2005, doi: 10.1377/hlthaff.24.2.325

# Rates of New HPV Cancers by African American Ethnicity

	All HPV Cancers			Oropharyngeal Cancer			Cervical Cancer
	Overall	Male	Female	Overall	Male	Female	Female
United States Overall	12.6	11.2	14.0	5.2	9.1	1.7	7.1
African American	10.8	8.9	12.6	3.4	6.3	1.1	7.5

\*Rate per 100,000 people

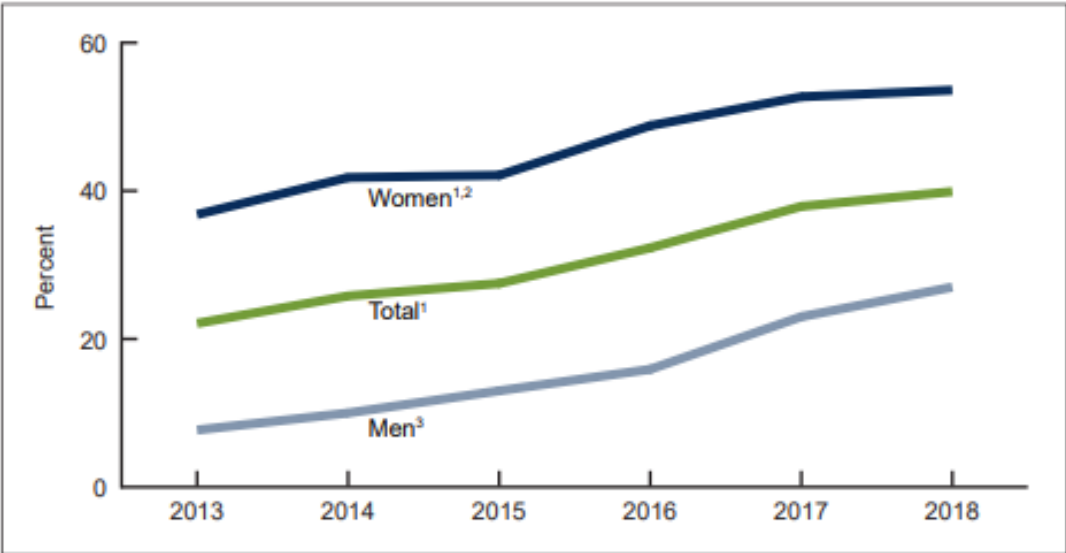
The disparity is much wider when the rates exclude women who are not at risk of developing the disease because they have had their cervix removed during a hysterectomy, which is more common in Black women.

Source: Disparities in HPV-related knowledge, attitudes, and beliefs are well-documented within African American communities (Amboree & Darkoh, 2021).

Source: Cancer Statistics for African American and Black People, 2025

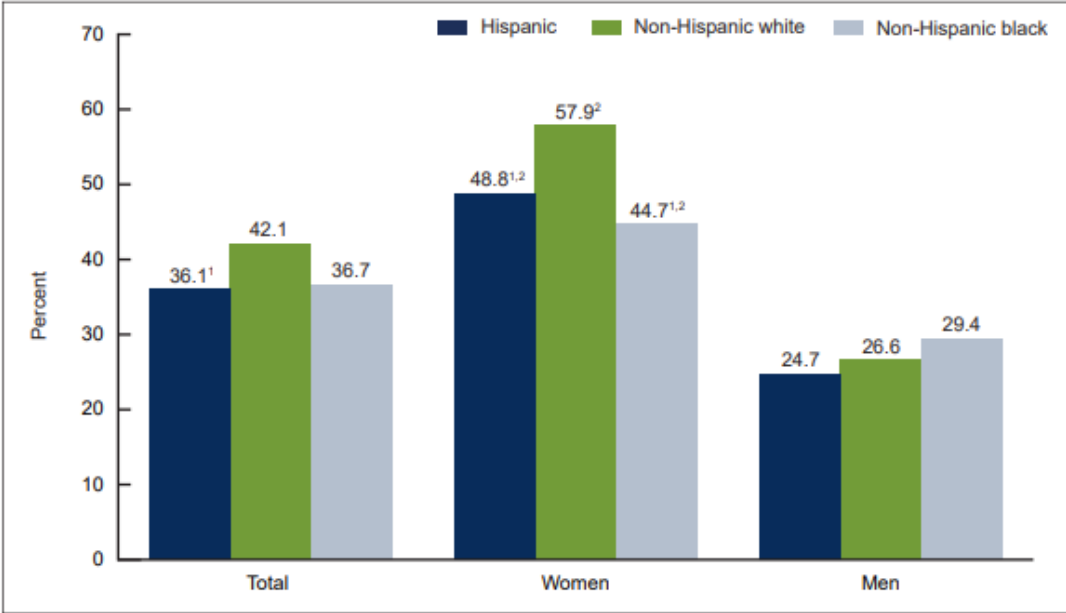
# HPV Vaccination Rates for Adults Aged 18–26 in the United States by Sex and Race/Ethnicity

Figure 1. Percentage of adults aged 18–26 who ever received one or more doses of human papillomavirus vaccine, by year and sex: United States, 2013–2018



<sup>1</sup>Linear increase during 2013–2018 is statistically significant ( $p < 0.05$ ).  
<sup>2</sup>All percentage differences between men and women by year are statistically significant ( $p < 0.05$ ).  
<sup>3</sup>Quadratic increase during 2013–2018 is statistically significant ( $p < 0.05$ ).  
 NOTES: Respondents who refused to answer or who answered “Do not know” to the question asking if they had ever received one or more doses of human papillomavirus vaccine (6.5% for 2013–2018) were excluded from all analyses. Receipt of vaccination is based on self-report. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 1 at: [https://www.cdc.gov/nchs/data/databriefs/db354\\_tables-508.pdf#1](https://www.cdc.gov/nchs/data/databriefs/db354_tables-508.pdf#1).  
 SOURCE: NCHS, National Health Interview Survey, 2013–2018.

Figure 3. Percentage of adults aged 18–26 who ever received one or more doses of human papillomavirus vaccine, by sex and race and ethnicity: United States, 2018



<sup>1</sup>Significantly different from non-Hispanic white adults ( $p < 0.05$ ).  
<sup>2</sup>Significantly different from men ( $p < 0.05$ ).  
 NOTES: Respondents who refused to answer or who answered “Do not know” to the question asking if they had ever received one or more doses of human papillomavirus vaccine (9.1% in 2018) were excluded from all analyses. Receipt of vaccination is based on self-report. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 3 at: [https://www.cdc.gov/nchs/data/databriefs/db354\\_tables-508.pdf#3](https://www.cdc.gov/nchs/data/databriefs/db354_tables-508.pdf#3).  
 SOURCE: NCHS, National Health Interview Survey, 2018.

# HPV Vaccination Rates for 13–17-Year-Olds Identifying as African Americans

	<b>≥1 dose HPV</b>	<b>HPV UTD</b>
<b>United States Overall</b>	76.8%	61.4%
<b>African American</b>	77.3%	59.0%

Source: Centers for Disease Control and Prevention (CDC), National Immunization Survey-Teen (NIS Teen), 2023, HPV vaccination rates for 13-17-year-olds. UTD: Up to Date with the HPV vaccination series

# **Root Causes of Increased Mortality in African American Communities**

# Social Determinants of Health





# HPV Cancer Disparities

- Low social economic status have been found to be associated penile cancer in men.
- Racial disparities persist between black and white women with cervical cancer despite the screening efforts from NBCCEDP
  - Black women represented 9% of cervical cancer found by the NBCCEDP.
- Black women have higher rates of cervical cancer than White women, even after adjusting for socioeconomic status.

Source: The Epidemiology of Penile Cancer - Urologic Cancers - NCBI Bookshelf

Source: Camryn M. Cohen et al., Racial and Ethnic Disparities in Cervical Cancer Incidence, Survival, and Mortality by Histologic Subtype. JCO 41, 1059-1068(2023).DOI:10.1200/JCO.22.01424

Source: Mark A Fiala et al., The impact of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in reducing outcome disparities based on race.. JCO 33, 6555-6555(2015).

DOI:10.1200/jco.2015.33.15\_suppl.6555

# HPV Vaccination Disparities



- Higher HPV vaccination initiation among racial and ethnic minority adolescents.
- However, Black and Hispanic patients were less likely than whites to follow through with the full vaccine series after initiation.
- Minority adolescents are more likely to receive care from safety net providers and health departments.



# HPV Vaccination Disparities

- Some studies found that African-American parents were less likely to accept the vaccine for young girls, especially those under the age of 13.
  - Parental Refusal due to lack of information about HPV link to cancer
  - Lower educational attainment decreasing opportunity for exposure to HPV vaccine information.
- HPV awareness and knowledge that HPV cause cervical cancer was significantly lower among blacks.
  - Only 25% of Black women indicate that they or a family member was recommended the HPV vaccine by a health care professional.
- 74% Black men reported having a healthcare provider recommend the vaccine would be "very important" to them compared to White men.
  - Fewer Black men had a place to get the HPV vaccine compared to White men.

Source: [HPV Awareness, Knowledge and Attitudes among Older African-American Women - PMC](#)

Source: Ojeaga A, Alema-Mensah E, Rivers D, Azonobi I, Rivers B. Racial Disparities in HPV-related Knowledge, Attitudes, and Beliefs Among African American and White Women in the USA. J Cancer Educ. 2019 Feb;34(1):66-72. doi: 10.1007/s13187-017-1268-6. PMID: 28808906; PMCID: PMC5812850.

Source: Daley EM, Marhefka S, Buh E, Hernandez ND, Chandler R, Vamos C, Kolar S, Wheldon C, Papenfuss MR, Giuliano AR. Ethnic and racial differences in HPV knowledge and vaccine intentions among men receiving HPV test results. Vaccine. 2011 May 23;29(23):4013-8. doi: 10.1016/j.vaccine.2011.03.060. Epub 2011 Apr 1. PMID: 21459176; PMCID: PMC3092789.

# Reducing Cancer Incidence and Mortality



# Call to Action

**1**

Identify Low Vaccination Groups through Data

**2**

Disseminate Education to Parents, Guardians and Caregivers

**3**

Strengthen Vaccine Recommendations in Patient Encounters through Provider Training

**4**

Engage in Community Based Efforts to Reach Population

**5**

Tailor Messaging for Different Age Groups and Vaccination Stages

# Conclusions



## Future Opportunities

An approach that increases considerably proactive initiation (starting at age 9) has two simultaneous beneficial effects: (1) it reduces the time to reach the desired completion rates for the entire population, and (2) it reduces the differences seen historically across groups with lower rates.

## Next Steps

With recent policy challenges in the vaccination landscape, it is pivotal we focus on priority populations impacted by structural and social determinants.

# Thank You

[hpv.vaccination.roundtable@cancer.org](mailto:hpv.vaccination.roundtable@cancer.org)



# Ashanda Saint Jean, MD, FACOG

## FEATURED PANELIST

Chair of OBGYN Health Alliance  
Hospital/Westchester Medical Center  
Health Care Network

Clinical Associate Professor of OBGYN,  
New York Medical College



# Addressing HPV Vaccination Inequities and HPV Cancer Disparities in African American and Black Communities

Ashanda Saint Jean M.D., F.A.C.O.G.  
Chair of OBGYN Health Alliance Hospital  
*Westchester Medical Center*

Clinical Associate Professor of OBGYN  
*New York Medical College*

# Role of Healthcare Providers in Screening

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## **Education on Prevention**

Healthcare providers play a crucial role in providing education on preventative strategies that include screening and vaccination.

## **Being an Active Screener**

Screening allows healthcare providers to check for diseases before symptomatology, thus aiding in early detection of disease.

## **Building Confidence**

Screening, aligned with vaccination education equips patients with principle preventative measures for early detection of disease before the onset of symptoms. Furthermore, it is ideal to identify and address vaccine hesitancy among patients while implementing strategies to build confidence, reduce hesitancy and increase vaccination rates.





# WHAT ARE WE SEEING?

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Pervasive misinformation about vaccines

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Vaccine fatigue

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Questions about safety and efficacy

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Lack of perceived risk

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Confusion around recommendations

# Thoughts and Feelings Associated With Vaccination

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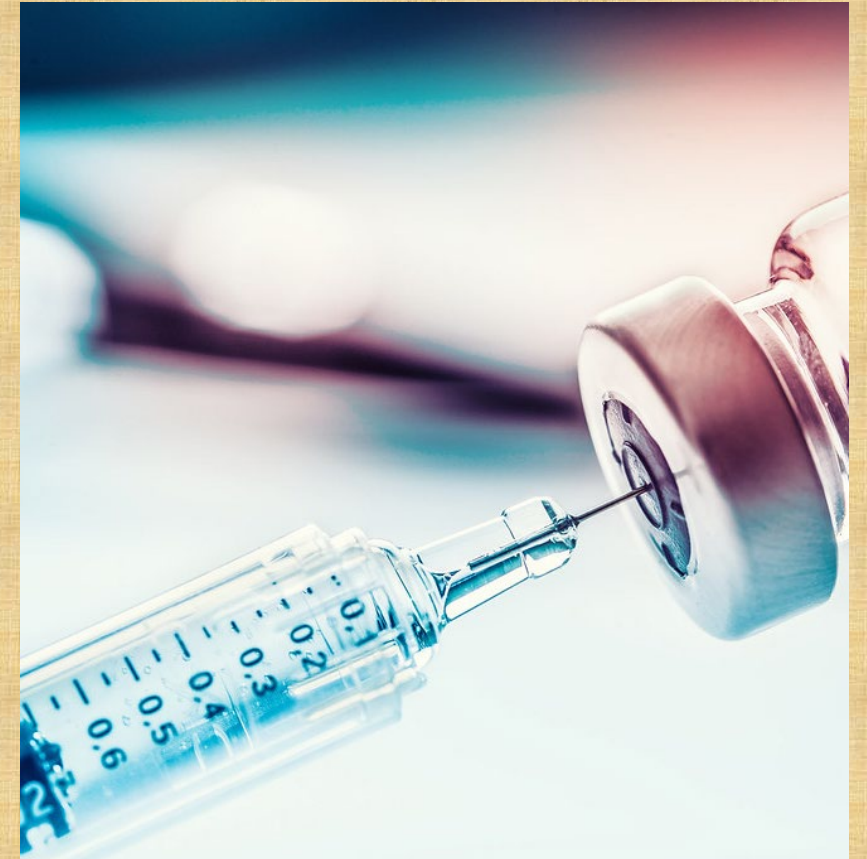
- ? Confidence in vaccine **benefits**
- ? Confidence in vaccine **safety**
- Perceived risk – **self**
- Perceived risk – **others**
- Seeing negative information



# Social Factors Associated with Vaccination

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- **Personal perception** of the vaccines
- **Influences** of their social/peer environment such as family or community members and their experiences with vaccines
  - **opinions** of family and friends
- Their **self perceived risk** and benefit of vaccination
- Their **experience** and trust or mistrust with the health systems



# SPECIFIC CONSIDERATIONS FOR VACCINATION

Research on

- Research on vaccine safety and efficacy in pregnancy

Support

- Support from partner, family, community

Access

- Access to vaccination

Trust in

- Trust in medical system



# Historical Examples of Healthcare Injustice

- In the 1950s, Henrietta Lacks, a black woman was diagnosed with cervical cancer after having persistent vaginal bleeding
- Her cancer cells, HeLa cells, were taken without her consent for medical research
- Lack of Informed consent
- Today, 60 years later HeLa cells are still used to study diseases, cancer research and create vaccines

# Healthcare Injustice

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## The Tuskegee Experiment

- The United States Public Health Service and Center for Disease Control and Prevention conducted a study of untreated syphilis on ~ 400 Black men from 1932-1972 in Tuskegee, Alabama
- Despite having a cure, Penicillin, Black men were used to explore the effects of untreated syphilis.
- Black men, their families and their offspring unknowingly faced the effects of a **treatable illness**.



# Roots of Medical Mistrust

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## The Tuskegee Experiment

- 40-year study tracking a disease's progression
  - Black men were not given effective care; **they died, went blind or insane**
- Violated medical ethics and principles
- Right to informed consent
- Violated Hippocratic oath, "to first do no harm"



# Barriers to Health care Access and Equity

Systemic and structural racism

Social determinants of Health

Discrimination

Implicit Bias

# Social Determinants of Health

## Impact on Health

The neighborhood environment, such as parks, greenery, trees all can significantly influences health outcomes by affecting lifestyle choices and community engagement.

## Safety and Well-being

Safety in the neighborhood is essential for residents' well-being, promoting physical activity and reducing stress.

## Access to Healthy Food

Access to healthy food options is crucial for maintaining a balanced diet and overall community health.

## Recreational Opportunities

Recreational spaces in neighborhoods encourage physical activity and social interactions among residents.





# Impact of Racism and Discrimination

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## Health Consequences

Experiencing racism and discrimination can lead to significant health problems, including increased stress and mental health issues.

## Social Determinants of Health

Racism and discrimination are critical social determinants that affect individuals' overall health and well-being.

## Need for Action

Addressing racism and discrimination is essential to improve health outcomes and reduce disparities in communities.





# Weathering

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## Definition of Weathering

Weathering refers to the gradual process through which social and environmental stressors contribute to health deterioration over time.

## Social Stressors

Social stressors, such as economic instability and interpersonal conflicts, significantly affect an individual's health and well-being.

## Environmental Stressors

Environmental stressors, including pollution and climate change, pose significant risks to health and contribute to aging.





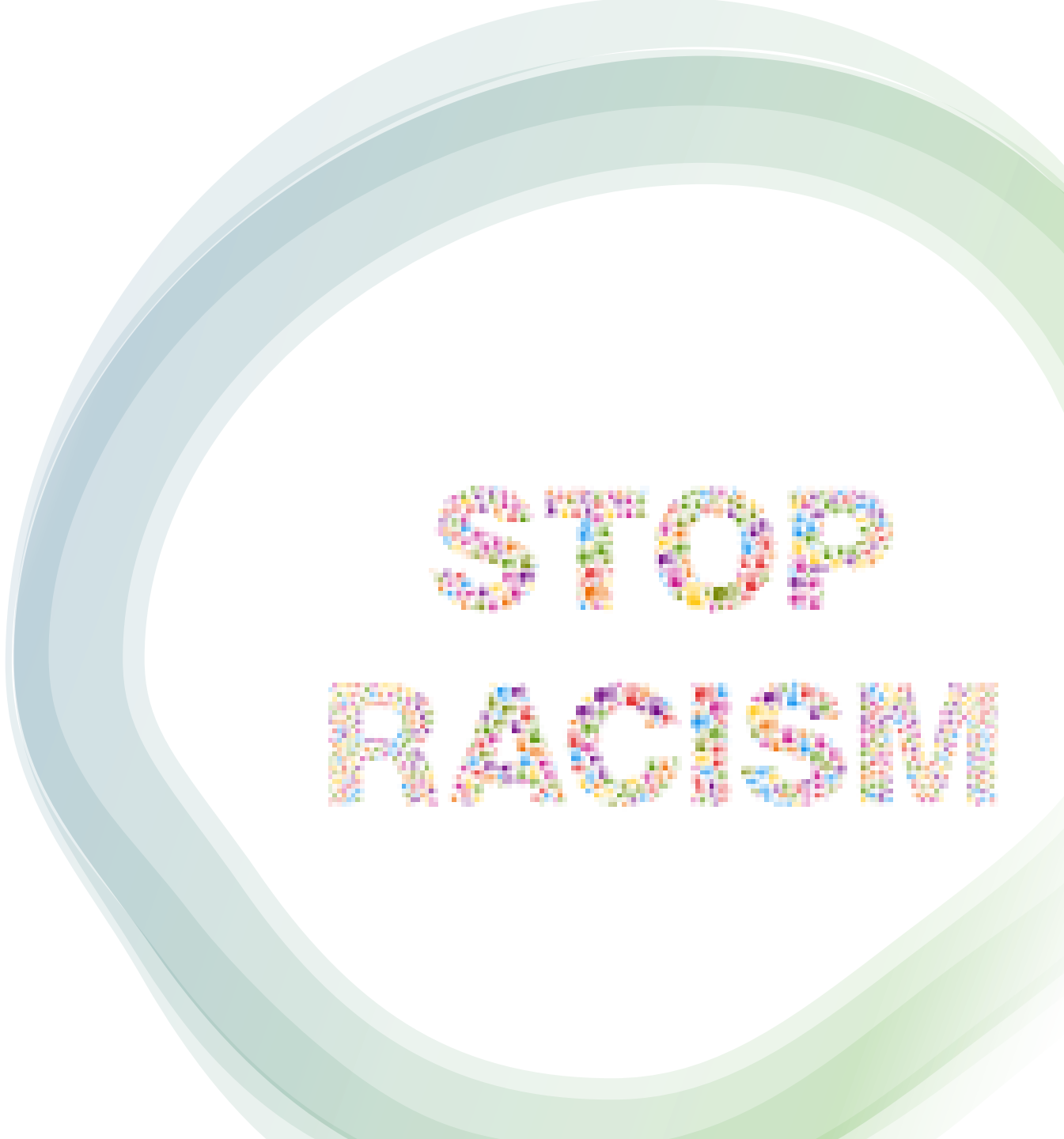
# Evidence Supporting Weathering Effects

## Systemic Stressors Impact

Populations facing systemic stressors are more likely to develop chronic diseases, demonstrating the link between stress and health outcomes.

## Chronic Diseases Increase

Research indicates that chronic disease rates rise in populations under persistent environmental and social stress, reflecting long-term health risks.





# Trauma-Informed Care

## Understanding Trauma Impact

Trauma-informed care emphasizes the importance of recognizing how trauma affects individuals' lives and behaviors.

## Core Principles

The core principles are safety, trustworthiness, and empowerment, fostering a supportive environment.

## Cultural and Gender Sensitivity

Incorporates cultural, historical, and gender issues to provide respectful and relevant support.

# Lived Experience

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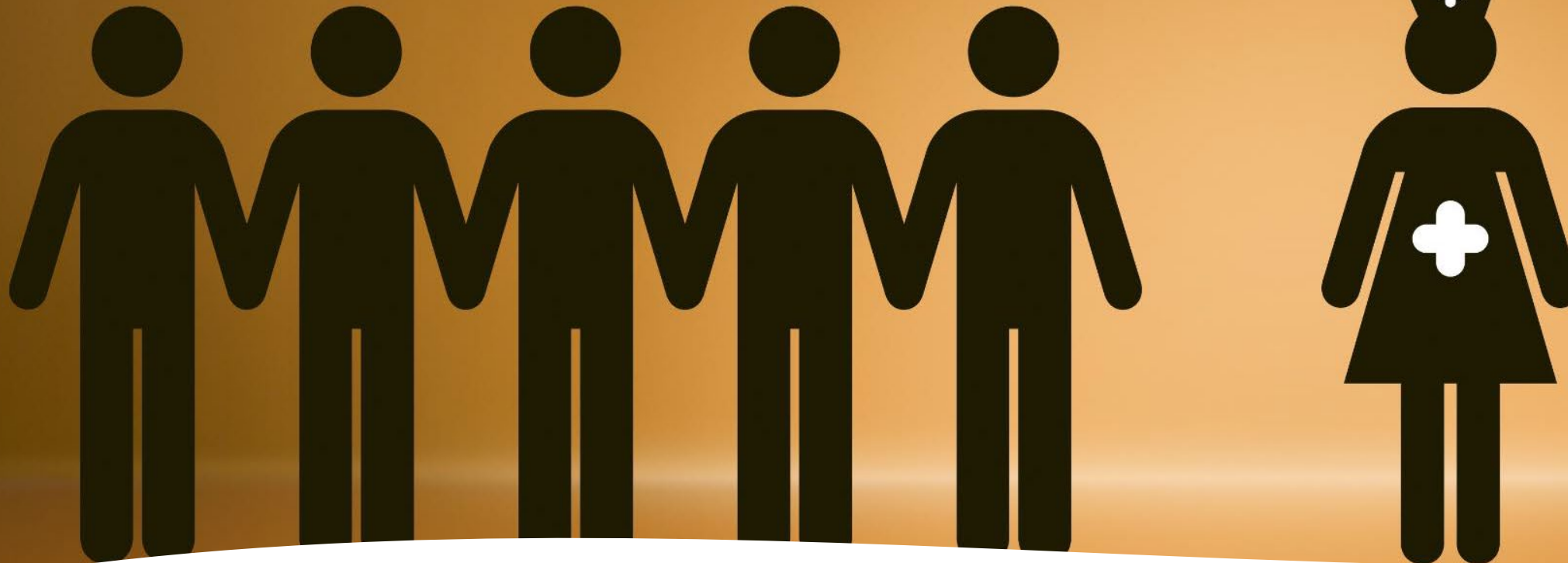
## Understanding Lived Experience

Lived experience refers to the unique personal journeys of individuals, particularly those who have encountered trauma.

## Value of Personal Stories

Recognizing and valuing personal stories enhances empathy and can improve the care provided to others.





# Importance of Trauma-Informed Care and Lived Experience

## Fostering Empathy

Integrating lived experiences fosters empathy among practitioners, helping them connect with those they serve on a deeper level.

## Building Understanding

Understanding unique perspectives of individuals enhances the effectiveness of trauma-informed care and improves patient outcomes.

## Informing Best Practices

Incorporating lived experiences informs best practices in trauma-informed care, ensuring that services are relevant and effective.

# Types of HPV Related Cancers

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## **Cervical Cancer**

The Human Papilloma Virus is primarily associated with cervical cancer

## **Oropharyngeal Cancer**

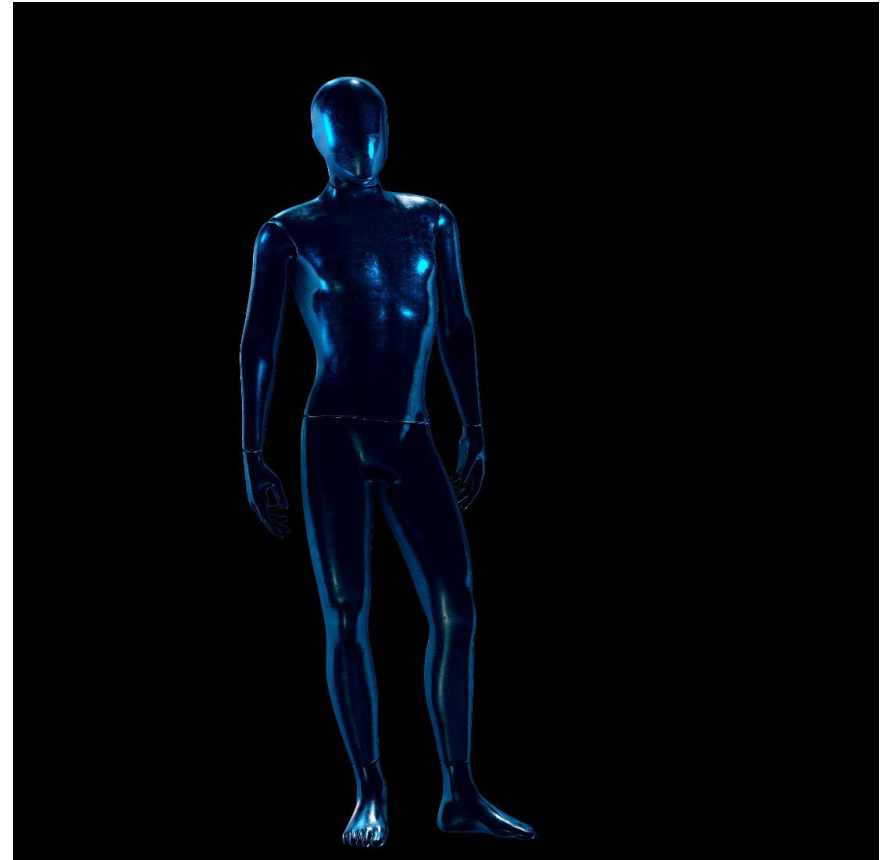
HPV can lead to oropharyngeal cancer that affects the throat

## **Anal and Vulvar Cancers**

Anal and vulvar cancers

## **Vaginal Cancer**

Vaginal cancer





# Pap Tests and HPV Tests

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## **Pap Tests Overview**

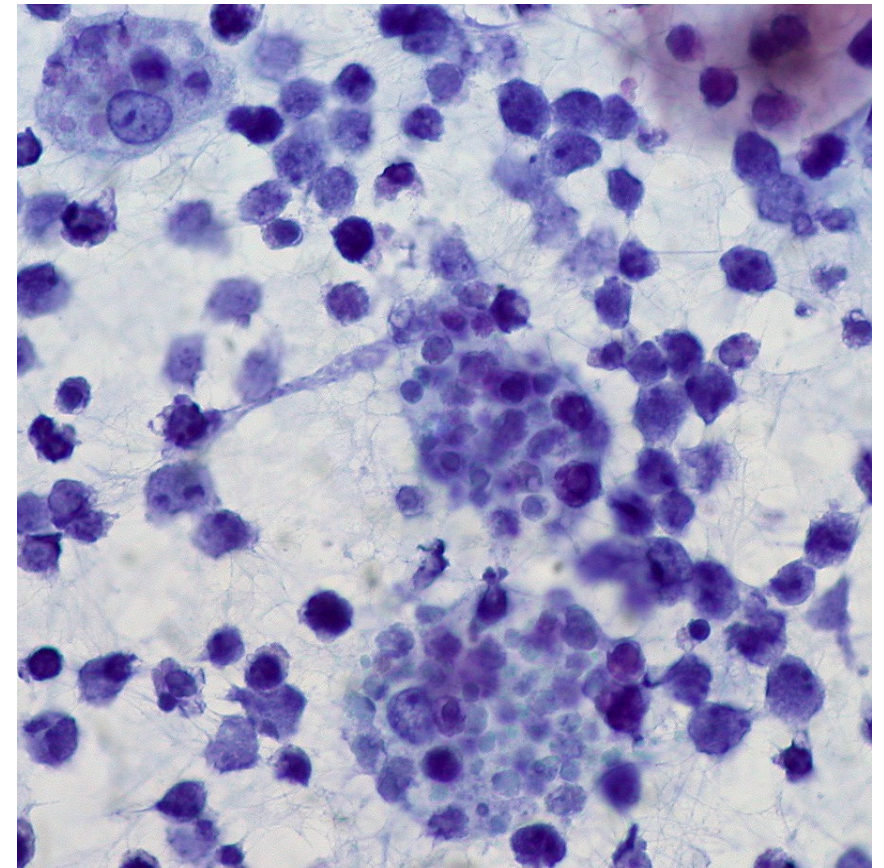
Pap tests detect abnormal cervical cells and are a screening measure for cervical cancer


## **HPV Co-Testing**

HPV tests specifically identify high-risk HPV types that can lead to cervical cancer

## **Importance for Screening**

Both tests are crucial for cervical cancer screening, aid in early detection of cervical cancer.





# Recommended Pap Test and HPV Screening for Early Detection

## Screening Start Age

Individuals with a cervix should begin cervical screening at age 21

## Pap Test Frequency

For those aged 21 to 29, Pap tests are recommended every three years

## HPV Co-Testing

Individuals aged 30 to 65 can have pap tests every 3 years or pap test with HPV co-testing every five years



# Oropharyngeal Cancer Screening Guidelines

## Screening Standardization

Current screening methods for oropharyngeal cancer are not well standardized

## Risk Factors Awareness

Understanding risk factors associated with oropharyngeal cancer is crucial for early detection in at-risk populations.

## Early Detection Importance

Awareness of symptoms and risk factors can significantly enhance the chances of early detection and successful treatment.

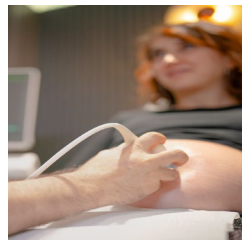


# Anal Cancer Screening Recommendations



## High-Risk Individuals

Individuals at high risk for anal cancer, including those with HIV, need regular screenings to ensure early detection.



## Anal Pap Testing

Regular anal Pap testing is crucial for detecting precancerous lesions in high-risk populations.



## Further Evaluation

Further evaluation may be necessary if precancerous lesions are detected during screening, ensuring appropriate follow-up.





# Andrea D. Willis, MD, MPG, FAAP

## FEATURED PANELIST

Senior Vice President/ Chief  
Medical Officer

BlueCross BlueShield of  
Tennessee





# ADVANCING HEALTH EQUITY



**Andrea D. Willis, MD, MPH, FAAP**  
Senior Vice President and Chief Medical Officer at BlueCross BlueShield of Tennessee



WHO WE SERVE

3.3 million  
unique  
members

By the numbers: our people and our communities

We employ more than

**6,500+**

people from all walks of life

We work with over

**54,000**

providers to give our members  
options

Around

**25%**

of our members are racial or ethnic  
minorities

Our foundation has given

**\$100M**

to support Tennessee communities  
since 2005

# OUR VALUES

Every person BlueCross serves, and every person at our company, has their own story — representing every facet of diversity.

We believe that:

- Creating a workplace where everyone is valued and respected is the right thing to do, and
- Understanding one another better helps us collaborate to create a healthier Tennessee.

# HEALTH DISPARITIES AND HEALTH INEQUITIES

**Health disparities** and **inequities** are undeniably intertwined. **Health equity** is the ability for everyone to have fair opportunity to realize optimal health. **Health disparities** can be used to evaluate progress towards advancing health equity.

To advance health equity, the scope of the health care must be reimagined to address social, economic, environmental factors, and other Drivers of Health (DOH) that lead to healthy or unhealthy outcomes.



Equity

# MUCH OF HEALTHCARE HAPPENS OUTSIDE OF CLINIC WALLS

Social risk factors can lead to health disparities, or unfair and avoidable differences in health status.

- These factors can also – but don't always – correlate with racial and ethnic identities because of the historic inequities these groups have faced.
- Obstacles like these can be measured and studied. And we're using that information to help equip people to make progress toward their own goals.
- Persistent gaps in health outcomes have economic consequences for everyone.

# CULTURAL COMPETENCE IN HEALTHCARE

Individual values, beliefs, and behaviors about health and well-being are shaped by various factors such as race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation.

Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency or literacy.

*-Georgetown University Health Policy Institute*

# 20 KEY RISK FACTORS

- Food insecurity: Possibly lacking regular or reliable food supply or likely to have a malnutrition diagnosis
- Housing: Experiencing homelessness or uncertainty about their living situation
- Financial strain: Having trouble affording necessities
- Debt burden: Likely to be in the lowest credit score segment
- Income: Earning less than the Federal Poverty Level
- Employment: Being unemployed or being employed in a service industry segment
- Medical cost burden: Facing difficulty affording medical costs
- Language: Not speaking English or having another type of language barrier
- Literacy: Having a low reading level
- Education: Having less than a high school education
- Health literacy: Having trouble understanding health problems and information
- Transportation: Lacking convenient transportation or needing transportation assistance
- Primary care access: Not having convenient access to primary care providers
- Behavioral health access: Not having convenient access to behavioral care providers
- Home safety: Safety concerns in their home such as lack of heat or air conditioning, fall or trip hazards, faulty electrical wiring, or lead paint
- Crime safety: Living in a situation with a potential for violent crimes
- Environmental safety: Poor water, air, or soil quality due to local environmental factors
- Racial discrimination: Facing the possibility of discrimination because of race or ethnicity.
- Disability discrimination: Facing the possibility of discrimination because of an intellectual or physical disability.
- Social support: Living alone or without community connections.

# EXPLORING OUR HEALTH EQUITY REPORT

Our health equity report tracks 20 of the top health metrics for 2 million members in four categories of racial and ethnic demographics.

- This data in each category of our report shows how likely members are to receive certain screenings or treatments, broken down by race.
- This data is split by type of health plan: Commercial member or BlueCare member
- Identifies the social risk factors we see across Black, White, Asian and Hispanic populations that could be contributing to health disparities
- Drives our focus to help improve at least 10 of the measures associated with significant inequities



# LOOKING AT THE DATA

## Maternal Health

Black patients were 2.3x more likely to have a pregnancy-related death than White patients.

[Find out more >](#)

## Cancer

Black women have higher breast cancer mortality rates than White women in Tennessee, which may be in part due to late stage diagnoses when treatment is more difficult.

[Find out more >](#)

## Chronic Condition Management

In Tennessee, Black adults are more likely to have high blood pressure and less likely to have it under control than White adults.

[Find out more >](#)

## Child & Adolescent Well-Care

Black children are less likely to have their well-child visits by 30 months, and the preventive care gap widens through adolescence.

## Behavioral Health

Indigenous Tennesseans reported at least 9 days per month with poor mental health, more than any other racial or ethnic group.

## Social Drivers of Health

These risk factors can lead to health disparities, or unfair and avoidable differences in health status. We use our social risk index to identify our member's specific needs for better health.

ADVANCING HEALTH EQUITY

# 6 key facts about health equity in Tennessee

Black patients were

**2.5x**  
more likely to have a  
**pregnancy-  
related death**

Black women have higher

**breast  
cancer**  
mortality rates

Black adults are

**40%**  
more likely to  
have high blood  
pressure

Black children are less  
likely to have their

**well-child  
visits by  
30 months**

Indigenous people reported

**10 days**  
per month  
with poor  
mental health

Hispanic people  
accounted for

**8%** of  
**COVID-19**  
deaths  
of 40 years  
and younger

1. Data sources: Tennessee Department of Health reports, American Cancer Society, The Sycamore Institute, Kaiser Family Foundation, BCBST Commercial Racial/Ethnic Health Disparity Population Assessment

A close-up photograph of a child's arm being vaccinated. A healthcare worker wearing blue gloves is injecting a vaccine into the child's upper arm. The child is looking down at the injection site. The background is blurred, showing other people in a clinical setting. The entire image has a blue color overlay.

**Our immunization data**

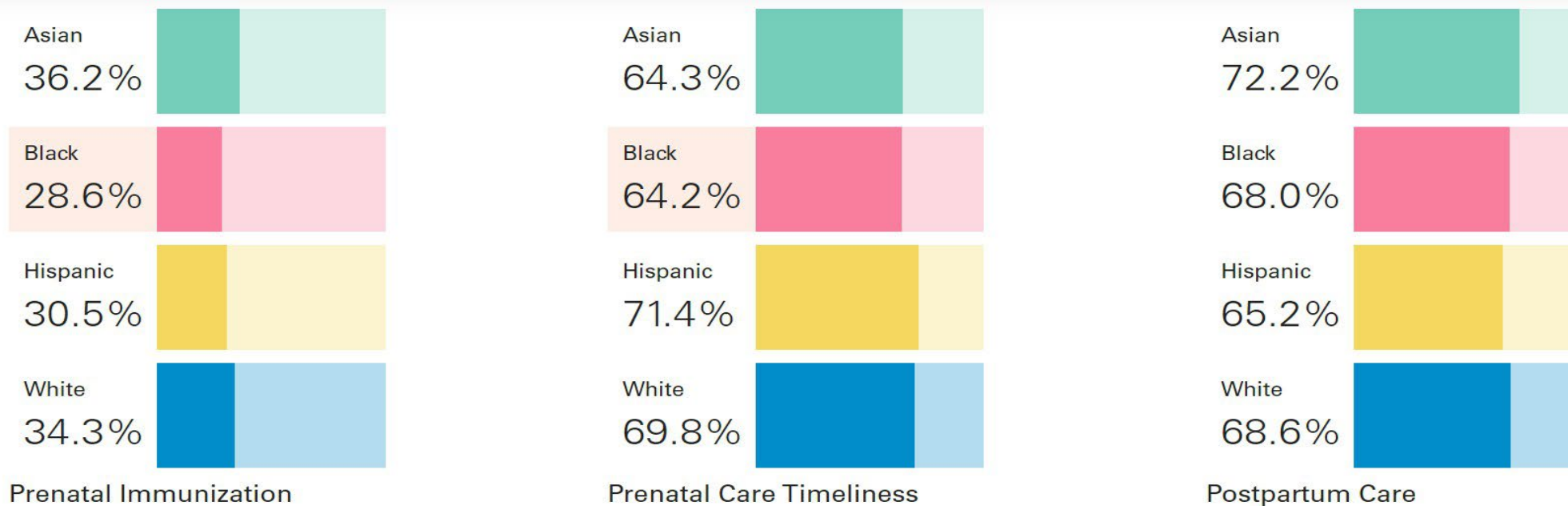
## By the numbers: prenatal and post-partum care for **Commercial plan members** ▼

Understanding the data will pave the way for us to make progress. We'll work with health care providers to deliver better health for everyone, regardless of their background.

This data shows how likely members are to receive certain screenings or treatments, broken down by race.

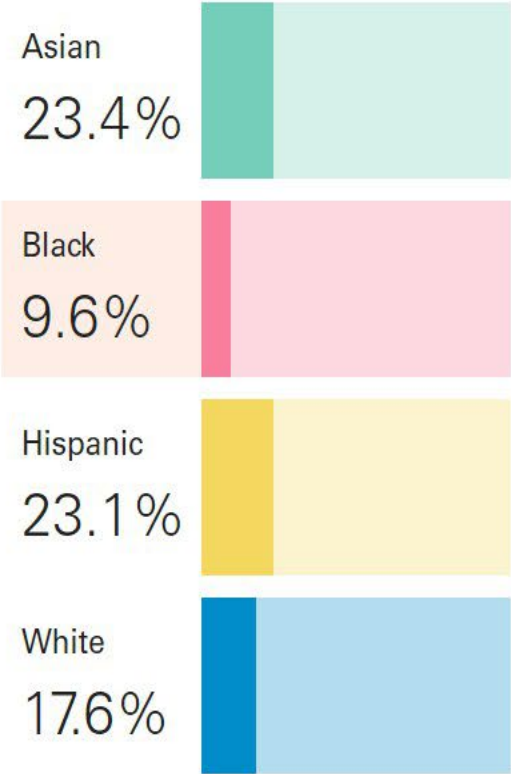
We split the data by type of health plan because we know that, generally speaking, Medicaid members tend to face more social risk factors and health disparities than people with commercial health plans.

*Commercial members include people who get health coverage through their jobs or buy an individual policy directly from BCBST (without financial assistance through healthcare.gov).<sup>2</sup>*

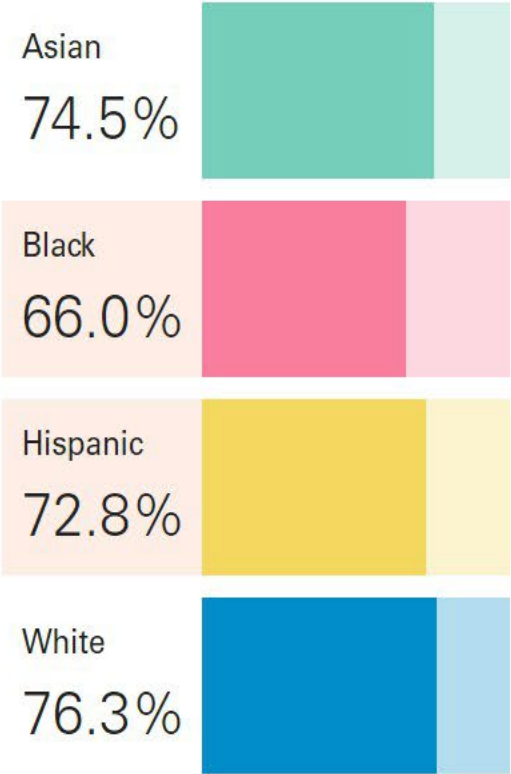


# By the numbers: prenatal and post-partum care for BlueCare plan members

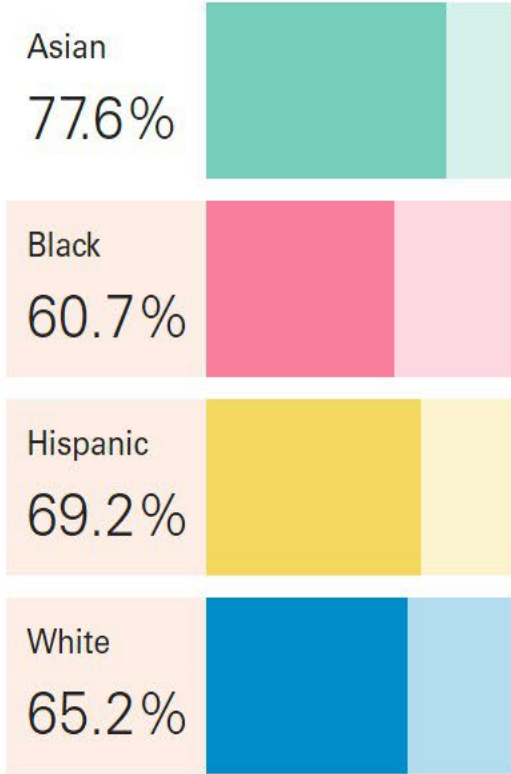
*BlueCare members include people who get coverage through TennCare, Tennessee's Medicaid program.<sup>2</sup>*



Prenatal Immunization

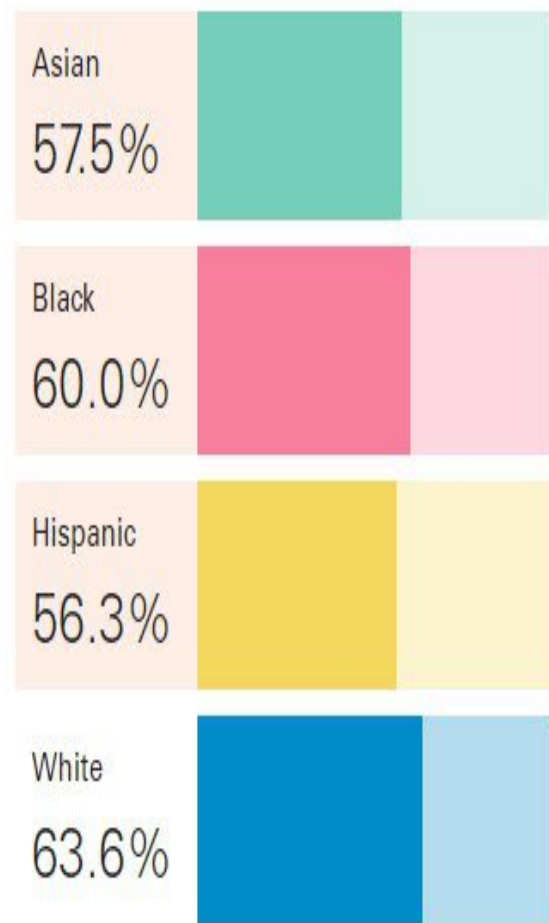


Prenatal Care Timeliness

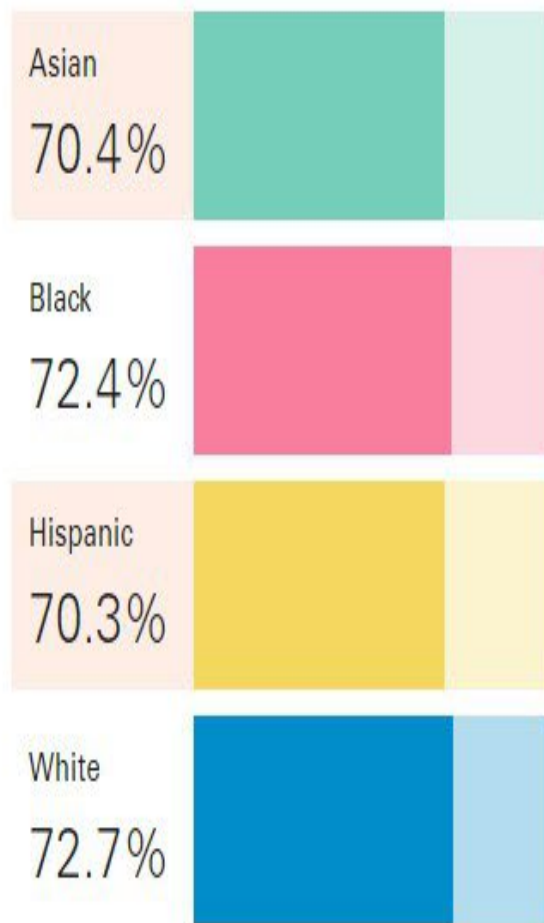


Postpartum Care

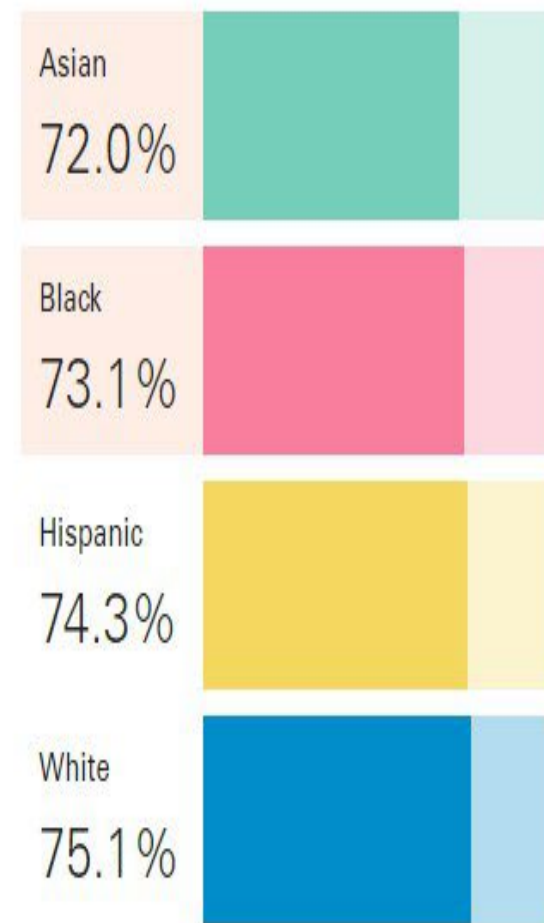
Commercial members include people who get health coverage through their jobs or buy an individual policy directly from BCBST (without financial assistance through [healthcare.gov](https://www.healthcare.gov)).<sup>2</sup>



Colorectal Cancer Screening

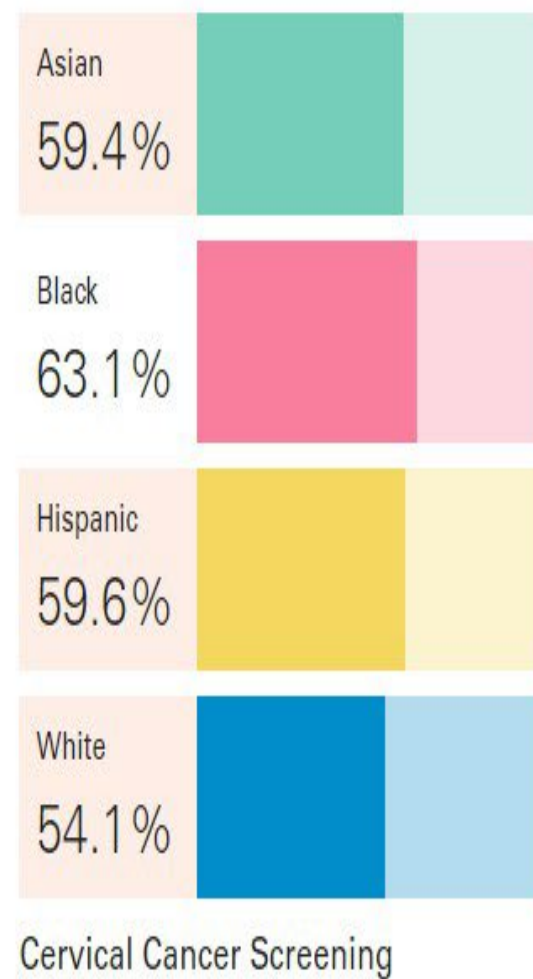
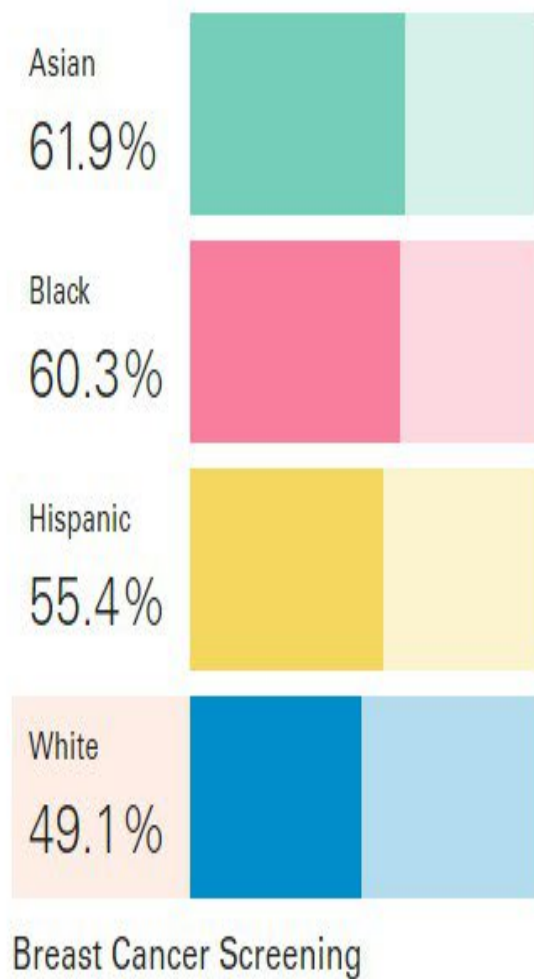
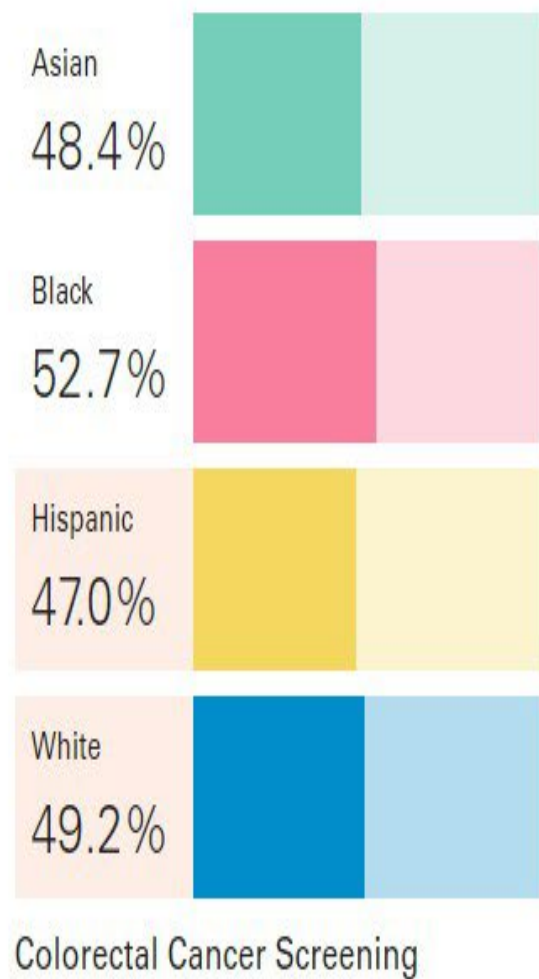


Breast Cancer Screening

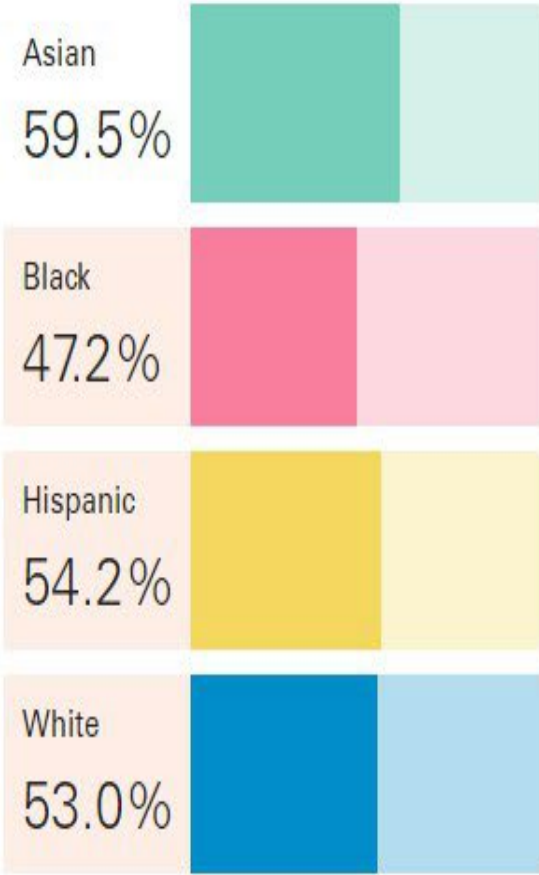
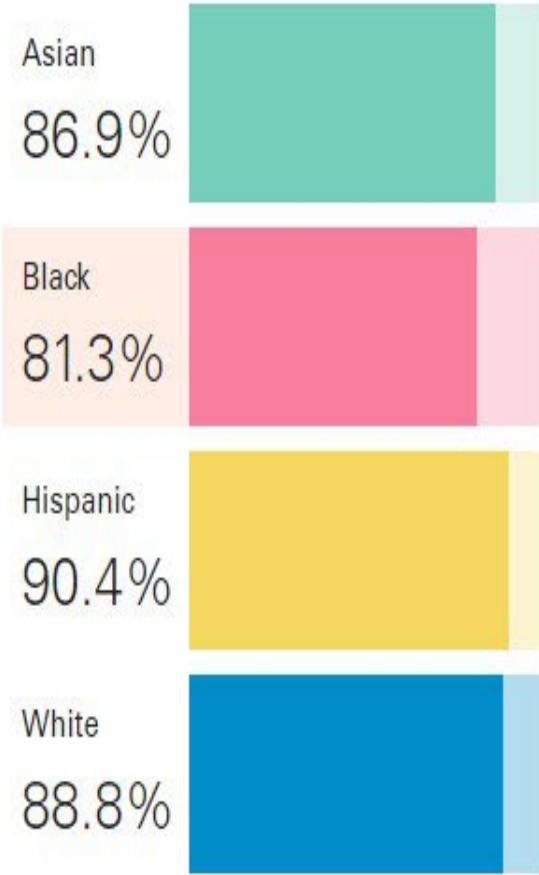
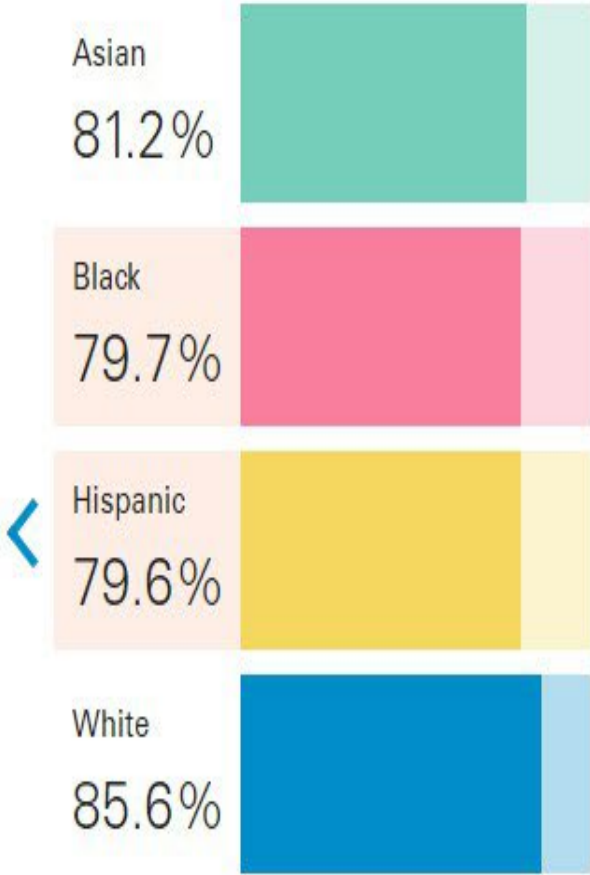


Cervical Cancer Screening

*BlueCare members include people who get coverage through TennCare, Tennessee's Medicaid program.<sup>2</sup>*



Commercial members include people who get health coverage through their jobs or buy an individual policy directly from BCBST (without financial assistance through healthcare.gov).<sup>2</sup>

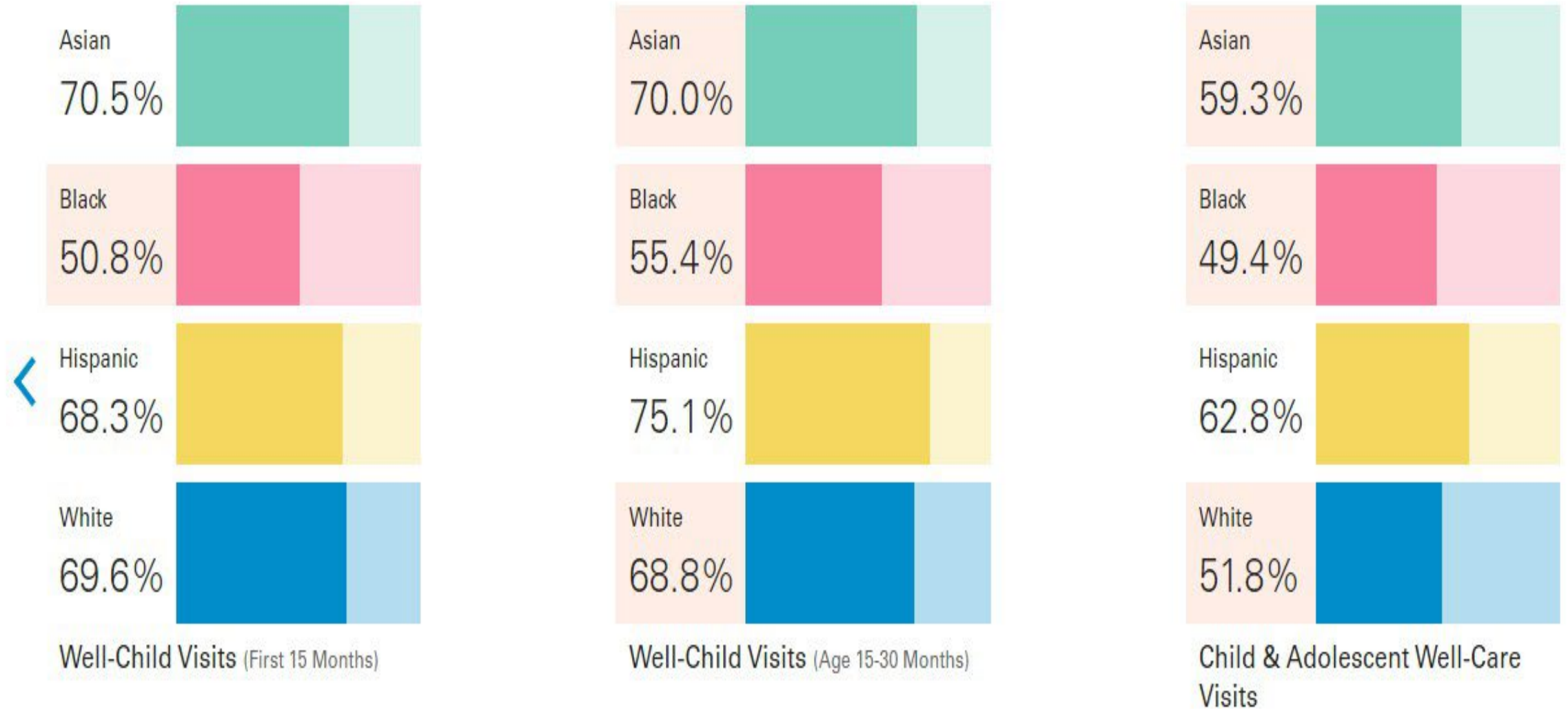


Well-Child Visits (First 15 Months)

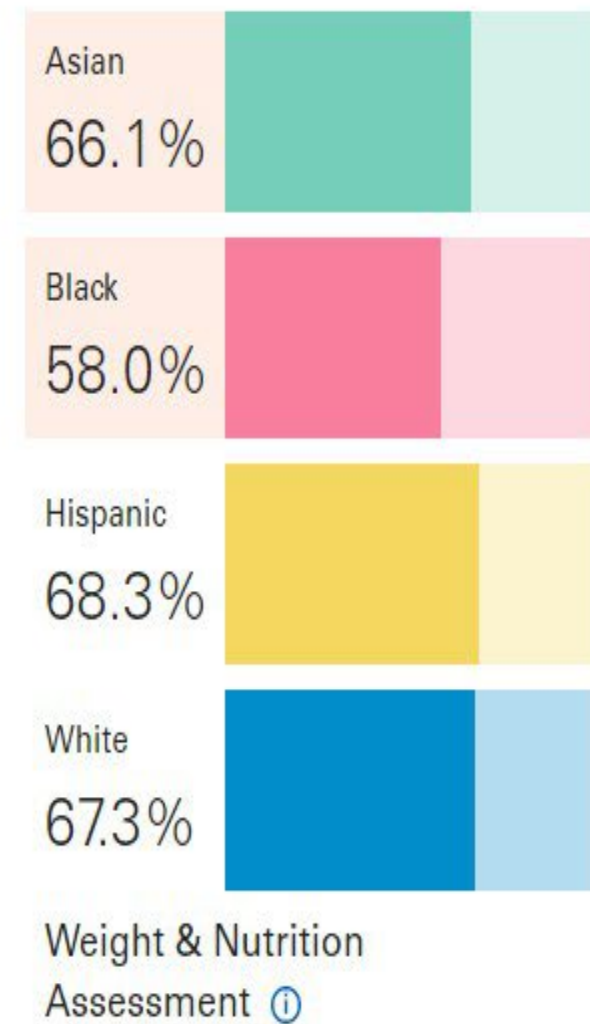
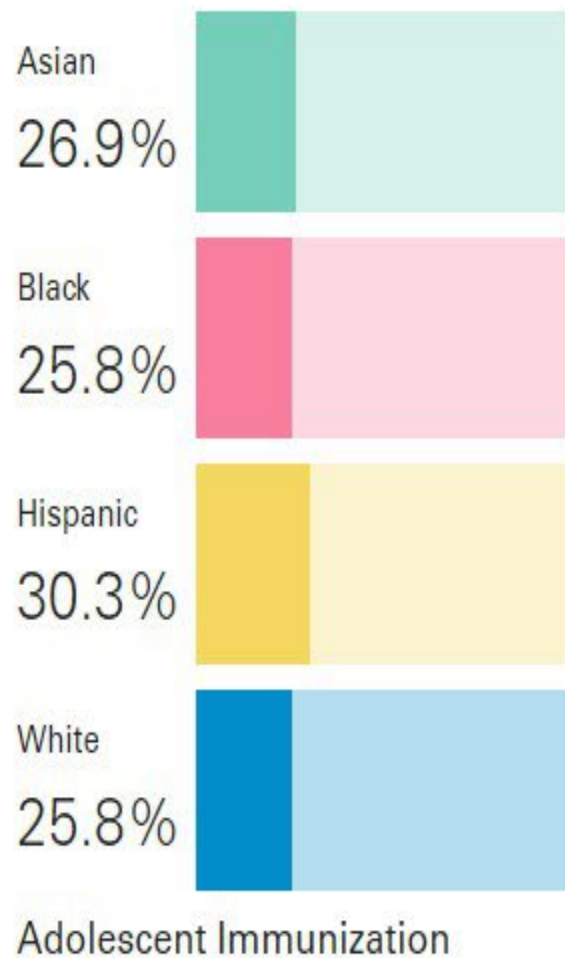
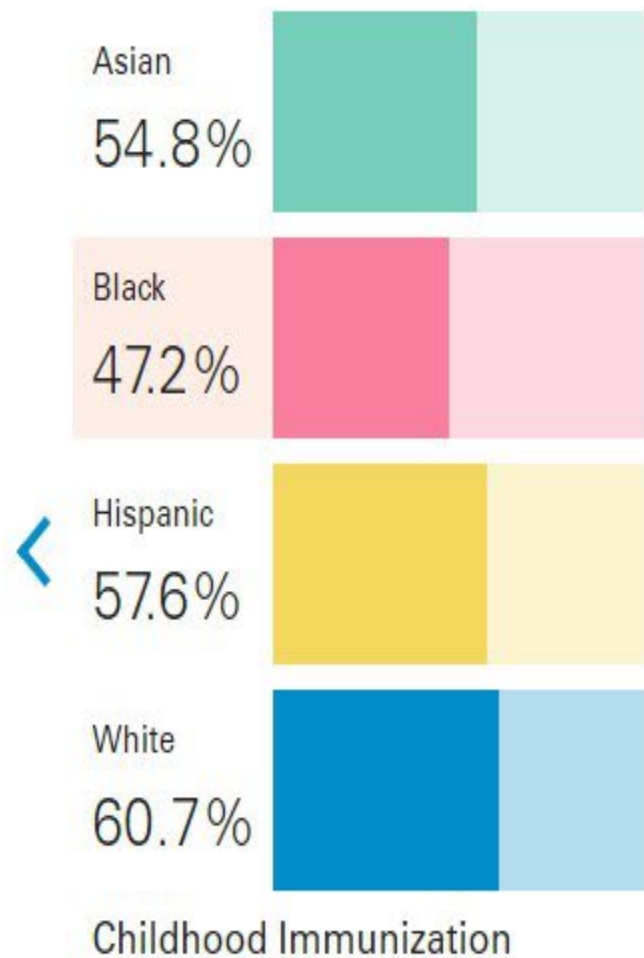
Well-Child Visits (Age 15-30 Months)

Child & Adolescent Well-Care Visits

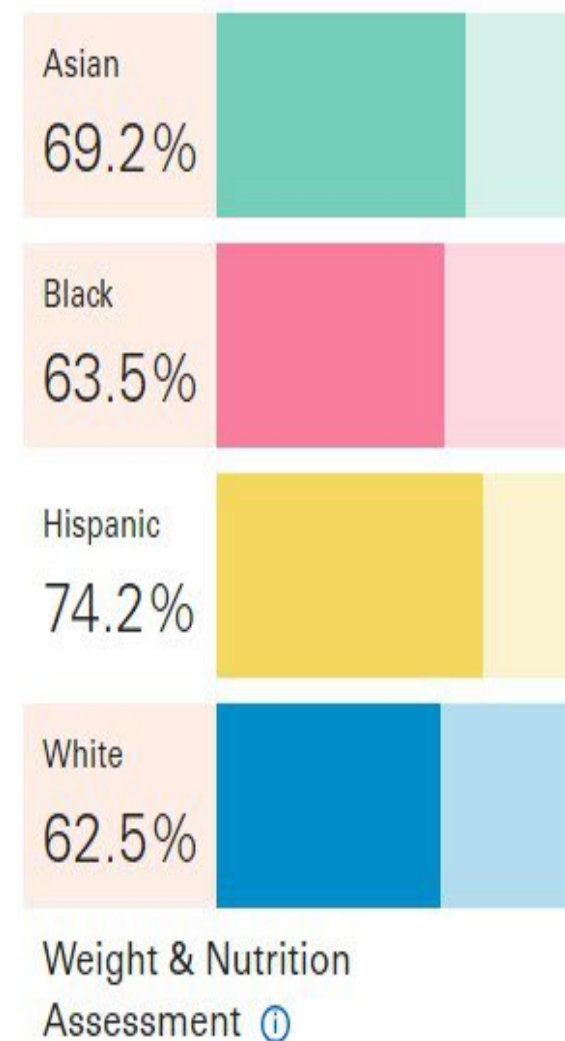
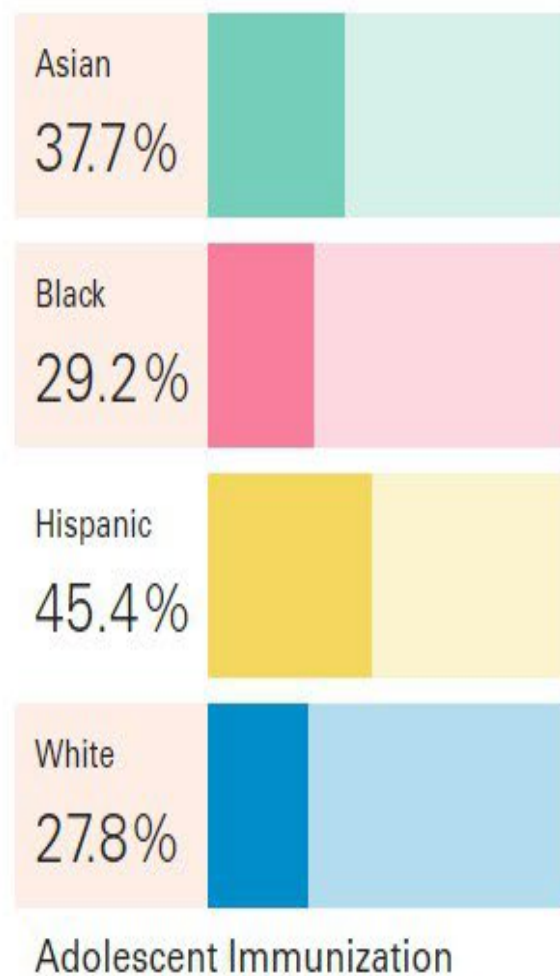
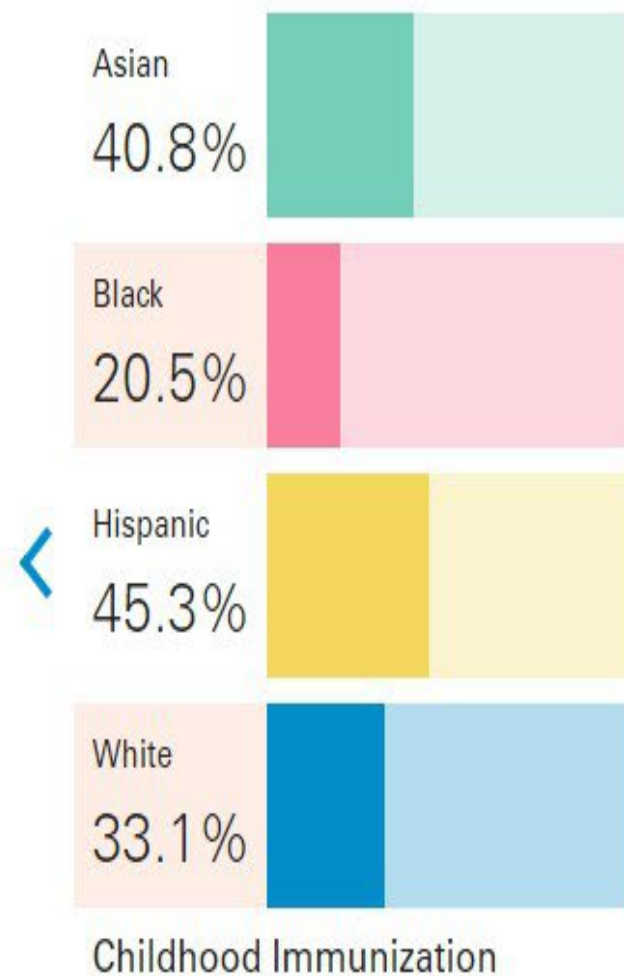
BlueCare members include people who get coverage through TennCare, Tennessee's Medicaid program.<sup>2</sup>



Commercial members include people who get health coverage through their jobs or buy an individual policy directly from BCBST (without financial assistance through healthcare.gov).<sup>2</sup>



BlueCare members include people who get coverage through TennCare, Tennessee's Medicaid program.<sup>2</sup>



## MEASURES WE TRACK

### Immunizations for Adolescents

- The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the **human papillomavirus (HPV) vaccine series** by their 13th birthday.

### Cervical Cancer Screening

- **Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus co-testing within the last 5 years.**

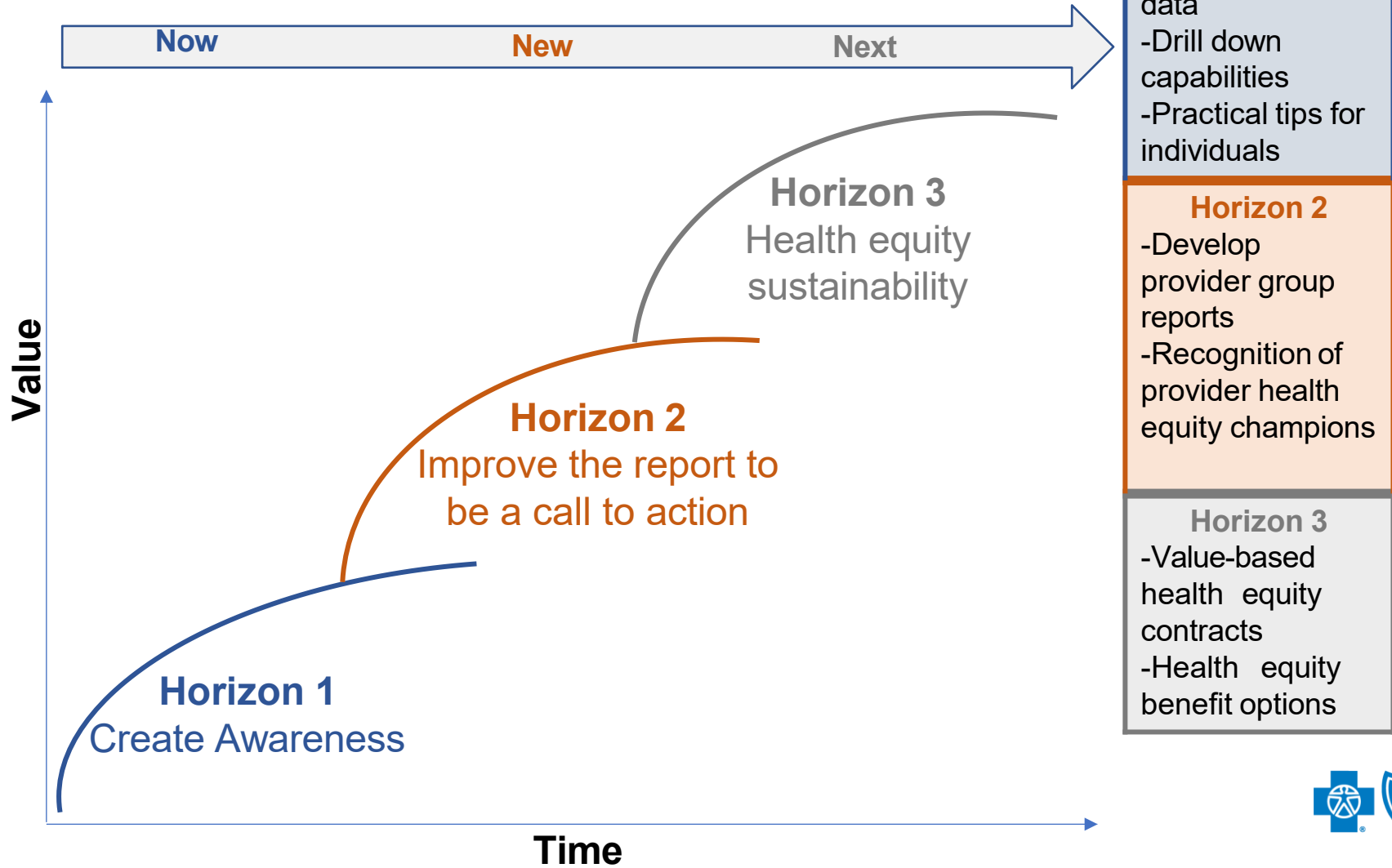
### Barriers/Challenges

- Medical Mistrust and Vaccine Disinformation
- Access to Care
- Parental Concern of Sexual Activity/Association Vs. Cancer Prevention

## ACTIVITIES FOR 2025

- Attendance at The Tennessee Department of Health Vaccine Preventable Diseases and Immunization Program (VPDIP) April 2025
- On-going participation/attendance with Southeast Roundtable Communications (St. Jude HPV Program)
- Exploring options with vendors on home testing availability for HPV testing to meet the “member” where they are at and increase convenience for testing
- Expanding Quality Improvement Messaging in Blue Alert (Provider Focus)
- Expanding Digital Outreach to members and distribution of educational resources in updated digital format (i.e.: QR Codes, PDF, etc.)
- Exploring opportunities to increase vaccine administration offerings across the state

# OUR ONGOING COMMITMENT TO HEALTH EQUITY





Take a closer look at our full  
health equity report:  
**[bcbst.com/healthequity](https://bcbst.com/healthequity)**.

# Tamika Felder

**SURVIVOR**

Founder & Chief Visionary  
Cervivor, Inc.





# BLACK WOMEN & CERVICAL CANCER

with Tamika Felder

*Founder & Chief Visionary, Cervivor, Inc.*

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**Tamika  
Felder**

# ACKNOWLEDGEMENTS

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Tamika  
Felder<sup>™</sup>



**Mrs. Henrietta Lacks**

August 1, 1920 -  
October 4, 1951



**Dr. LaSalle D. Leffall Jr.**

May 22, 1930 -  
May 25, 2019



**Dr. Edith P. Mitchell**

November 20, 1947 -  
January 21, 2024

My Story Begins At

25



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Tamika  
Felder<sup>™</sup>

I DON'T  
HAVE *Cancer.*



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Felder<sup>™</sup>

My father had died from  
**cancer**, and I thought I  
knew what it looked like.



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Tamika  
Felder

# IT HAS BEEN A JOURNEY

- Radical Hysterectomy
- Chemotherapy
- Radiation Therapy
- Loss of Fertility
- Secondary Post Cancer Issues





An older Black female doctor at Howard University Hospital told me my cervix looked like **chewed-up meat.**

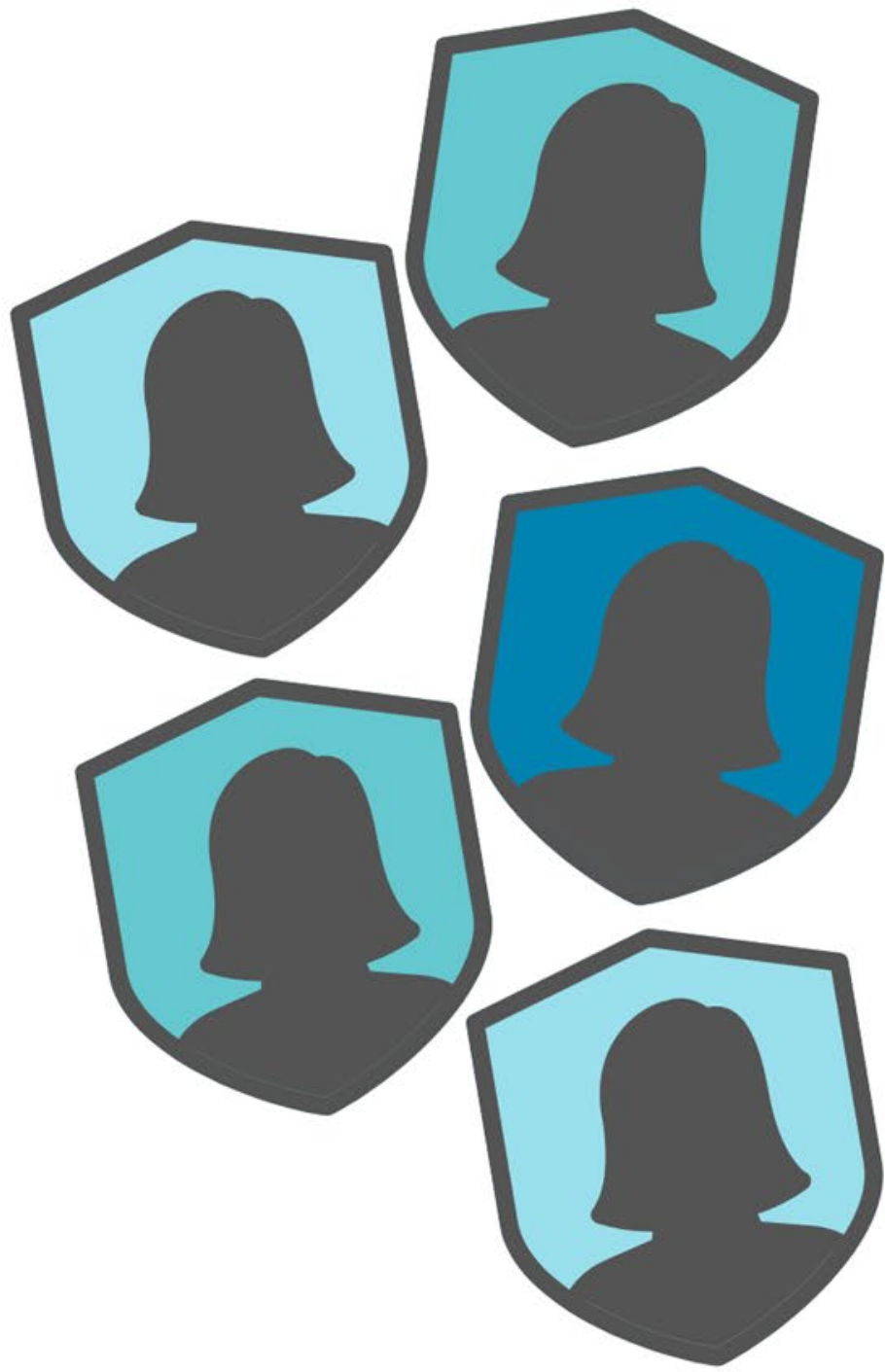
**I WAS SO**

**P\*SSED OFF!!**

**THE DOCTORS I SAW FOR SECOND  
OPINIONS AND THE ONE WHO FOUND  
MY CANCER KEPT SAYING THEY SAW  
MY SITUATION ALL THE TIME. HOW  
COME I AM NOT HEARING ABOUT IT?**

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informed. empowered. alive.





I HAD TO

**BUILD**

WHAT I DIDN'T HAVE.

cervivor<sup>®</sup>  
informed. empowered. alive.

Tamika  
Felder<sup>MD</sup>

cervivor<sup>®</sup>  
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I am a **Black woman** from South Carolina, you don't tell all your business. But I am also a **storyteller** because I worked as a television producer for many years.

**Black women are 41% more likely to be diagnosed with cervical cancer and 75% more likely to die from it compared to their White peers.**





I KNEW I HAD  
TO MAKE MY  
SURVIVORSHIP  
**COUNT.**

cervivor<sup>®</sup>  
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Tamika  
Felder<sup>™</sup>

MY LEGACY  
WOULDN'T BE THE  
LIVES I **BROUGHT**  
INTO THE WORLD. IT  
WAS GOING TO BE THE  
LIVES THAT I **SAVED.**



**Women of Color** are being overlooked, but **Black women** are falling through the cracks because:

\*We are **diagnosed late.**

\*Our **Follow-up** isn't great (us or medical team).

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**Tamika  
Felder**



**ADDRESSING**

## **CANCER DISPARITIES:**

### **Help increase screening rates.**

We could greatly reduce deaths from cervical cancer among Black women, Hispanic women, and other underrepresented communities.

### **Encourage HPV vaccination.**

Share resources and survivor stories with your social media networks.

### **Encourage clinical trial participation.**

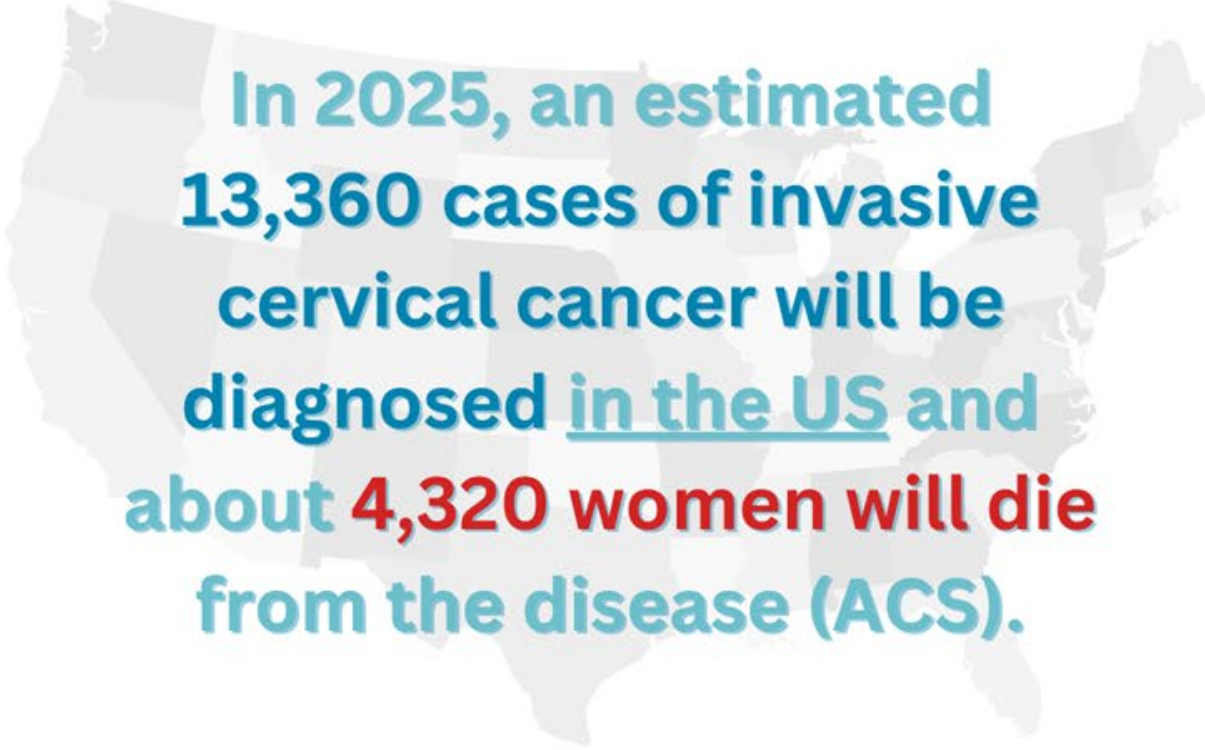
A lack of racial and ethnic diversity in both cancer research and the healthcare workforce is one of the major factors contributing to cancer health disparities.

**KIMBERLY WILLIAMS**



**CHIEF DEI OFFICER**

# CONNECT THE DOTS ● ● ●



In 2025, an estimated **13,360** cases of invasive cervical cancer will be diagnosed in the US and about **4,320** women will die from the disease (ACS).



Worldwide, cervical cancer is the fourth most frequent cancer in women with an estimated 660,000 new cases in 2022. Of the estimated **350,000 deaths** from cervical cancer in 2022, about 90% of these occur in low- and middle-income countries (WHO).



BECAUSE WE CAN,  
WE MUST,  
WE WILL ELIMINATE  
CERVICAL CANCER.

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Felder<sup>MD</sup>



# Our Programming At



# Cervivor Events and Programming



# Partners in our mission to #EndCervicalCancer



NAVEGACIÓN de  
PACIENTES  
Internacional  
Empoderando Pacientes



NATIONAL  
CANCER  
INSTITUTE



World Health  
Organization



HPV Cancer  
Prevention  
Program



IPVS  
International  
Papillomavirus  
Society



WITH CERVIVOR, THEY LIVE ON  
#ENDCERVICALCANCER







SPREAD THE WORD, FUND THE MISSION TO  
**#ENDCERVICALCANCER**

SCAN



<https://bit.ly/40kmGzc>

EVERY

CERVIX



MATTERS

[www.cervivor.org](http://www.cervivor.org)

Empowering and Strengthening Community, Culture  
and Connection to Prevent HPV Cancers

# Moderated Discussion



**Kiara Long, MPH**



**Ashanda Saint Jean, MD, FACOG**



**Andrea D. Willis, MD, MPG, FAAP**



**Tamika Felder**



Empowering and Strengthening Community, Culture  
and Connection to Prevent HPV Cancers

# Closing Remarks



# Factsheet-Addressing HPV Vaccination Inequities and HPV Cancer Disparities in African American and Black Communities



Empowering and Strengthening Community, Culture and Connection to Prevent HPV Cancers

## Focus on African American Communities

Individuals in the United States who identify as African American experience significant health disparities, including rates of HPV vaccination series completion compared to the national average. This gap is partially due to a generational mistrust of healthcare practices among African American populations, stemming from past mistreatment by medical professionals (Amboree & Darkoh, 2021). By strengthening community ties and cultural connections, we can prevent cancer in African American communities through targeted outreach and intervention strategies.

HPV Vaccination Rates for 13-17-Year-Olds Identifying as African Americans as of 2023

	>1 dose HPV	HPV UTD
United States Overall	76.8%	61.4%
African American	77.3%	59.0%

Source: Centers for Disease Control and Prevention [CDC], National Immunization Survey-Teen (NIS Teen), 2023, HPV vaccination rates for 13-17-year-olds. UTD: Up to Date with the HPV vaccination series

On-time HPV vaccination by the thirteenth birthday protects best. HPV vaccination can be given starting at age 9 HPV vaccination is routinely recommended for everyone ages 9-26 (Pingali et al., 2024). It is not too late to catch up on HPV vaccination. People ages 27-45 are also strongly encouraged to talk with a health care provider to see if HPV vaccination is right for them. Future initiatives should focus on achieving the Healthy People 2030 objective of 80% vaccination rates among adolescents aged 13-15-years-old.

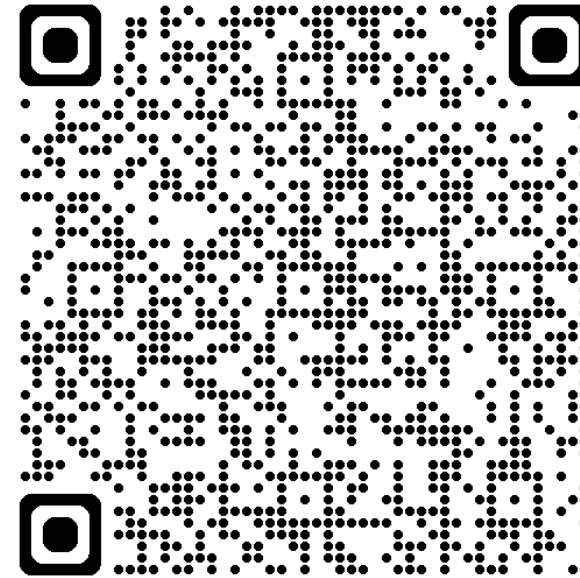
Rate of New HPV Cancers by African American Ethnicity as of 2021

	All HPV Cancers			Oropharyngeal Cancer			Cervical Cancer
	Overall	Male	Female	Overall	Male	Female	Female
United States Overall	12.6	11.2	14.0	5.2	9.1	3.7	7.1
African American	10.8	8.9	12.6	3.4	6.3	1.1	7.5

\*Rate per 100,000 people

For more information visit [stjude.org/hpv](https://stjude.org/hpv) or email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org).

Access the factsheet by scanning the QR code or using the link provided in the chat.



# 2025 HPV Awareness Day Seminar Series

Register at  
[stjude.org/HAD2025](https://stjude.org/HAD2025)



**PATH** →  
to prevention

**HPV Cancer Prevention Program**

2025 SEMINAR SERIES

### HPV Awareness Day

March 3 - 7, 2025

All seminars will be held from Noon - 1:15 p.m. Central Time  
Virtual | Webex

The St. Jude HPV Cancer Prevention Program is hosting a series of five virtual seminars in recognition of **HPV Awareness Day** on March 4. HPV Awareness Day is a global movement dedicated to raising awareness about HPV cancers. This webinar series offers an opportunity to learn more about increasing HPV vaccination rates for all children through education, promotion of best practice models, and strategic partner engagement.


Monday March 3	<b>Vaccines in the U.S.: A Journey Through History</b>
Tuesday March 4	<b>Promoting HPV Vaccination Policy to Prevent HPV Cancers</b>
Wednesday March 5	<b>Realizing a Regional Plan to Eliminate HPV Cancers, Starting with Cervical Cancer, as a Public Health Concern in the Southeast</b>
Thursday March 6	<b>Closing the HPV Vaccination Gap and Preventing HPV Cancers from Boys to Men</b>
Friday March 7	<b>Harvesting Best Practices to Prevent Rural HPV Cancers</b>

**REGISTER NOW**

Register for one seminar or the entire series. Seminars will be recorded for those who are unable to join live.

If you have questions, please email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org)  
[#stjude.org/HAD2025](https://stjude.org/HAD2025)

Scan to register





# Evaluation

Please take a brief moment to complete an evaluation of today's seminar. Your feedback is important to us and will be used to plan future offerings.





# Thank you for attending!

For more information, please  
email [PreventHPV@stjude.org](mailto:PreventHPV@stjude.org)  
or visit [stjude.org/hpv](https://stjude.org/hpv)

