



**HPV Cancer
Prevention
Program**

2025 HPV AWARENESS DAY SEMINAR SERIES

Harvesting Best Practices to Prevent Rural HPV Cancers

March 7, 2025

stjude.org/hpv • [#EndHPVCancers](https://twitter.com/EndHPVCancers)



Organizers



Madeline McNee, MPH
Program Coordinator
St. Jude HPV Cancer Prevention Program



Nicole Williams, MPH
Program Coordinator
St. Jude HPV Cancer Prevention Program

Welcome to the HPV Awareness Day Seminar Series

- Today's meeting will be recorded. The link to view the recording and PDF of materials will be shared with all who have registered. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's meeting, please use the chat or email PreventHPV@stjude.org.
- We will use the Q&A feature for questions. You can post these at any time to engage with the presenters and organizers.

Learning Objectives

By the end of the seminar, participants will be able to:

1. Review rural HPV vaccination data and discuss identified disparities of HPV vaccination coverage.
2. Discuss best practices to improve HPV vaccination coverage in rural communities.
3. Identify policy recommendations to improve HPV vaccination coverage in rural communities.

Ashley Lach, MHA

MODERATOR

Program Manager

HPV Disparities

American Cancer Society

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Presenters



Gabriel A. Benavidez, PhD
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Department of Public Health
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Jason Semprini, PhD
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Department of Public Health
Des Moines University*



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Gabriel A. Benavidez, PhD

SPEAKER

Assistant Professor of
Epidemiology
Department of Public Health
Baylor University

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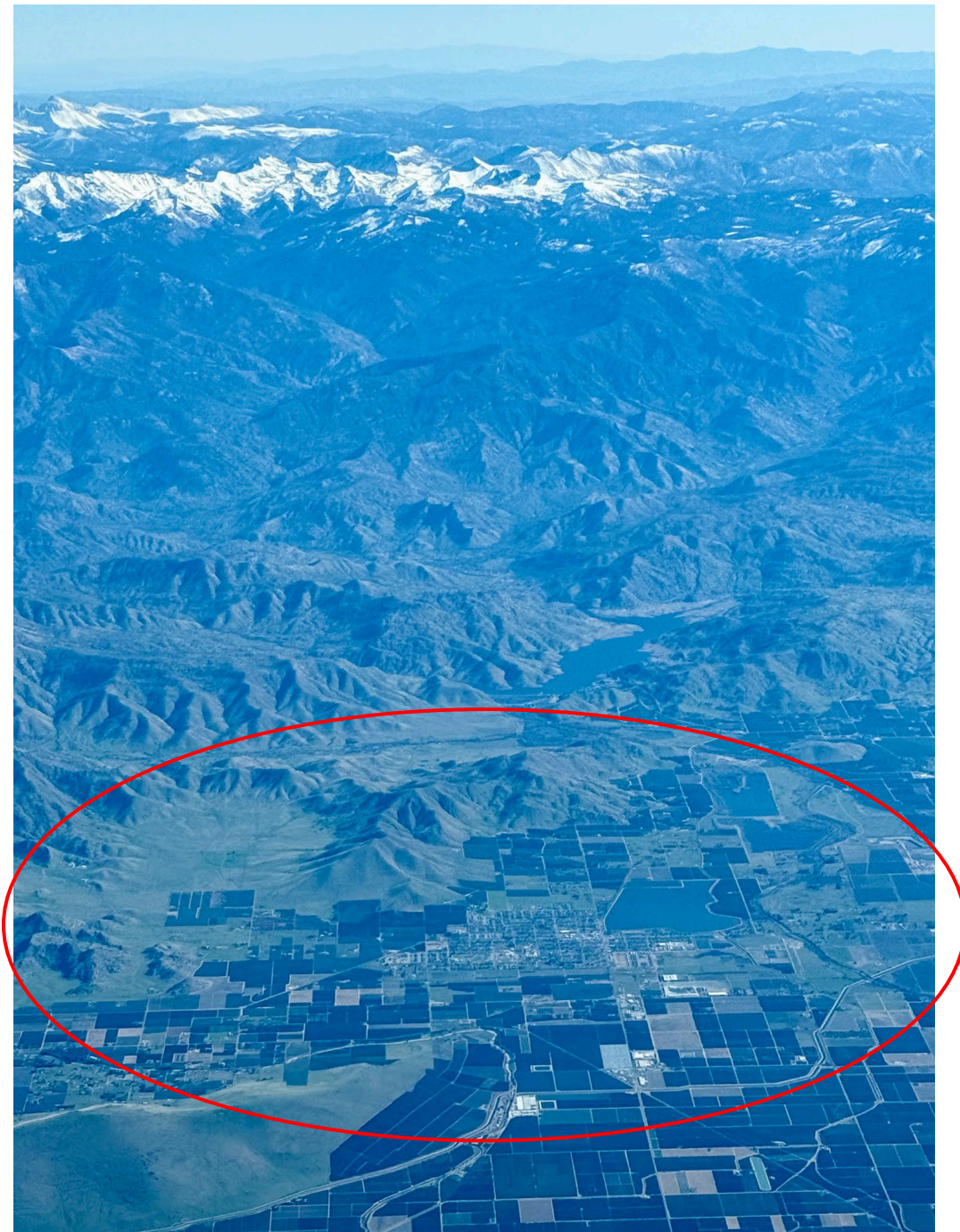


Harvesting Best Practices to Prevent Rural HPV Cancers



Baylor University

ROBBINS COLLEGE OF HEALTH AND HUMAN SCIENCES
Health, Human Performance, and Recreation



Rural Roots Run Deep

HPV Associated Cancers

Cervical cancer: ~100%

Anal cancer: 90%

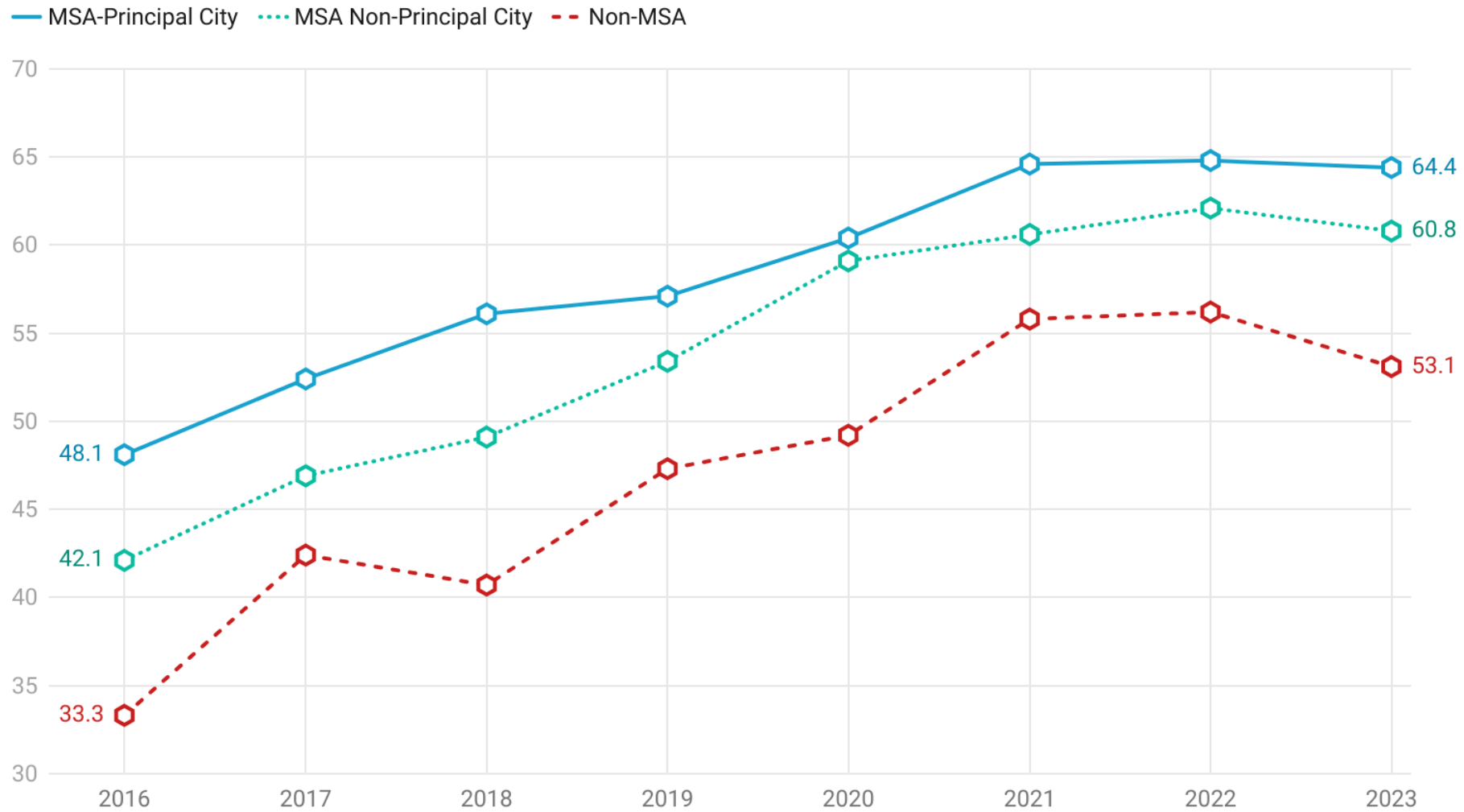
Vaginal cancer: 75%

Oropharyngeal cancer: 70%

Penile cancer: 63%

Vulvar cancer: 69%

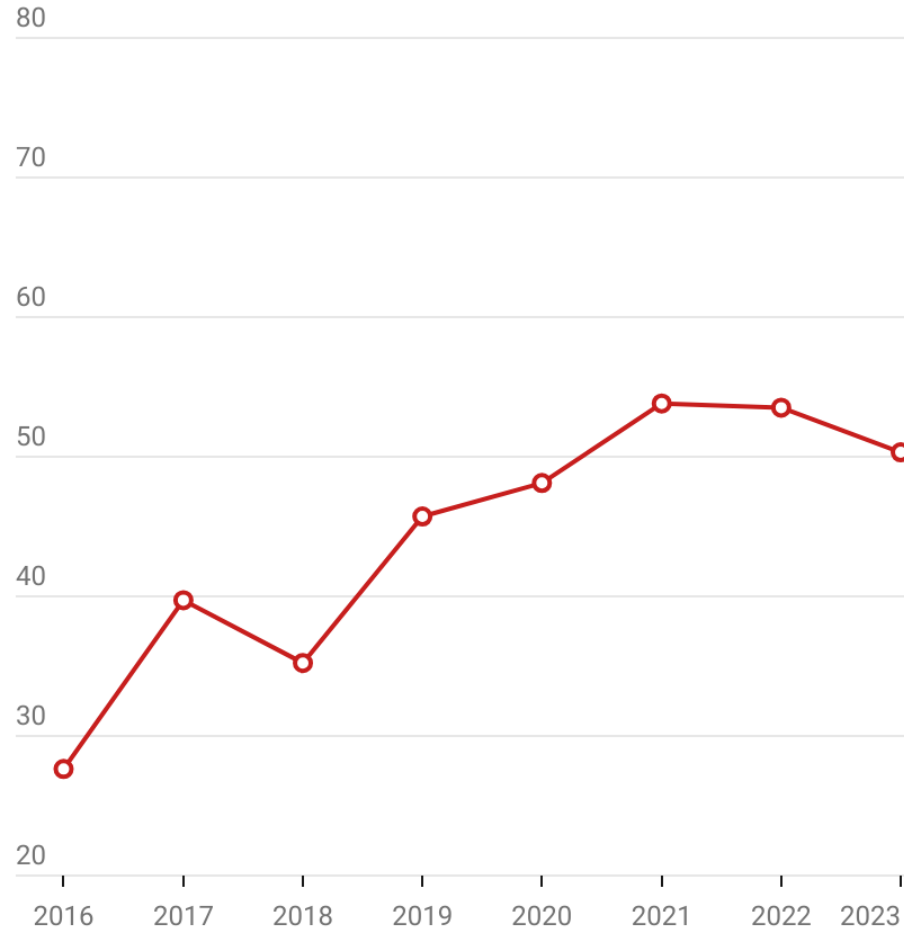
HPV Vaccination Coverage among Adolescents (13 – 17 Years)



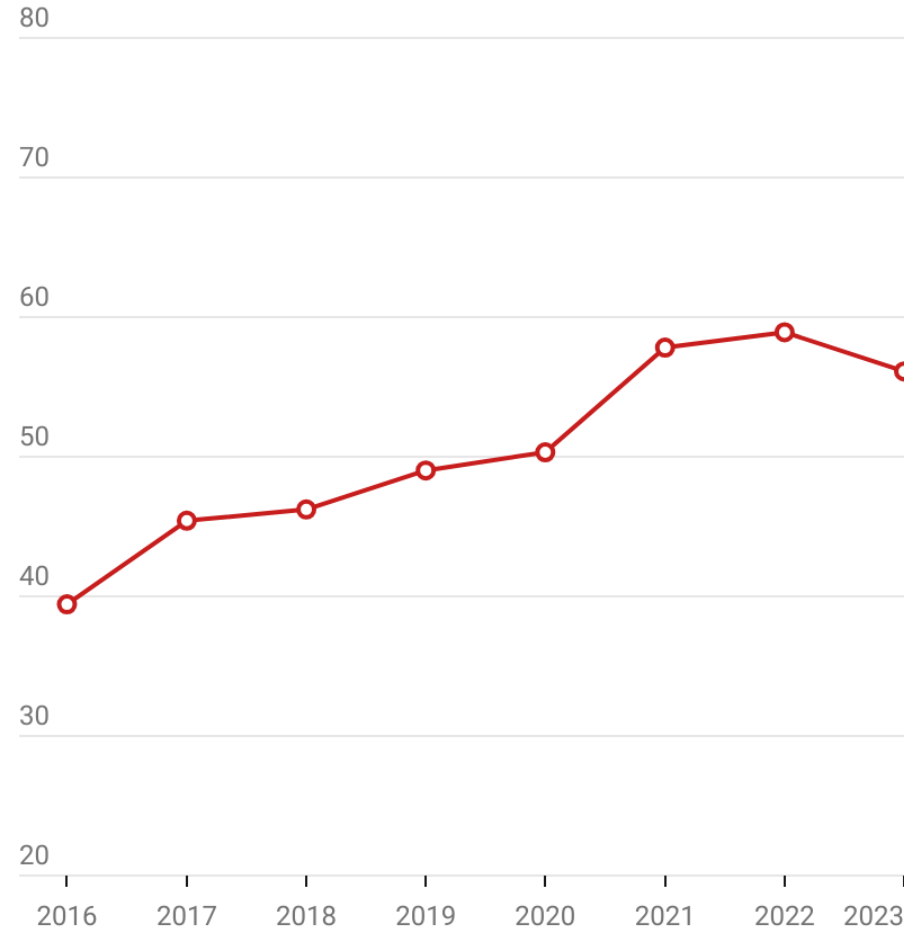
Data source: NIS-TEEN via TeenVaxView

HPV Vaccination Coverage among Adolescents (13-17 Years)

Non-MSA (Males)

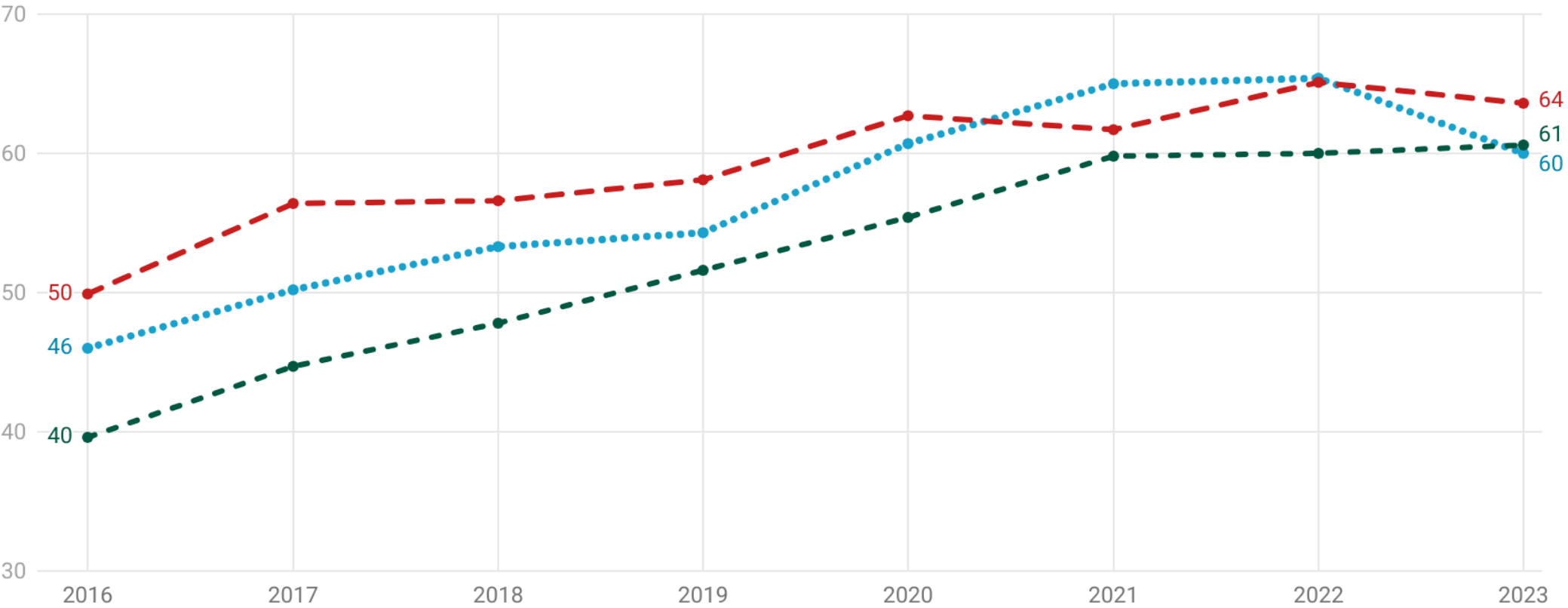


Non-MSA (Females)



HPV Vaccination Coverage among adolescents (13-17 Years)

● NH-Black ● NH-White ● Hispanic



Data source: NIS-TEEN via TeenVaxView



Meta-analysis of 118 studies

- No significant racial/ethnic differences in **initiation** rates.
 - Provider-verified vaccination data (rather than self-reported), racial/ethnic minorities 6.1% more likely to initiate HPV vaccination than White individuals.
- Minority groups were 8.6% less likely than Whites to **complete** the full HPV vaccine series.
 - More recent studies show increasing HPV vaccine initiation and completion among minorities compared to White individuals.

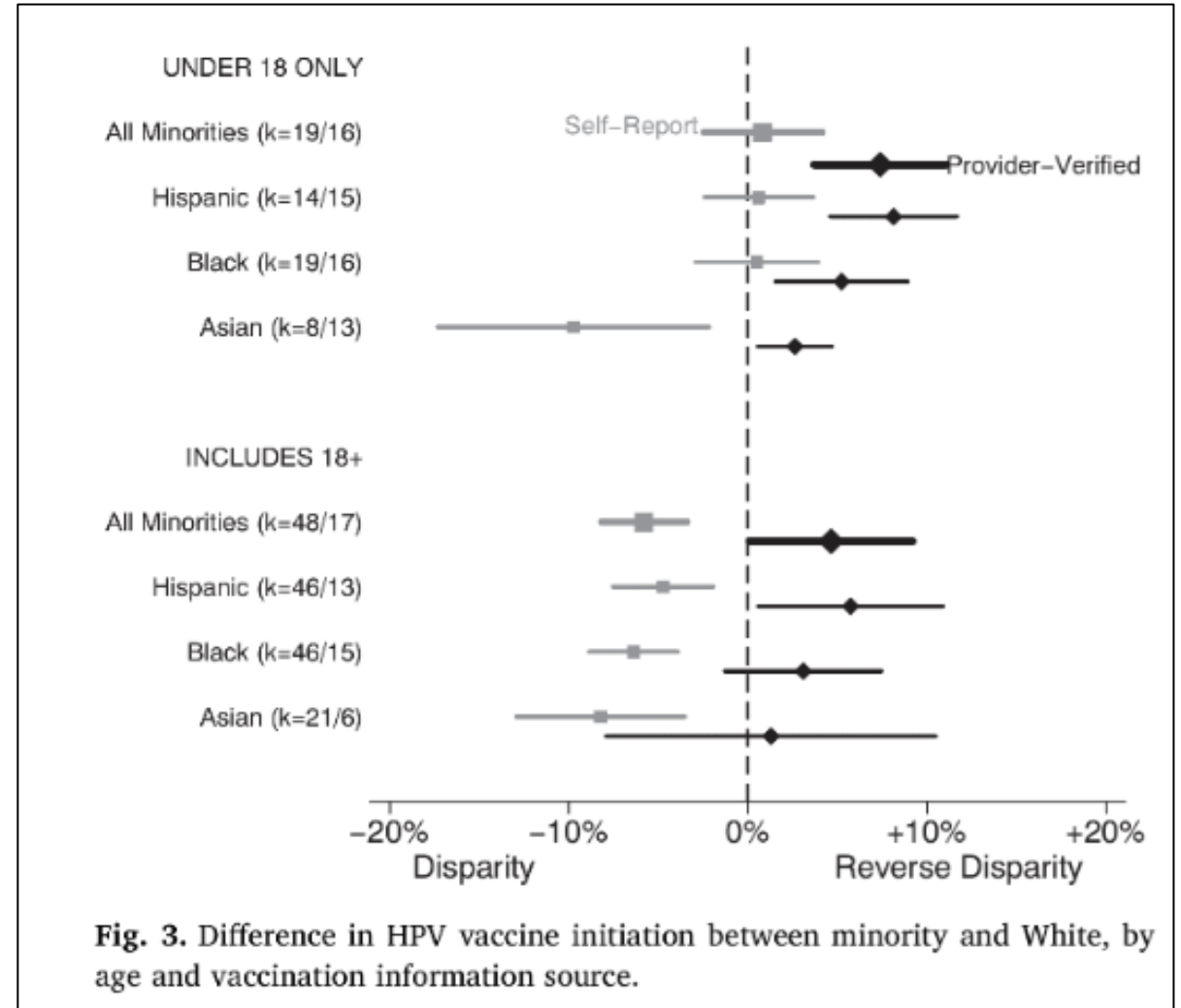


Fig. 3. Difference in HPV vaccine initiation between minority and White, by age and vaccination information source.

Significant progress has been made

- While rural areas remain less vaccinated than urban areas, rural coverage has steadily increased over the last decade
- Public health campaigns, interventions, and policy initiatives have ensured that racial/ethnic minorities are not falling behind in vaccine uptake
 - Affordable Care Act
 - Vaccines for Children

Barriers to Vaccine Uptake in Rural America

- Healthcare Access Issues
 - Provider Shortages and Travel Distances
 - Inconsistent Healthcare Visits
- Lack of Awareness and Education
 - Limited Knowledge About HPV and Vaccination
 - Inadequate Sexual Health Education
- **Distrust in Public Health and Healthcare Systems**
 - Skepticism Towards Vaccination Initiatives
 - Concerns About Vaccine Safety and Efficacy

Addressing Vaccine Distrust in Rural America

- Identify specific reasons for distrust and vaccine hesitancy
 - Political and Ideological Influences
 - Cultural and Religious Beliefs
 - Concerns about safety and adverse effects
- Community Engagement and Education
 - Leverage Trusted Local Leaders
 - Culturally Sensitive Communication

Faith-based interventions are underutilized

- Established Trust in the Church Community
- A Safe Space for Health Education
- Faith Leaders as Vaccine Advocates
- Opportunity to Shift Social Norms
- Reaching Underserved Populations
- Integration of Spiritual and Medical Messaging

Examples of faith-based interventions

- **Mental Health Support through Faith Communities**
 - The Congregational Collective in San Antonio, Texas, trained pastors and church members to provide mental health support within their congregations.
 - Participants reported increased capacity to identify and assist individuals facing mental health challenges, leading to improved access to care and support for those in crisis.
- **Faith, Activity, and Nutrition (FAN) Program in South Carolina**
 - The FAN program trained church committees to promote physical activity and healthy eating by creating supportive environments, establishing health guidelines, and disseminating health messages within the church community.
 - Participants in intervention churches reported increased opportunities for physical activity and healthy eating, with a significant reduction in inactivity levels compared to control groups.

Progress and Challenges in Rural HPV Vaccine Uptake

- Progress Over the Last Decade
 - Rural HPV vaccine uptake has steadily increased over the past 10 years.
 - Previous interventions have been effective in improving initiation rates.
- Recent Stagnation in Vaccine Uptake
 - In recent years, uptake has plateaued, raising concerns about maintaining momentum.
 - New challenges require fresh approaches to avoid regression in vaccination rates.
- Impact of the Pandemic on Vaccine Hesitancy
 - Distrust in vaccines and government policies has intensified post-pandemic.
 - Rural communities may be more resistant to traditional public health messaging.

A Path to Overcoming Rural Vaccine Hesitancy

- Rethinking Vaccine Promotion in Rural America
 - We must not alienate or demonize rural populations for their concerns.
 - Messaging must be culturally relevant and respect local values.
- Faith-Based Interventions: A Promising Strategy
 - Trusted faith leaders can address hesitancy in a non-judgmental way.
 - Churches and faith-based organizations provide credible, community-centered solutions.
 - A faith-driven approach may be key to rebuilding trust and boosting HPV vaccine uptake.

Jason Semprini, PhD

SPEAKER

Assistant Professor
Department of Public Health
Des Moines University

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Harvesting Best Practices to Prevent Rural HPV Cancers

Understanding the Past and Future Burden of Rural HPV Cancers

Jason Semprini
Des Moines University
Department of Public Health

No conflicts.

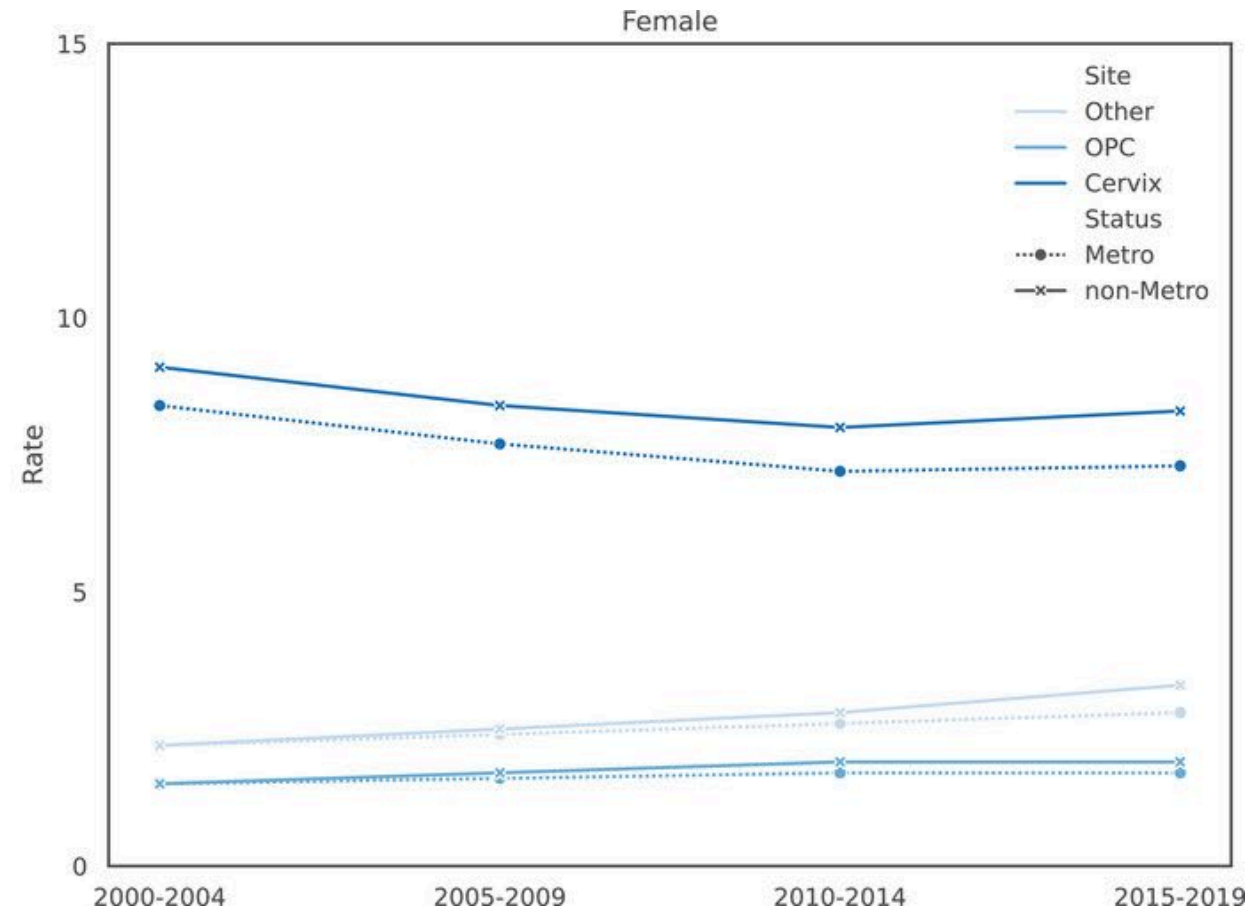
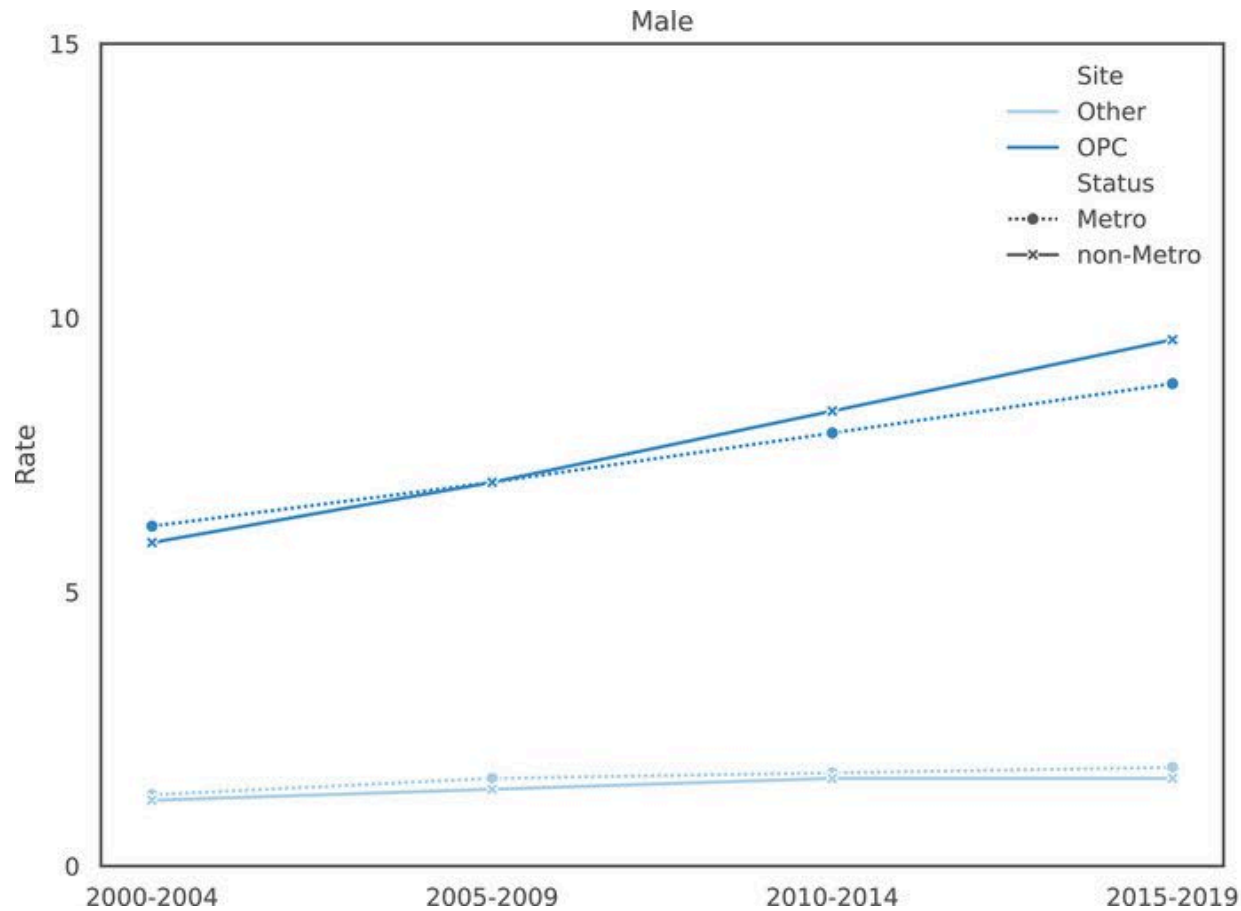
Some of this research was supported by the American Lebanese and Syrian Associated Charities (ALSAC) of St. Jude Children's Research Hospital.

HPV Prevention is **Cancer Prevention**

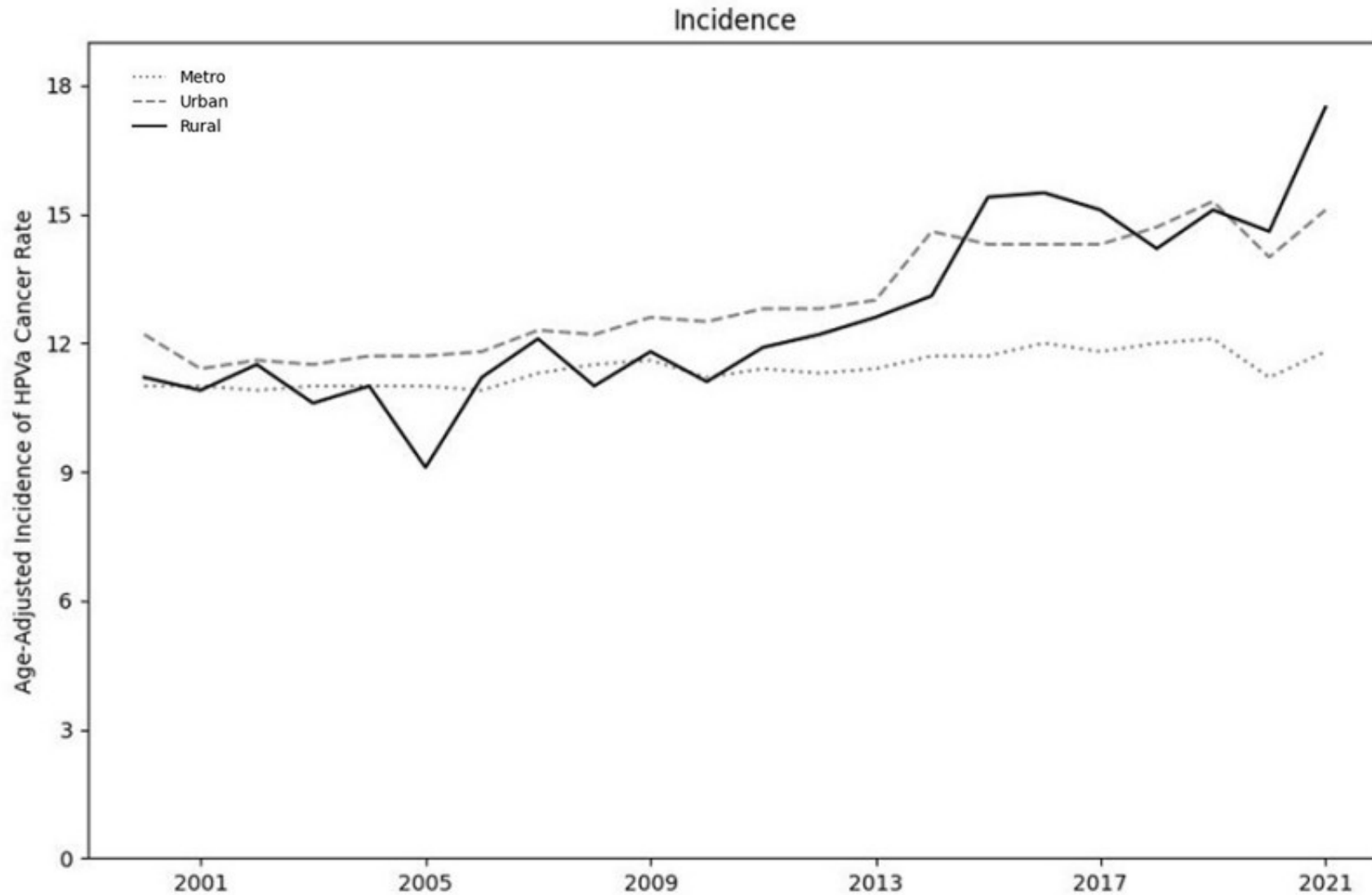




Growing gap between rural-urban HPV cancer incidence

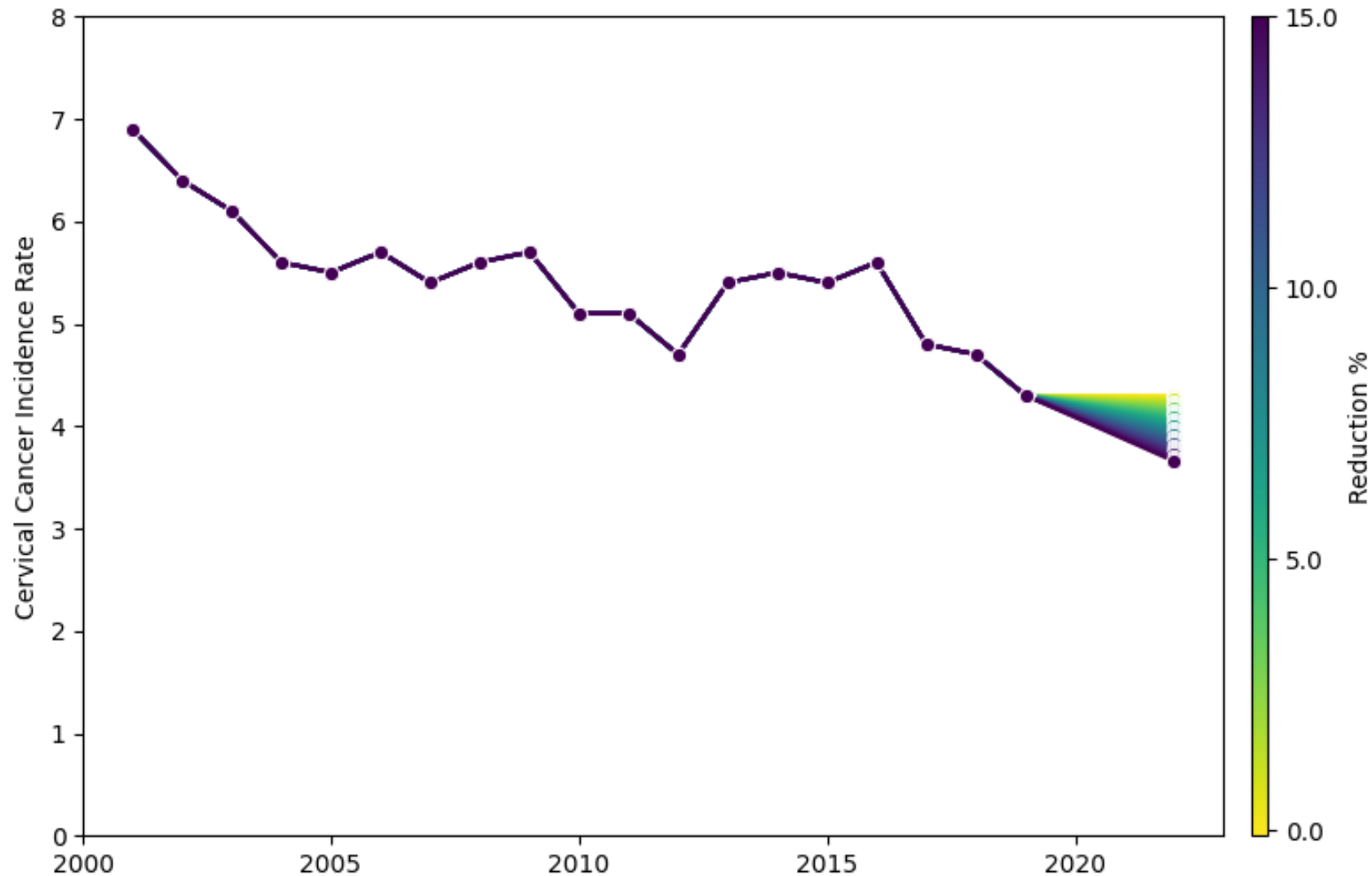


Growing and growing...



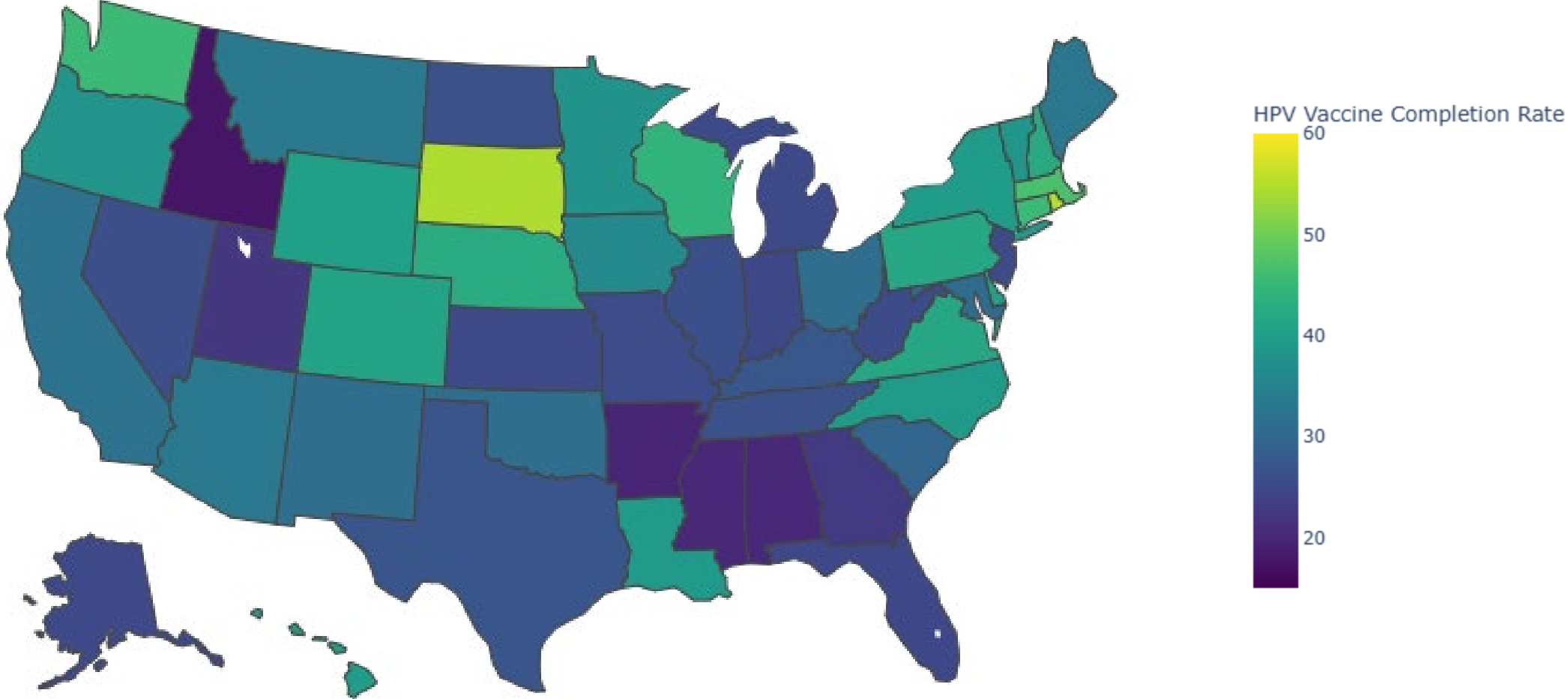
As the cohort of females exposed to the initial HPV-vaccine rollout turn 25-29...

We predict a 15% drop in HPV⁺ cervical cancer incidence



**Simulation results suggest we could observe a
50% Relative Reduction!**

13–17-Year-Old Female HPV-Vaccine Completion Rates (2010)



Dorrell 2011

‘50.4% of rural adolescents initiate the HPV vaccine compared to 65.9% of urban adolescents.’

Swiecki-Sikora 2019

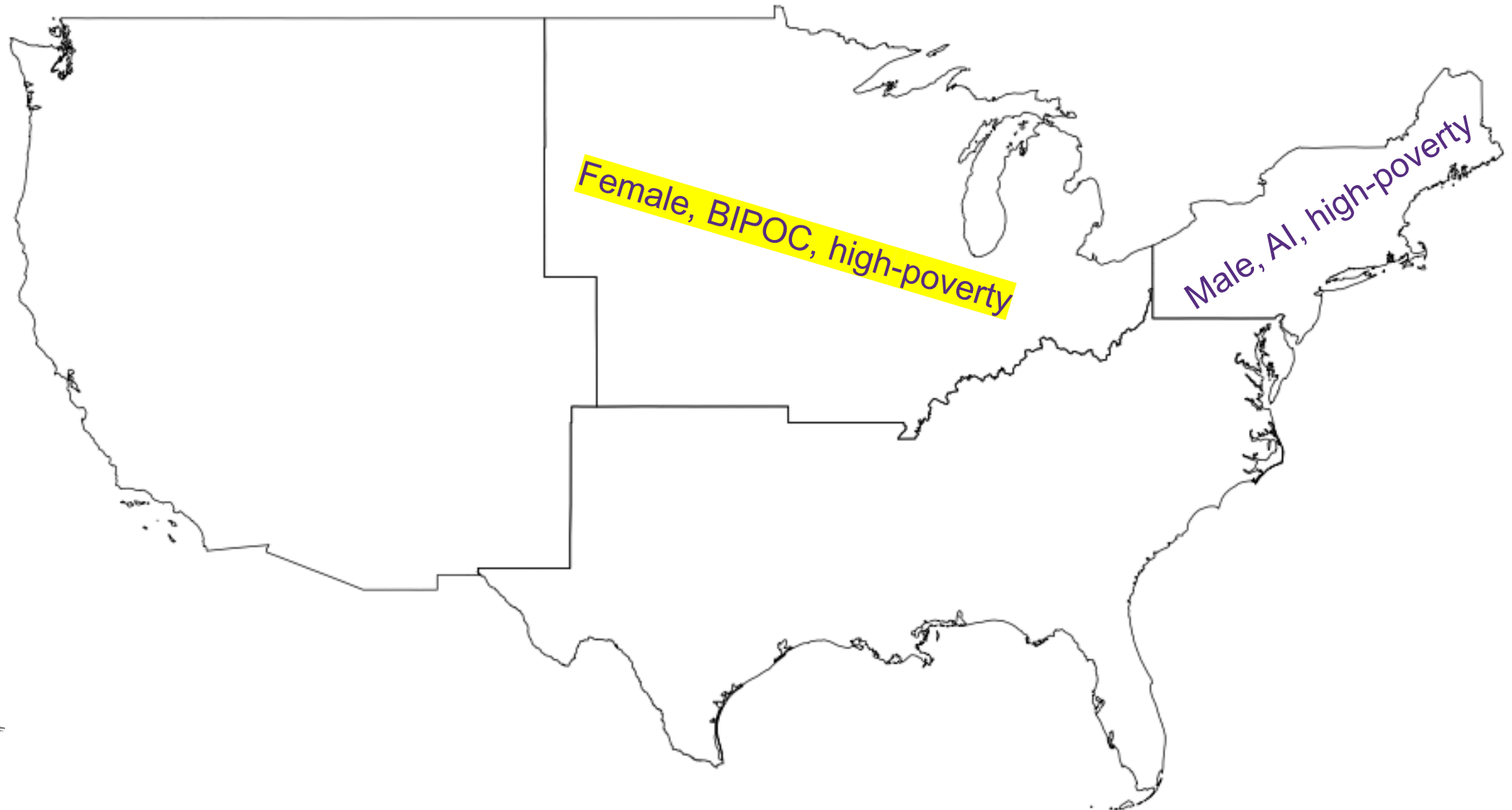
Looking beyond rural-urban differences

Exploring intersectionality *within rural*

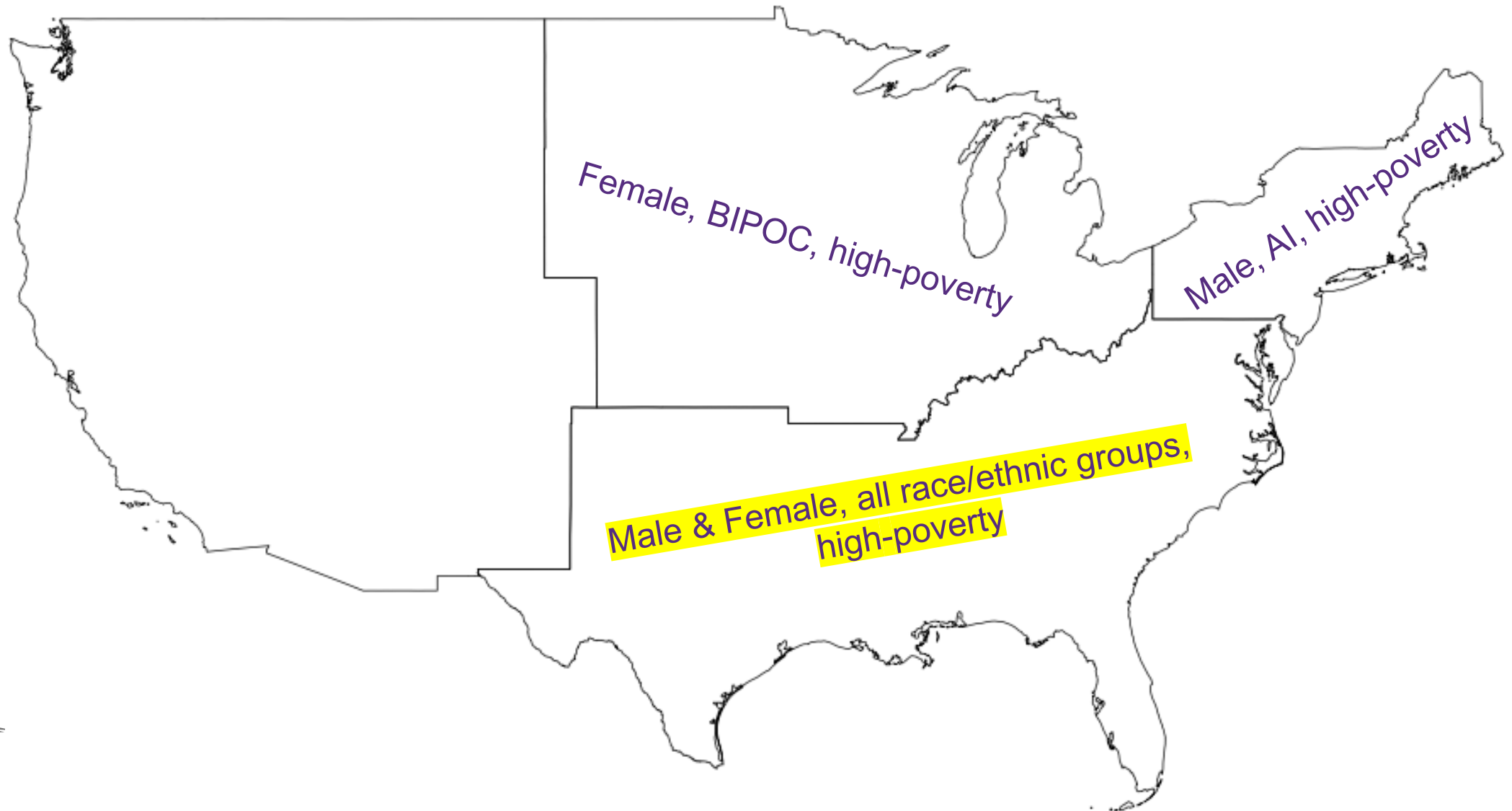
Who bears the largest burden of rural HPV_v cancer incidence?



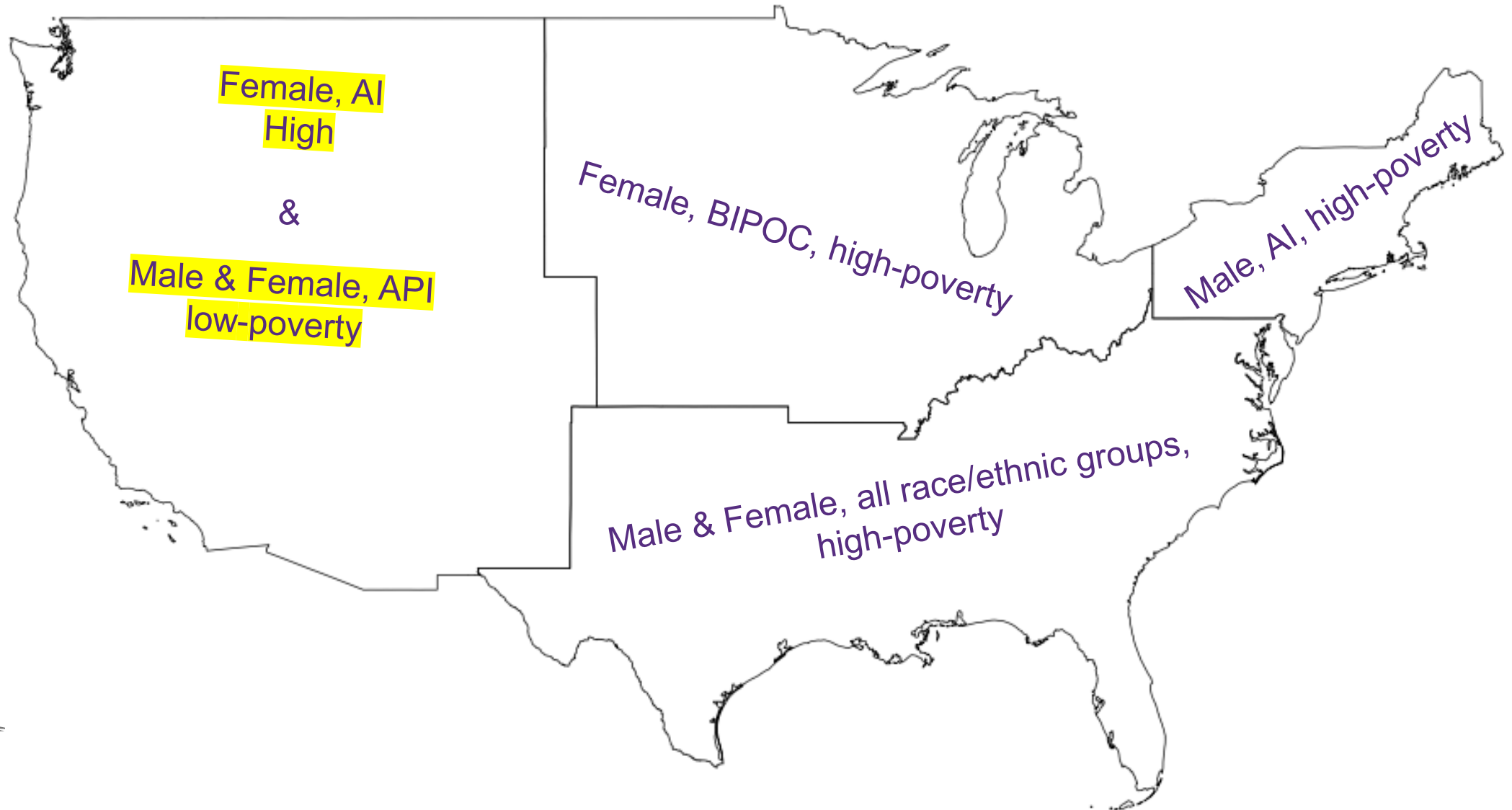
Who bears the largest burden of rural HPV_a cancer incidence?



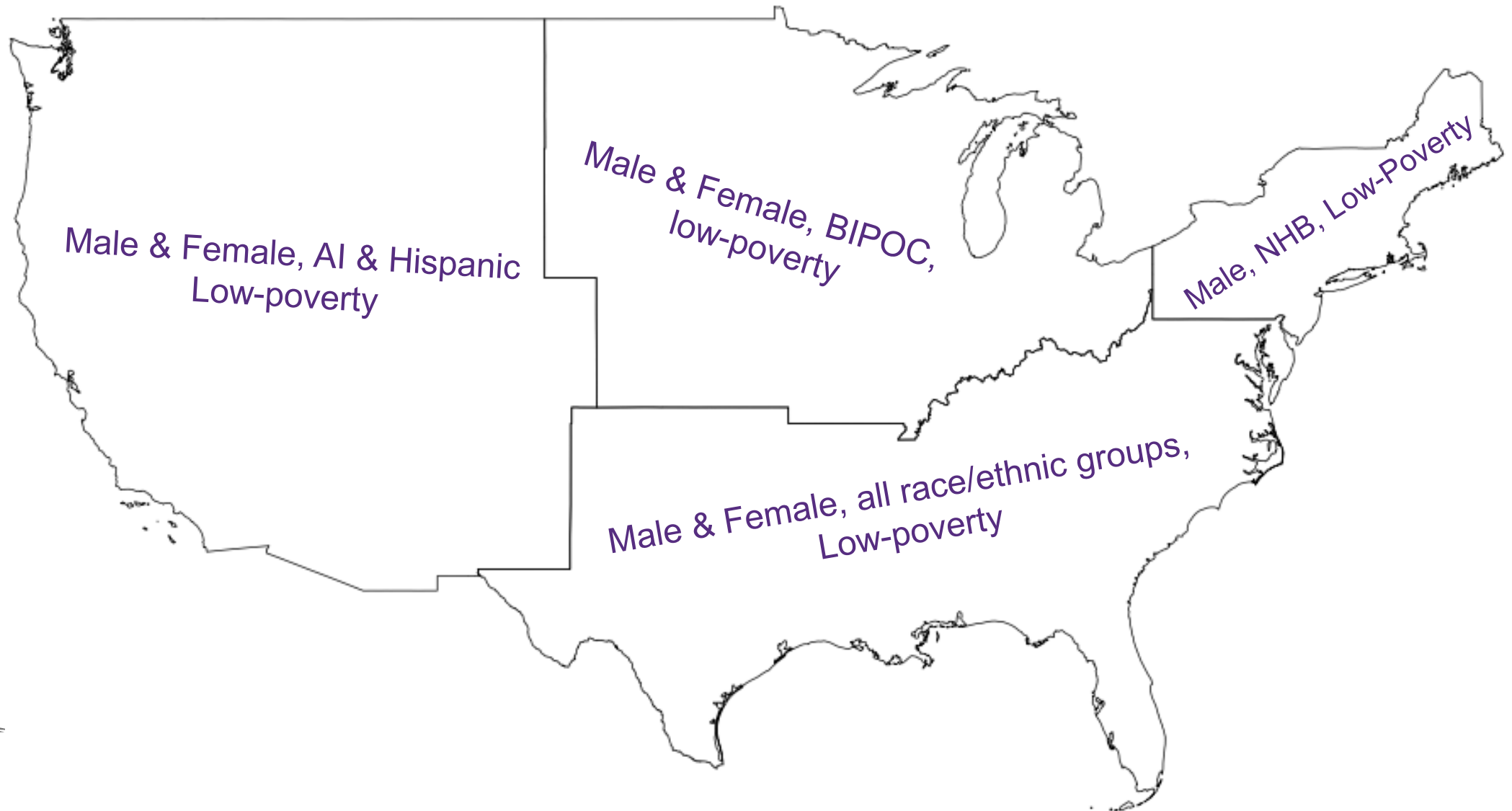
Who bears the largest burden of rural HPV_a cancer incidence?



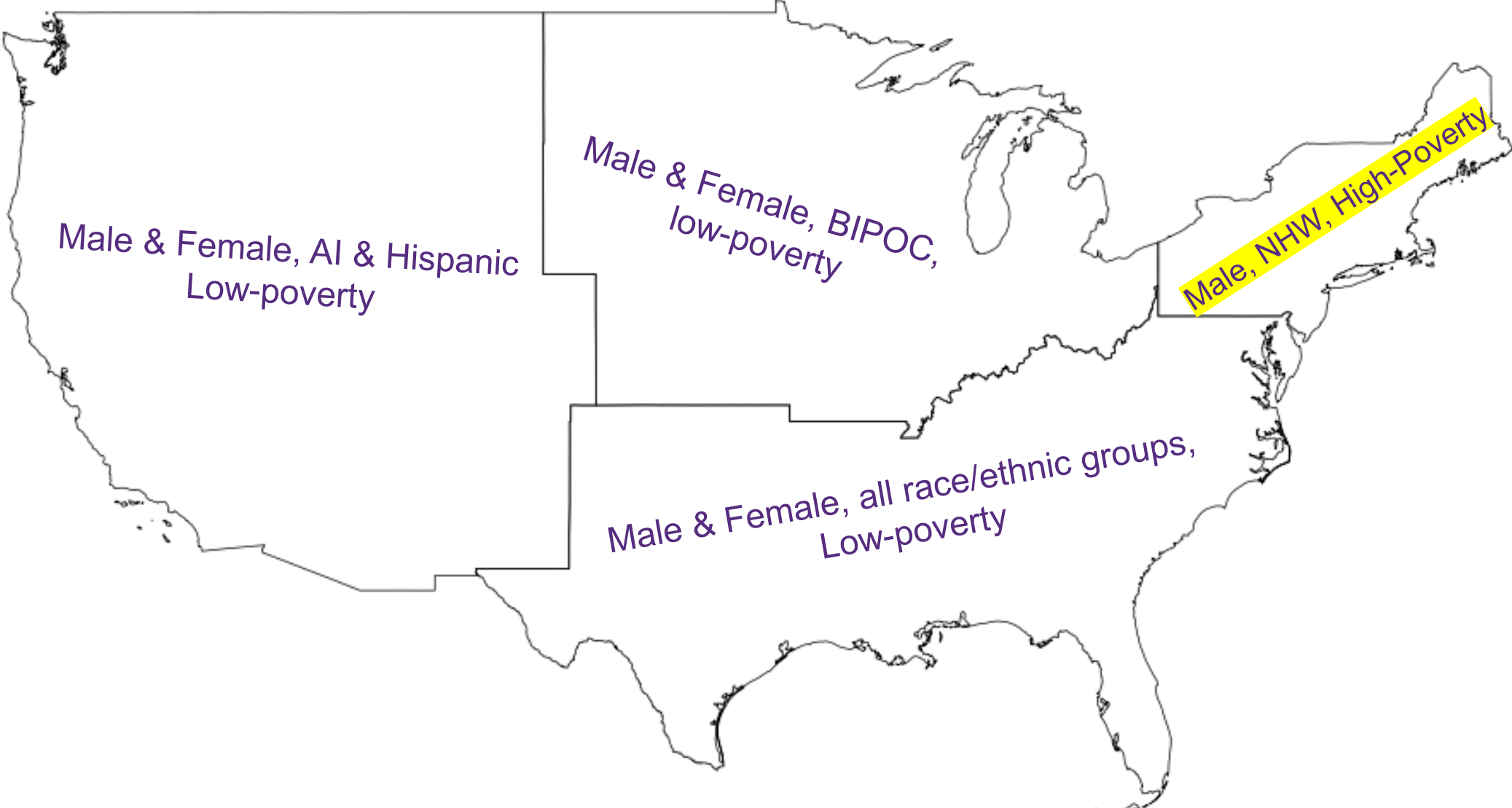
Who bears the largest burden of rural HPV_v cancer incidence?



Where is rural HPV^a cancer incidence the lowest?



Where is rural HPV_a cancer incidence the lowest?



There is no clear, consistent pattern within rural communities.

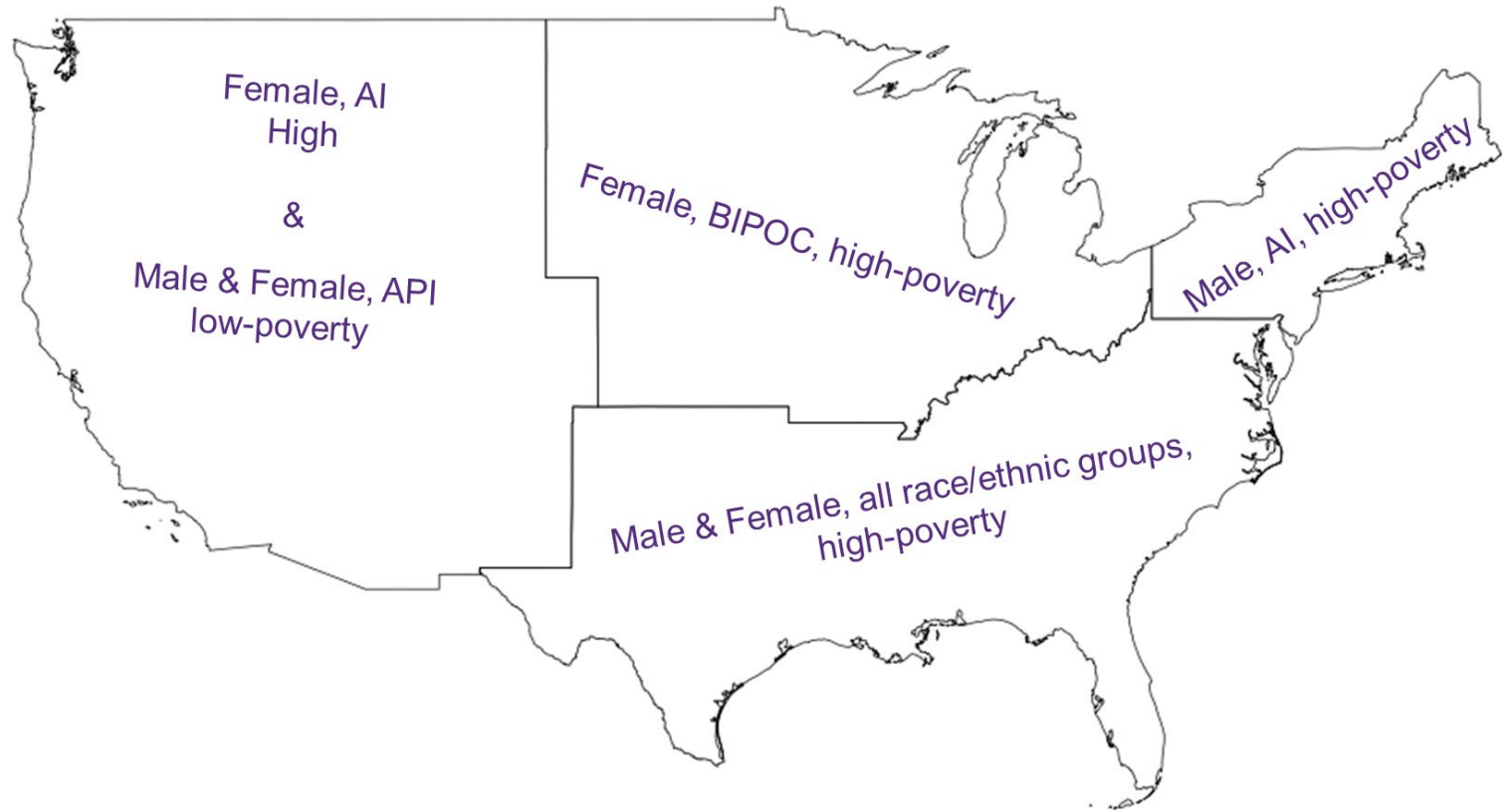
Focused, culturally competent, and effective
policies and programs can reduce the burden
of HPVá cancer for all rural Americans

Contact

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References

Swiecki-Sikora AL, Henry KA, Kepka D. HPV Vaccination Coverage Among US Teens Across the Rural-Urban Continuum. *J Rural Health*. 2019;35(4):506-517. doi:10.1111/jrh.12353

Semprini J, Zahnd W, Brandt HM. What cancers explain the growing rural-urban gap in human papillomavirus-associated cancer incidence?. *J Rural Health*. 2025;41(1):e12915. doi:10.1111/jrh.12915

Semprini J. The burden of HPV-associated cancer in rural America beyond 2020. *Rural Remote Health*. 2024;24(4):9281. doi:10.22605/RRH9281

Dorrell, C. National and State Vaccination Coverage Among Adolescents Aged 13 Through 17 Years --- United States, 2010. 1117–1123. *MMWR* 2011. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a1.htm>.

Cam Escoffery, PhD

SPEAKER

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Evaluation of the HPV Vaccine Minigrants Program in Southwest GA

Harvesting Best Practices to Prevent Rural HPV Cancers Webinar

Cam Escoffery, PhD, MPH, CHES

March 7, 2024

Agenda

- Aims
- Background
- Research
 - HPV Vaccine Formative Research
 - Minigrants Program



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Specific Aims of the Research



Assess factors related to HPV vaccination using the P3 (Practice, Provider, and Patient-Level) model to inform intervention development through a qualitative study in Southwest GA



Evaluate a multi-level intervention employing implementation strategies of mini-grants and technical assistance on HPV vaccine series initiation and completion among clinical and community organizations in SW GA



Assess implementation outcomes and factors related to implementation success using the Consolidated Framework for Implementation Research (CFIR) through a mixed-methods study

Background

- In 2020, only 58.6% of adolescent were up-to-date with all doses of the HPV vaccine, with females reporting higher completion rates than males (61% vs. 56%)¹
- HPV vaccination rates are even lower in Georgia than they are nationally, with 1st and 3rd dose coverage respectively at 54% and 38% among girls and 51% and 28% among boys ²
- Only 45.7% overall were up to date with their vaccinations; The Healthy People 2030 goal is for 80% of people to get the HPV vaccine
- The percentage of adolescents who received the 1st dose of the vaccine was **11 percent lower** in rural areas compared to urban areas in 2017 in the U.S., and was **9 percent lower** in a Non-metropolitan statistical area (MSA) then in MSAs in Georgia according to TeenVaxView²



¹Pingali et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2020. *MMWR* 2021;70:1183–1190. ²Walker et al. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years – United States, 2017. *MMWR Morb Mortal Wkly Rep.* 2018;67(33):909-917. ³CDC. TeenVaxView Interactive! 2019

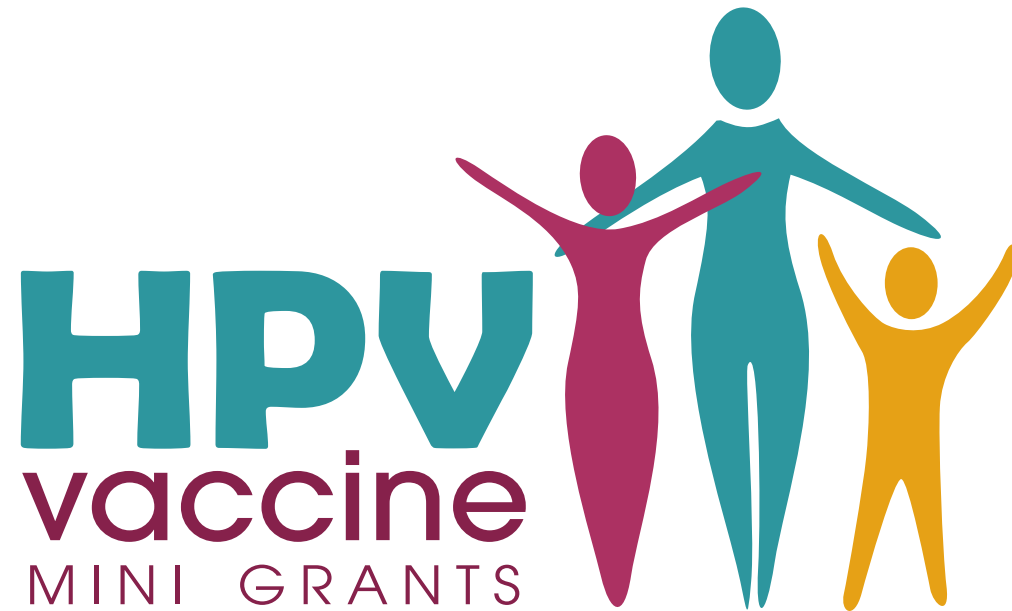
Formative Research

HPV Vaccination Interviews in SW Georgia

- Interviews with parents, young adults and providers about HPV vaccine determinants (n=40) using the P3 (Patient, Provider, Practice) Model
- **Facilitator themes:** Existing knowledge (patient) and community outreach, providers' approach to the HPV vaccine recommendations and use of educational materials in addition to counseling parents or young adults (provider) and immunization reminders (practice)
- **Barrier themes:** Lack of knowledge around HPV and the HPV vaccine (patient), need for strong provider recommendation and discussions (provider), and limited patient reminders and health education (practice)
- **Socio-ecology factors:** lack of transportation; limited discussion about vaccination in rural communities, lack of policies (e.g., school mandates)

Systematic Review of Interventions to Promote HPV Vaccination

- **79 articles:** Most were conducted in the U.S. (72.2%) and in clinical (40.5%) or school settings (32.9%), and were directed at a single level (76.3%) of the socio-ecological model
- **Intervention type:** most were informational ($n = 25$, 31.6%) or patient-targeted decision support ($n = 23$, 29.1%)
- Petagna, C.N., Perez, S., Hsu, E., Greene, B.M., Banner, I., Bednarczyk, R.A., **Escoffery, C.** (2024). Facilitators and barriers of HPV vaccination: a qualitative study in rural Georgia. *BMC Cancer*, 15;24(1):592.
- **Escoffery, C.**, et al. (2023). A systematic review of interventions to promote HPV vaccination globally. *BMC Public Health*, 23(1):1262.



Purpose:

Evaluate a multi-level intervention employing implementation strategies of mini-grants and technical assistance on HPV vaccine series initiation and completion among organizations in SW Georgia

HPV Vaccine Minigrants Program



INITIAL TRAINING AND HPV
VACCINE TOOLKIT



MONTHLY INDIVIDUALIZED
TECHNICAL ASSISTANCE



BI MONTHLY LEARNING
COLLABORATIVE



ASSISTANCE WITH
DEVELOPMENT OF
INTERVENTION MATERIALS

Toolkit: [HPV Vaccination Toolkit_Emorey.pdf](#)

Multi-level Intervention

- 4 mini-grant recipients in SW GA were funded for a year up to \$10,000 in 2023
- Eligible recipients must:
 1. offer the HPV vaccine
 2. be a health department, health systems, clinics, student health center or community organization

Table 5. Interventions to Promote HPV Vaccination Menu

Level	Intervention	Description
Individual Level	Small media (print materials)	Print educational materials
	Client reminders ¹	Methods (letter, email, text message) to remind members of a target population that vaccinations are due (reminders) or late (recall).
	Client incentives ¹	Rewards used to motivate clients or family to get recommended vaccinations in exchange for keeping an appointment, getting a vaccination, returning for a vaccination series
Provider Level	Provider training	Methods (written materials, lectures, videos, CMEs) to increase providers' knowledge and change their attitudes about vaccinations.
	Provider recommendation	Methods to educate and counsel parents and adolescent to get the vaccine
	Provider assessment and feedback ¹ (also can be at the practice level)	Assessment of providers' delivery of one or more vaccinations to a client population and present providers with feedback on their performance
Practice Level	Standing orders ¹	Orders that authorize nurses, pharmacists, and other healthcare providers to assess a client's immunization status and administer vaccinations according to a protocol approved by an institution
	Provider reminders ¹	Methods (notes in charts, EMR alerts, letters/emails) to let providers know when clients are due for vaccinations
	Reducing client costs ¹	Program/policy changes that make vaccinations or their administration more affordable
	Immunization information system ¹	Confidential, population-based, computerized databases that record all immunization doses given by providers to people who live within a certain geopolitical area
	Vaccination programs: school or childcare setting centers ¹	Multicomponent interventions delivered on-site to improve immunization rates in children and adolescents

Funded Sites and Activities

Baker County Health Department

- **Individual level**
 - Printed educational materials
 - Client incentives
 - Client reminders
- **Practice/Health System level**
 - Reducing structural barriers

Dougherty County Health Department

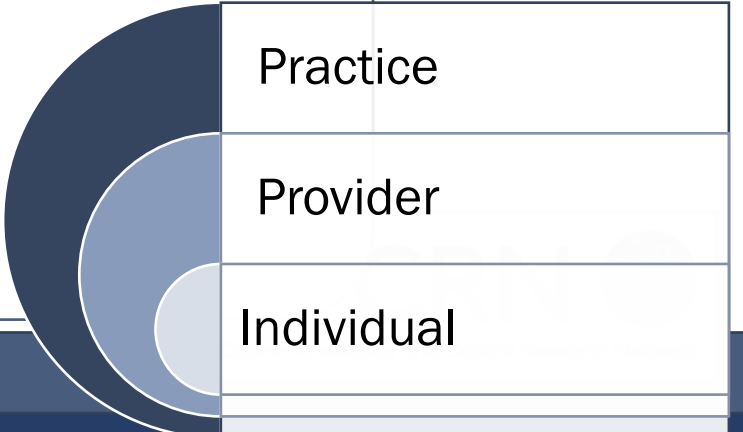
- **Individual level**
 - Printed educational materials
 - Patient reminders
 - Client incentives
- **Practice/Health System level**
 - Extend clinic hours
 - immunization information system
 - Reducing structural barriers

Mitchell County Health Department

- **Individual level**
 - Client incentives
 - Client reminders
- **Provider level**
 - Provider training
- **Practice/Health System levels**
 - Standing orders

Seminole County Health Department

- **Individual level**
 - Small media
 - Client incentives
- **Provider level**
 - Provider training



Patient Reminders & Incentives (\$25)

HPV VACCINE REMINDER Mitchell County Health Department

Protect yourself! Get all doses

Clinic Phone Number: 229-355-3081

1st Dose

2nd Dose

3rd Dose

3rd dose: 6 months after 1st dose

3rd vaccine schedule is for individuals who began the series at 15 years or older



HPV Vaccine Reminder Baker County Health Department

Protect yourself! Get all doses

Clinic Phone Number: 229-734-5226

1st

Date of 1st dose

2nd

Date of 2nd dose

3rd

Date of 3rd dose

6 months after 1st dose

3rd vaccine schedule is for individuals who began the series at 15 years or older



Reasons Why Your Preteen Needs The HPV Vaccine Series



The HPV vaccine prevents cervical cancer, as well as cancers of the mouth, throat, and penis. It also prevents genital warts.



The vaccine is more effective if given sooner.



Kids are protected from cancer before they are exposed to the virus.

Evaluation Methods

☐ Staff Survey and Interviews:

- Organization characteristics
- HPV vaccine intervention characteristics
- Implementation process
- Sustainability
- Training

☐ Patient Survey and EHR Data:

- **Primary outcome:** initiation and completion rates of the 2/3-dose HPV vaccine series within 12 months
- Observation of implementation of the multi-level activities

12:29



Please provide information about your visit to the county health department for receiving at least one dose/shot of the HPV vaccine series since January 1, 2023.

HPV Vaccine Dose

Please indicate what shot/dose of the HPV vaccine series you received at your chosen health department since January 1, 2023 (check all that apply):

First shot/dose

Second shot/dose

Third shot/dose

Is this your last shot/dose of the HPV vaccine series?

Implementation Evaluation Questions

Application of the CFIR framework (mini-grant staff):

Research Questions:

- 1) To what extent is the intervention acceptable, appropriate, and feasible from the perspective of providers/implementers and patients/participants?
- 2) To what extent is the intervention delivered with fidelity?
- 3) What are implementation barriers and facilitators and factors leading to implementation success?
- 4) What is the penetration of the intervention into each clinic/site?
- 5) How likely are various aspects of the intervention to be sustained?



Mixed Methods
Implementation Research
All Sites

Surveys

- Analyzed in SAS
- Descriptive statistics and scale computations ran

Interviews

- Coded in MAXQDA
- Themes organized in a matrix

HPV Vaccine Uptake Data from Immunization Records (2022, 2023-24 1st quart)

Percent Outcome	Site A	Site B	Site C	Site D	Sites A-D
Percent Increase	36, 55 52.8%	316,432 36.7%	125, 146 16.8%	70, 60	547, 693 26.9%
Percent Decrease	-	-	-	14.2%	

Staff Ratings: Ease of Implementation

	Very Difficult (1)	Difficult	Neither Difficult or easy	Easy	Very Easy (5)	Mean (SD)
Ease of implementation of your HPV vaccine program in the last year	-	-	1 (20%)	3 (60%)	1 (20%)	4.0 (0.71)

Implementation Outcomes

	Completely Disagree (1)	Disagree	Neutral	Agree	Strongly Agree (5)	Mean (SD)
The program is effective in increasing HPV vaccine <u>initiation</u> rates among the program population.	-	-	-	4 (80%)	1 (20%)	4.2 (0.45)
The program is effective in increasing HPV vaccine <u>completion</u> rates among the program population.	-	-	-	-	5 (100%)	5.0 (0)

Staff Qualitative Responses

Increased vaccine awareness & promotion: Priority

"I can't think of any that we **promote like this**, but we promote all the vaccines, especially those childhood vaccines. Just the way we promoted this one, no." – *Health Department A staff*

Leadership Support

"The leadership, the involvement for me and for other supervisors, what—it was to make sure that the **staff had everything they needed to support the program and making sure that everybody was educated** on what the strategies were and what we were to do in order to increase our numbers." – *Health Department A staff*

Staff Qualitative Responses

Ease of implementation and effective strategies

“The biggest thing that we did was we used the GRITS system to do a county and surrounding county-based recall on anyone that was between the age of 11 and 18 who has not started, or who has not finished the HPV vaccine. **We sent out letters to all of those individuals.**” – *Health Department B staff*

Continuation of HPV vaccine promotion

“**Yes. I think it has definitely become [a priority], and it's something that we'll try to continue.** Even though the official program is over, we'll still definitely continue to do the same things.” – *Health Department D staff*

Parents Results

- Observation of Intervention Elements
- Satisfaction with the Program



Educational Material Seen at Health Department

	Yes
Did you see any educational materials about HPV or the vaccine at your health department such as posters, etc.	20 (100%)

	Flyers/Advertisement	Pamphlet/ Brochures	Posters	Paper from nurse	Other	Other includes
What type of educational material did you see ?	4 (22.2%)	5 (27.8%)	5 (27.8%)	1 (5.6%)	3 (16.7%)	<ol style="list-style-type: none"> 1. Prevent ovarian cancer 2. Help stop get cancer 3. Printed

Perspective on Educational Material Received at the Health Department

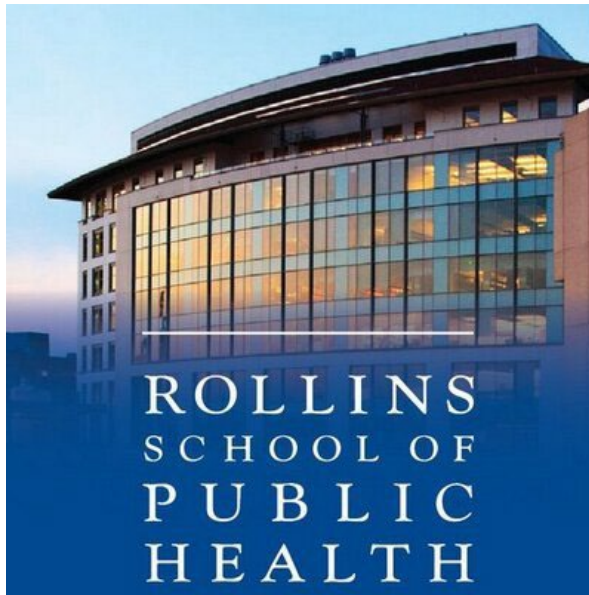
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (SD)
The material was easy to understand	-	-	-	7(35%)	13(65%)	4.65 (0.50)
HPV and HPV related-cancer information I received from clinic staff was useful	-	-	-	8(40%)	12 (60%)	4.60 (0.50)
I trust the information about HPV and HPV related-cancer from a doctor or other health professionals	-	-	1(5%)	7 (35%)	12 (60%)	4.55 (0.60)
The educational material influenced my decision to receive the HPV vaccine for my child/children	-	-	3 (15%)	7 (35%)	10 (50%)	4.35 (0.75)

Patient Trust and Comfortability discussing HPV Vaccine with Provider

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (SD)
I trust the recommendations from the provider or clinic staff I met with	-	-	2 (10.5%)	5 (26.32%)	12 (63.2%)	4.53 (0.70)
I feel comfortable discussing my questions or concerns about HPV vaccine with the provider and other clinic staff	-	-	1 (5.3%)	5 (26.3%)	13 (68.4%)	4.63 (0.60)

Thank you

- Cam Escoffery
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Moderated Discussion



Gabriel A. Benavidez, PhD
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2025 Rural HPV Vaccination Learning Community



American Cancer Society | **NATIONAL HPV VACCINATION ROUNDTABLE**

Fueling HPV Vaccination Efforts in Rural Communities

Protecting our children today for a healthier tomorrow

The American Cancer Society (ACS) and the ACS National HPV Vaccination Roundtable (HPVRT) are inviting rural healthcare partners to join a collaborative learning community aimed at connecting partners and improving on-time HPV vaccination rates among adolescents aged 9–13.

The 2025 learning community will offer virtual sessions and peer-based learning to enhance vaccine rates through quality improvement (QI) methodologies and evidence-based practices. Building on the success of 2024, this no-cost, hands-on forum will explore new areas of HPV vaccination, including addressing vaccine hesitancy, closing gender gaps, utilizing trusted messengers, and improving vaccine reimbursement. Participants will continue to gain knowledge, share best practices, and discuss challenges in increasing HPV vaccinations in rural communities.

Why Prioritize HPV Vaccination in Rural Communities

- Most patients will be exposed to HPV:** HPV is highly common and has emerged as a significant public health threat. Recent estimates show that the direct costs of HPV total \$9 billion annually, yet 90% of these costs could be prevented with the HPV vaccine.
- Increased HPV cancer incidence:** Recent data indicates that HPV-related cancers in rural communities have risen by 18% in recent years.
- Lower vaccination levels:** There are 4 million adolescents living in rural communities, yet they lag more than 10% behind their urban peers in HPV vaccine uptake.
- Improve HEDIS/IMA/CHIP metrics:** Payors may tie incentives to improvements in adolescent immunization performance.

Participation Benefits

- Preventing HPV-related pre-cancers and cancers
- Reduced costs
- Data-driven insights and best practices
- QI coaching & support
- Technical assistance
- Access to ACS & HPVRT resources and materials
- Networking with peer organizations
- Learning from subject matter experts
- Practical implementation tips
- Opportunity to showcase success

Learning Outcomes

- Describe how to increase on-time HPV vaccination rates in rural communities
- Review quality improvement tools like AIM statements, process mapping, and gap analysis to identify areas to improve HPV vaccination rates in organizations
- List evidence-based interventions to increase HPV vaccinations in your community
- Compare best practices and challenges in increasing HPV vaccinations in rural settings

Registration & Session Details

Date: 2nd Wednesday of every month (March -December)
Time: 2-3pm EST
Cost: Free to attend
Location: Virtual via Zoom meeting
Registration link coming soon!

Registration is on a rolling basis; participants can join at any time throughout the year.

Once registration has been completed, Zoom will automatically send a calendar invite series.



cancer.org | 800.227.2345 | Questions? Please reach out to **Ashley Lach, HPV Program Manager**
Email: Ashley.Lach@cancer.org | 1.1.2025

The American Cancer Society (ACS) and the ACS National HPV Vaccination Roundtable (HPVRT) are inviting rural healthcare partners to join a collaborative learning community aimed at connecting partners and improving on-time HPV vaccination rates among adolescents aged 9–13.

Our 2025 learning community will offer virtual sessions and peer-based learning to enhance vaccine rates through quality improvement (QI) methodologies and evidence-based practices. Building on the success of 2024, this no-cost, hands-on forum will explore new areas of HPV vaccination, including addressing vaccine hesitancy, closing gender gaps, utilizing trusted messengers, and improving vaccine reimbursement.

Sessions will occur the **2nd Wednesday of every month** (March-December 2025)

Time: 2-3pm EST


Location: Zoom meeting

Check out our [website](#) for more information on registration!

If you have any questions about the learning community, please reach out to Ashley.Lach@cancer.org

On-Demand HPV Dental Education






Shaping Smiles, Preventing Cancer.
The Oral Health Professionals Guide to HPV Vaccinations


Free ADA-CERP for Oral Health Professionals


Oral health providers play a critical role in combatting growing rates of human papillomavirus (HPV)-positive oropharyngeal cancers. The American Cancer Society, ACS National HPV Vaccination Roundtable, Crossroads Utah AHEC, and the National Network for Oral Health Access are partnering to provide on-demand HPV education to oral health professionals to increase knowledge and uptake of HPV vaccination to prevent against HPV-related oropharyngeal cancers.

HPV Vaccination Saves Lives


HPV Vaccine is Cancer Prevention
The HPV vaccination can protect against 8 different types of cancer affecting all genders.



Oropharyngeal Cancers Are the Most Prevalent HPV Cancer
More than 14,000 people get diagnosed with oropharyngeal cancer each year. And incidence and mortality rates are increasing 2% each year.



HPV vaccination is for all children:
All national health organizations recommend on time (age 9-12) vaccination for all boys and girls. Catch up vaccination is recommended for all adolescents who are not up to date.


Vaccine Decline:
For the second consecutive year, HPV vaccination coverage has not increased among adolescents. And it always underperforms compared to other vaccines, Tdap and MenACWY.

Module	Topic
1	HPV 101: Everything You Need to Know
2	A Guide to Oral Screenings and HPV-Related Malignancies
3	Screening, Treatment & Survivorship of HPV-Related Oropharyngeal Cancer
4	Best Practices from the Field: Dental Professionals Increasing HPV Vaccinations

To register, click here




This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the host organization and the National Network for Oral Health Access.
ADA CERP Continuing Dental Education credits will be available to participants.

The National Network for Oral Health Access (NNCHA) is an ADA CERP Recognized Provider.
ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education.
ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.
Concerns or complaints about a CERP provider may be directed to the Commission on Continuing Education Provider Recognition at ADA.org/CERP.

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4 hours of Free ADA-CERP

Register here

For questions please contact: Ashley Lach, Program Manager, Ashley.Lach@cancer.org

On-Demand Pharmacy Education Series



American Cancer Society Mission: **HPV Cancer Free Texas**

Pharmacists & Pharmacy Technicians as Cancer Prevention Champions

Free On-Demand Continuing Education (CE) Opportunity






HPV is a serious health threat, responsible for six types of cancer—but the good news is, it's preventable with the HPV vaccine. Yet, despite its potential to save lives, HPV vaccine uptake continues to lag behind other adolescent immunizations like Tdap and MenACWY. That's where pharmacists come in. As trusted healthcare providers who are not only highly accessible but also authorized to administer vaccines, pharmacists are essential in the fight to increase HPV vaccination rates and reduce HPV-related cancers.

The American Cancer Society invites pharmacy professionals to join a dynamic, two-part on-demand CE series. Get the latest insights on HPV vaccination, discover effective strategies to raise awareness, and gain practical tools to implement evidence-based interventions that can boost vaccination rates in pharmacies. Don't miss this opportunity to be a vital part of the solution!

Educational Objectives:

- Discuss the importance of HPV vaccination
- Identify key points around HPV infection, related cancers, and vaccination rates
- Describe communication strategies for HPV vaccination
- Identify pharmacy solutions to vaccination barriers
- Review evidence-based interventions to increase HPV vaccinations in your pharmacy
- Explain how to increase on-time HPV vaccination rates

Subject Matter Expert Speakers:

-  Tram Nguyen, Pharm. D
Registered Manager Onsite Pharmacy
Walgreens Specialty at Crofoot MD
-  Chantelle Parker, PharmD, MBA
Healthcare Specialty Supervisor
Houston Southeast
Walgreen Co.
-  Erika L. Thompson, PhD, MPH, CPH, FAAHB
Associate Professor, Department of Quantitative and Qualitative Health Sciences
UT School of Public Health San Antonio

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Don't miss this opportunity to be a vital part of the solution!

Topic	Pharmacy CE Credit	Access Session Materials
HPV Vaccination Facts & Communication Strategies	Live CE Info Enduring CE Info	Recording Slide deck Resource Roundup
HPV Evidence Based Interventions & Immunization Champions	Live CE Info Enduring CE Info	Recording Slide deck Resource Roundup

Scan the QR code or click this [link](#) to access the opportunity!

Closing Remarks

stjude.org/hpv • #EndHPVCancers



Seminar Evaluation, March 7

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.



Access St. Jude HPV Cancer Prevention Program Rural HPV Vaccination Resources

PATH 
to prevention

Preventing HPV Cancers with Rural Communities

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






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

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

HPV vaccination is cancer prevention.

BARRIERS TO VACCINATION IN RURAL COMMUNITIES

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

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



WIDE OPEN SPACES: SUPPORTING HPV VACCINATION IN RURAL COMMUNITIES

Using Data as Our Guide



By: Heather M. Brandt, PhD
February 5, 2025

Beginning in January 2023, the St. Jude HPV Cancer Prevention Program team began our focus on addressing disparities in HPV vaccination and HPV cancers in rural communities across the U.S. This included hosting an introductory meeting attended by rural thought leaders and HPV vaccination and HPV cancer experts, coupled with presentations by selected leaders in rural HPV cancer prevention. We learned the latest in HPV cancer prevention data and also about opportunities for action. This meeting was followed by convening a “think tank” with a smaller number of subject matter experts to consider priority actions to improve rural HPV vaccination coverage with rural communities. The six priority actions focused on examining data, utilizing existing resources, improving communication efforts, training health care providers and professionals, promoting starting HPV vaccination at age 9, and advocacy and policy efforts. Progress is provided regularly through quarterly update meetings open to anyone interested in the topic. Learn more at stjude.org/HPVrural.



Rural HPV Vaccination Priorities

9	Existing Resources	Training Providers	Advocacy and Policy	Communication	Data
Promote starting HPV vaccination at age 9 in rural communities.	Compile and share existing resources for addressing HPV vaccination with rural communities.	Develop or adapt health care provider and health care professional HPV vaccination training resources for those serving rural communities.	Explore policy influences on HPV vaccination in rural areas.	Develop, test, and disseminate easy-to-use messages for rural audiences.	Review and update existing resources and data on HPV vaccination and HPV cancers in rural communities.

Quarterly Meetings

2025

February

St. Jude's quarterly meeting shared updates on rural HPV vaccination progress, featuring new resources and policy changes.

Quarterly Updates Meeting
February 19, 2025
12:00 pm – 1:00 pm Central Time

stjude.org/HPVrural

Tell us what you are working on related to rural HPV cancer prevention

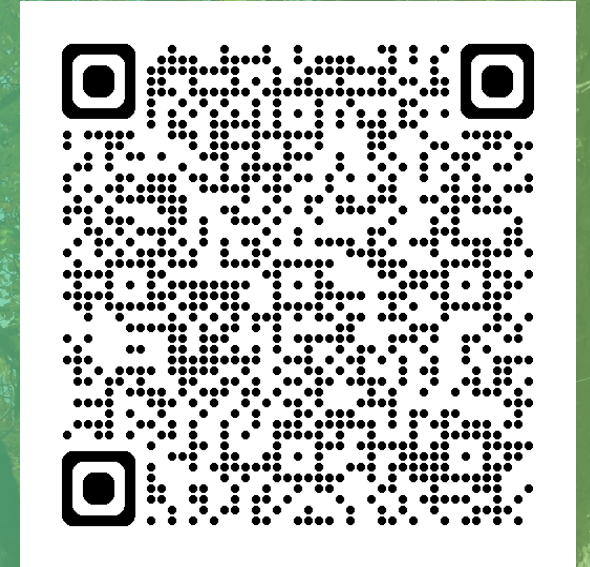
We would love to showcase your work with rural communities to increase HPV vaccination and prevent HPV cancers if you are interested in:

- Presenting as part of an upcoming quarterly updates meeting
- Sharing information in the quarterly communication (sent one week prior to each quarterly meeting), and/or;
- Contributing to our monthly *Wide Open Spaces* article series

We are all learning from each other to improve protection among people living in rural communities. Contact us at preventHPV@stjude.org.

2025 Meetings

- May 14
- August 20
- November 20 (National Rural Health Day 2025)



All meetings from 12-1 pm CT

**Thank you for joining us
today!**

Email PreventHPV@stjude.org with any questions!

stjude.org/hpv · stjude.org/hpvrural · [#EndHPVcancers](https://twitter.com/EndHPVcancers)

