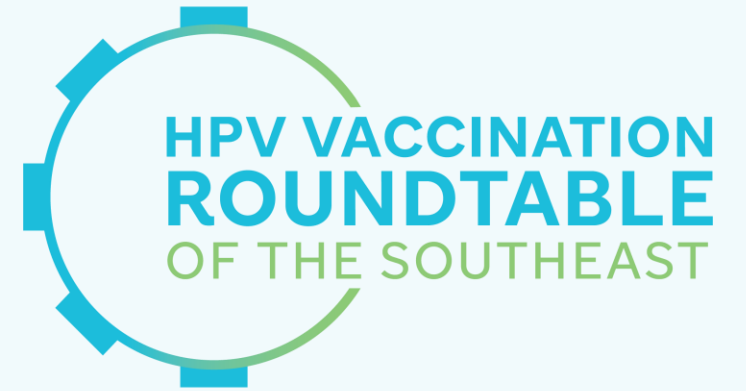


Southeast U.S. Call to Action Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

Virtual Launch
September 9, 2025



Moderator



Madeline McNee, MPH
St. Jude Children's Research Hospital

Welcome

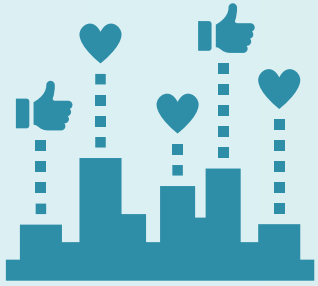
- Today's meeting will be recorded. The link to view the recording and PDF of materials will be shared with all who have registered. In addition, the recording link will be posted publicly in the future.
- If you have any issues during today's meeting, please use the chat or email PreventHPV@stjude.org.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



Learning Objectives

Attendees will be able to:

- Understand the elimination of HPV cancers starting with cervical cancer as a public health concern and priority action area of the HPV Vaccination Roundtable of the Southeast.
- Review the burden of HPV and HPV cancers across the Southeast.
- Define special considerations and populations of interest for HPV cancer elimination across the Southeast.
- Assess the significance of the Elimination Policy in the Southeast Needs Assessment and how the results informed the regional plan.
- Utilize the Southeast U.S. Call to Action and Toolkit for development of state elimination plans.



Access Mentimeter:

- Go to www.menti.com and use the code **3246 1474**
- Go to <https://www.menti.com/alu9ihfmdgmp>
- Scan the **QR code** with your phone camera



Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern · September 9, 2025

stjude.org/southeast-roundtable

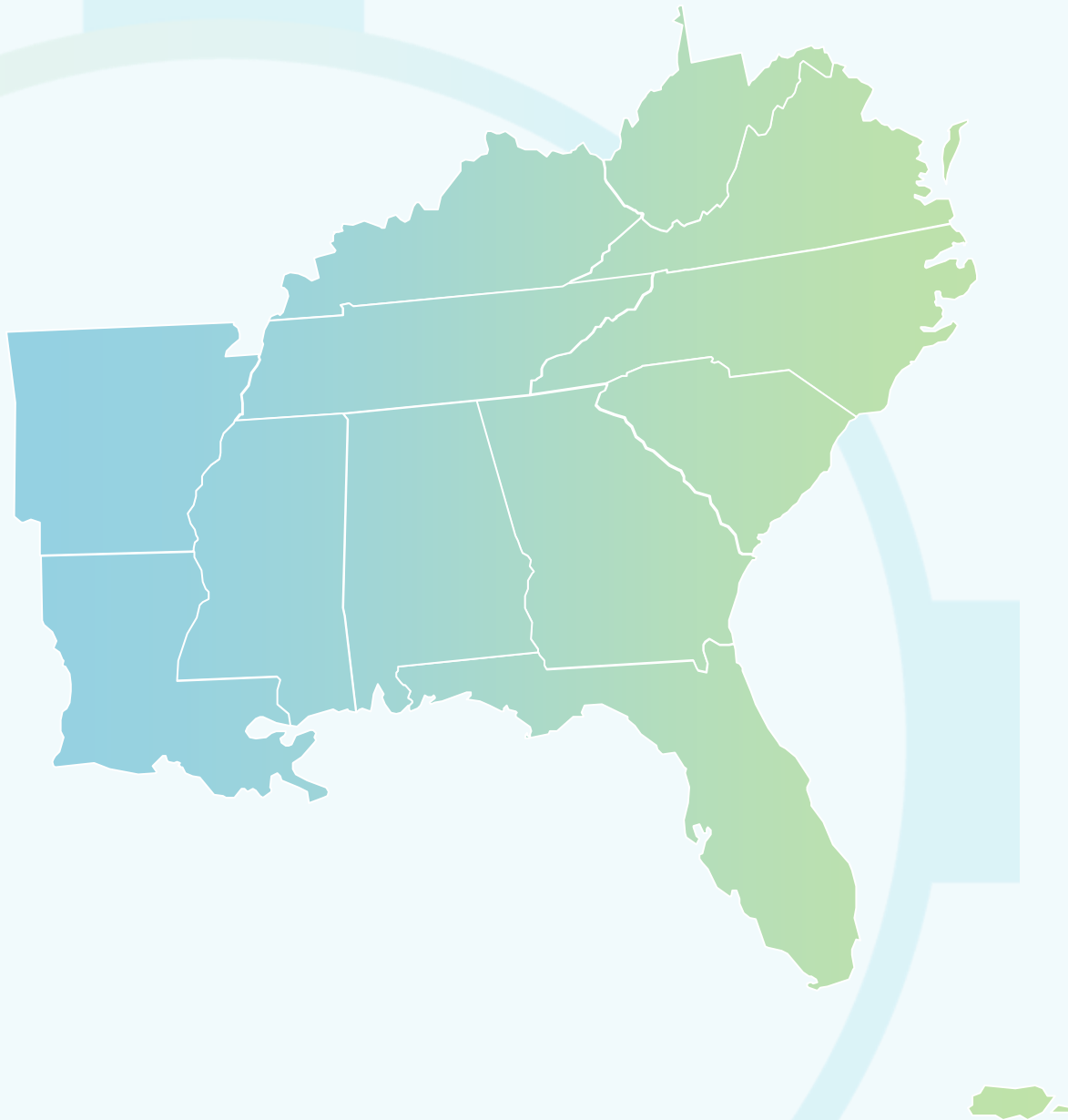


Southeast Roundtable Priority Action Overview: Elimination

Why the Southeast?

By coming together as the southeastern region, we can discuss and act on:

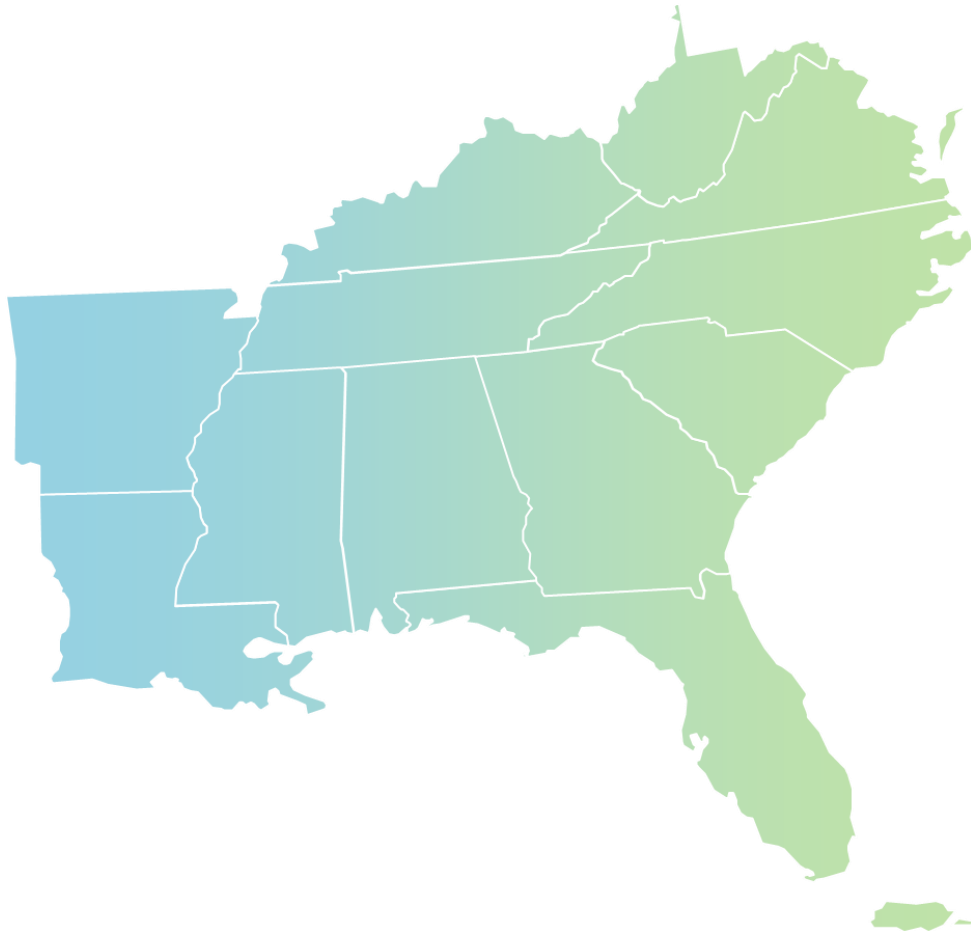
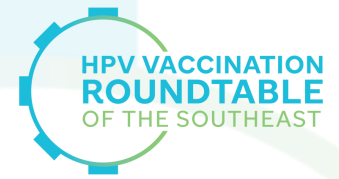
- Conditions surrounding HPV vaccination and HPV cancer prevention;
- HPV vaccination success stories – and how these may be leveraged and replicated in other areas of the southeast;
- Challenges facing HPV vaccination – and how we may support each other to overcome such barriers; and
- Opportunities to improve HPV vaccination coverage in each state and across the region.



In Our Region...

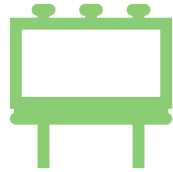
- Low HPV vaccination coverage
- High HPV cancer rates
- High levels of vaccination hesitancy
- Lack of strong provider recommendations
- Myths and misconceptions
- Access to vaccination challenges

Southeast Roundtable



1. Alabama
2. Arkansas
3. District of Columbia
4. Florida
5. Georgia
6. Kentucky
7. Louisiana
8. Mississippi
9. North Carolina
10. Puerto Rico
11. South Carolina
12. Tennessee
13. Virginia
14. West Virginia

Priority Action Areas for 2025-26



Communication

Develop and implement a **communication campaign and messages** for the Southeastern region

1. **Create a campaign that will focus on HPV vaccination as cancer prevention for everyone (gender-neutral)**
2. Focus on working with rural communities through health department partnerships
3. Provide bite sized, digestible, accessible information for health care providers



Elimination

Develop and disseminate a **plan for HPV cancer elimination in the Southeast**, beginning with cervical cancer as a public health problem

1. Develop a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health problem
2. Identify and unify partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer
3. Build a toolkit for Southeast Roundtable states and jurisdictions to develop own elimination plans

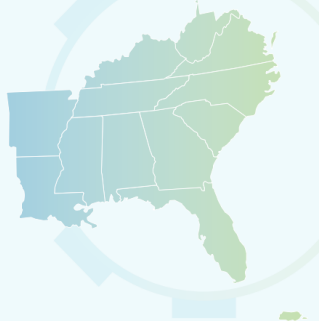


Start at Age 9 and Other Best Practices

Accelerate efforts to **start HPV vaccination at age 9**

1. Support the entire health care team (e.g. primary care providers, family practice physicians, caregivers) to deliver consistent HPV vaccination messaging through training (e.g., AAT, 3Cs) and building trust with patients, as well as sharing the benefits, best practices, and case studies for starting at age 9
2. Prepare medical residents to communicate HPV vaccination starting at age 9 through development of a training curriculum
3. Engage regional partners and disseminate resources to initiate activation of HPV vaccination starting at age 9

Elimination Fact Sheet



Eliminating HPV Cancers Starting with Cervical Cancer as a Public Health Concern in the Southeastern United States

The [HPV Vaccination Roundtable of the Southeast](#) prioritized the elimination of HPV cancers starting with cervical cancer as a public health concern following the January 2024 in-person meeting. To address this priority, the Southeast Roundtable convened an implementation team comprised of representatives from across the 12 states and two jurisdictions of the Southeast region. The elimination plan for the region was released in September 2025 with the following overarching goals:

SOUTHEAST ROUNDTABLE PRIMARY ELIMINATION GOALS

1. Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the HPV vaccination series to 80% by 2030.
2. Increase the percentage of people with a cervix across the Southeast who are UTD on cervical cancer screening based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.
3. Increase the percentage of people with a cervix across the Southeast who receive appropriate follow-up, diagnosis, and treatment (if needed) for abnormal cervical cancer screening results to 80% by 2030.

LESS THAN
4 CASES
OF CERVICAL
CANCER
PER 100,000
WOMEN¹

Eliminating HPV Cancers

DEFINING ELIMINATION

Elimination does not imply the complete absence of disease. Instead, it signifies the potential to significantly reduce the burden of HPV-related diseases, specifically cervical cancer, and their impact on communities. The World Health Organization (WHO) defines elimination as an incidence rate (new cases of cervical cancer) of less than 4 cases of cervical cancer per 100,000 women.¹

X vs. O Elimination is not to be confused with eradication, and these terms should not be used interchangeably.

CERVICAL CANCER ELIMINATION FIRST

As we are optimistic about the potential to eliminate HPV cancers, cervical cancer presents the greatest opportunity for elimination due to routine recommendations for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

Cervical cancer is the most diagnosed HPV cancer among people with a cervix (predominantly identifying as women), with almost all cases attributable to HPV. In the United States, the national rate of new cases of cervical cancer is 70 cases per 100,000 women,² higher than the WHO's definition of elimination, and with great variation by geography and among certain population groups. In combination, HPV vaccination, cervical cancer screening, and cervical cancer treatment provide us with the best opportunity to achieve elimination. Pre-cancerous changes to the cells of a cervix caused by HPV can typically be detected through routine screening then prevented and treated through ongoing follow up. Early detection, surveillance, and clinical intervention make cervical cancer highly treatable. With an early-stage diagnosis, the five-year relative survival rate for cervical cancer is 91%.³

The WHO Global Strategy to Accelerate Cervical Cancer Elimination,¹ which focuses on girls and women, includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment:



90% of girls fully vaccinated with the HPV vaccine by the age of 15;



70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and



90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

In the United States, and in the Southeast region, this approach may look different, as the HPV vaccination is routinely recommended for all children, both boys and girls, aged 9-26. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 who were not vaccinated when younger.

IN THE U.S.,
THE NATIONAL
INCIDENCE
RATE OF
CERVICAL
CANCER IS
7 CASES
PER 100,000
WOMEN²

Eliminating HPV Cancers

DEFINING ELIMINATION PLANNING

Elimination planning refers to the strategic coordination of unified efforts to reduce the burden of HPV cancers. Although eliminating HPV cancers can seem like a big task, formalizing an elimination plan with shared goals and objectives makes elimination realistic and achievable.

CURRENT CERVICAL CANCER ELIMINATION PLANNING EFFORTS

The WHO Global Strategy to Accelerate Cervical Cancer Elimination advocates for the development and alignment of cervical cancer elimination plans across numerous countries. In the United States, the national efforts are being led by the American Cancer Society (ACS) [National HPV Vaccination Roundtable](#) and the [ACS National Roundtable on Cervical Cancer](#). Importantly, the HPV Vaccination Roundtable of the Southeast's Call to Action plan for cervical cancer elimination is the first regional plan of its kind, establishing a coordinated strategy across 12 states and two jurisdictions to eliminate HPV cancers beginning with cervical cancer. This initiative marks a groundbreaking milestone for the Southeast, complementing and reinforcing ongoing state-level progress. As of September 2025, Alabama remains the only state to have developed and implemented a comprehensive statewide cervical cancer elimination plan, known as [OPERATION WIPE OUT](#). Other states—such as Florida and North Carolina—have incorporated elimination objectives into their cancer plans, while Kentucky, Louisiana, and Mississippi are actively exploring similar statewide approaches.

SUPPORTING ELIMINATION PLANNING EFFORTS IN THE SOUTHEAST

Join us in the Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern.

Download the full Call to Action and request access to the elimination toolkit at stjude.org/southeast-elimination.

Learn more about Southeast Roundtable at stjude.org/southeast-roundtable.

There are several opportunities available to support the HPV Vaccination Roundtable of the Southeast in developing and disseminating a regional plan for HPV cancer elimination starting with cervical cancer for the Southeast.

REFERENCES

1. Cervical Cancer Elimination Initiative (2024). World Health Organization. <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>
2. Centers for Disease Control and Prevention. Cancers linked with HPV each year. Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/hpv/cases.html>. Accessed June 2025.
3. Cervical Cancer Prognosis and Survival Rates (2023). National Cancer Institute. <https://www.cancer.gov/types/cervical/survival>



For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org.

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08/2025

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- **Robert Bednarczyk**, Emory University Rollins School of Public Health
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- **Heather Brandt**, St. Jude Children's Research Hospital
- **Tami Brooks**, Mississippi Department of Health
- **Julia Brown**, St. Jude Children's Research Hospital
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- **Jordan Hatchett**, Norton Cancer Institute
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- **Madeline McNee**, St. Jude Children's Research Hospital
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- **Christina Turpin**, American Cancer Society National HPV Vaccination Roundtable
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- **Jessy Sanders**, Kentucky Rural Health Association - Immunize Kentucky Coalition
- **Marina Santa Cruz Terrazas**, University of Tennessee Health Sciences Center
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- **Jennifer Watkins**, Cornerstone Healthcare Group
- **Samantha Wells**, St. Jude Children's Research Hospital
- **Yolanda Woods**, Shelby County Health Department
- **Nancy Wright**, Alabama Department of Public Health
- **Jennifer Young-Pierce**, University of South Alabama

Speakers



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Heather M. Brandt, PhD
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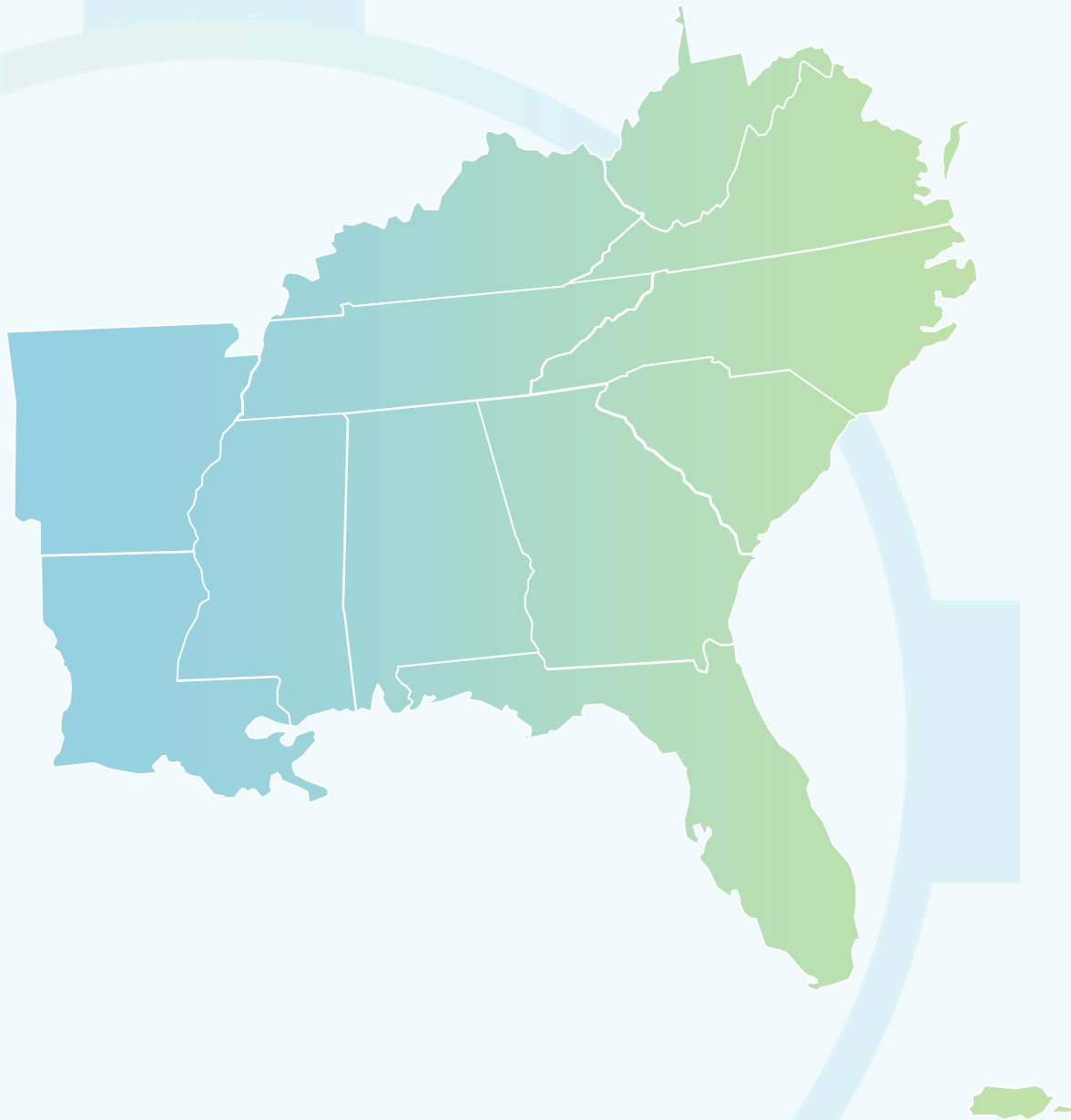
Penelope Burns
Student Intern, HPV Cancer Prevention Program,
St. Jude Children's Research Hospital



Casey L. Daniel, PhD
Director of Epidemiology and Public Health, Associate Professor
of Family Medicine, USA Whiddon College of Medicine, USA
Health Mitchell Cancer Institute



Achieving Cervical Cancer Elimination Across the Southeast

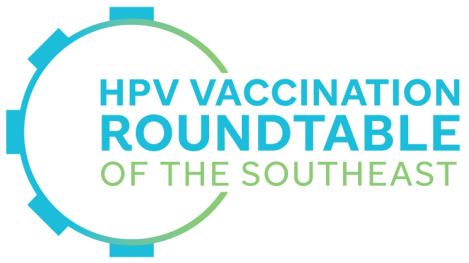


Robert A. Bednarczyk, PhD

Associate Professor, Hubert Department of Global Health,
Emory University Rollins School of Public Health

HPV Vaccination Roundtable of the Southeast

Member, Executive Committee
Chair and Member, Steering Committee
Member, Elimination Implementation Team



Burden of HPV and HPV Cancers Across the Southeast

Robert A. Bednarczyk, PhD

Objectives

- To summarize key HPV-related cancer and prevention statistics for the geographies represented in the HPV Vaccination Roundtable of the Southeast
- To put these statistics in context compared to national estimates and high-performing geographies

Data sources and notes

- Cervical cancer incidence and mortality data and cervical screening data were summarized from the NCI State Cancer Profile website
 - <https://www.statecancerprofiles.cancer.gov/>
- HPV vaccine coverage was summarized from the NIS-Teen data available through TeenVaxView
 - <https://www.cdc.gov/teenvaxview/interactive/index.html>
- With a focus on cervical cancer elimination as the starting point for HPV-related cancer elimination, all data presented is for women and girls only

Cervical Cancer Incidence

- US (2017-2021):
 - 7.5/100,000 women (95% CI 7.5, 7.6)
- Of 14 geographies represented by HPV Vaccination RT of the SE:
 - 12 have annual incidence higher than the national estimate, 9 of which are statistically significantly higher
 - 2 have annual incidence lower than the national estimate, both of which are statistically significantly lower
 - 6 show decreasing average annual percent change (AAPC) in 5-year trend assessment

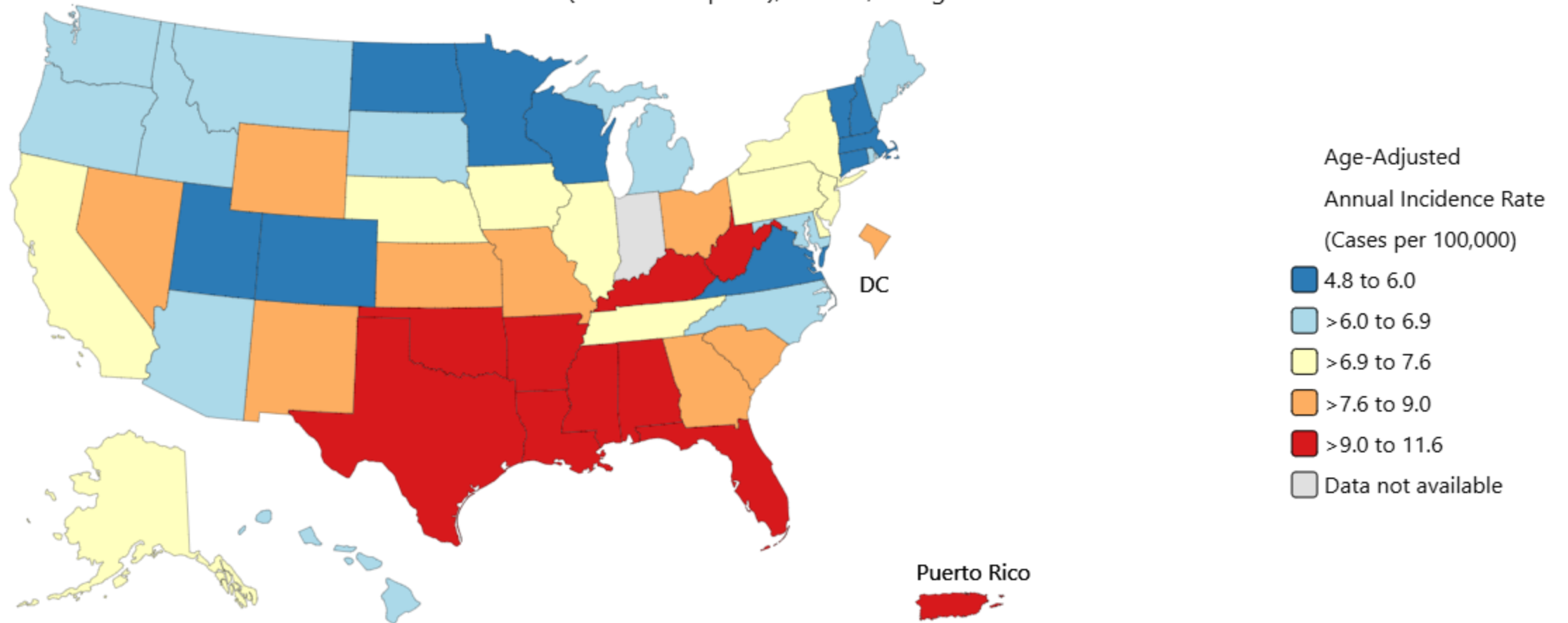
	Age-adjusted cervical cancer incidence		5 year incidence trend	
	Cases/100,000 women	Ranking	AAPC	
Best performer (MA)	4.8 (4.5, 5.1)	1	0.0 (-0.9, 0.9)	Stable
Virginia	5.9 (5.6, 6.3)	8	-2.7 (-4.9, -0.6)	Dropping
North Carolina	6.9 (6.6, 7.2)	22	-0.3 (-0.7, 0.2)	Stable
National	7.5 (7.5, 7.6)	N/A	-0.2 (-4.1, 3.5)	Stable
Tennessee	7.6 (7.2, 8.0)	31	1.4 (0.3, 3.3)	Increasing
District of Columbia	7.8 (6.5, 9.3)	33	-0.4 (-1.1, 0.2)	Stable
South Carolina	7.9 (7.4, 8.5)	35	0.0 (-1.0, 1.0)	Stable
Georgia	8.0 (7.7, 8.4)	37	-0.8 (-1.6, 0.0)	Stable
Mississippi	9.2 (8.5, 9.9)	42	-1.5 (-4.4, -0.1)	Dropping
Louisiana	9.2 (8.7, 9.8)	42	-0.9 (-1.9, 0.1)	Stable
Florida	9.2 (8.9, 9.5)	42	-5.7 (-11.1, -0.6)	Dropping
Alabama	9.3 (8.8, 9.9)	45	-0.9 (-1.6, -0.1)	Dropping
Arkansas	9.5 (8.8, 10.2)	46	-0.3 (-1.5, 0.8)	Stable
West Virginia	9.7 (8.8, 10.7)	48	-1.2 (-2.3, -0.5)	Dropping
Kentucky	9.7 (9.1, 10.3)	48	-1.6 (-2.5, -0.8)	Dropping
Puerto Rico	11.6 (10.8, 12.4)	51	1.0 (-0.4, 4.1)	Stable

Cervical Cancer Incidence

Incidence Rates by State

Cervix (All Stages[^]), 2017-2021

All Races (includes Hispanic), Female, All Ages



Cervical Cancer Mortality

- US (2017-2021):
 - 2.2/100,000 women (95% CI 2.2, 2.2)
- Of 14 geographies represented by HPV Vaccination RT of the SE:
 - 10 have annual mortality higher than the national estimate, 9 of which are statistically significantly higher
 - 4 have annual incidence lower than the national estimate, one of which is statistically significantly lower
 - 7 show decreasing average annual percent change (AAPC) in 5-year trend assessment

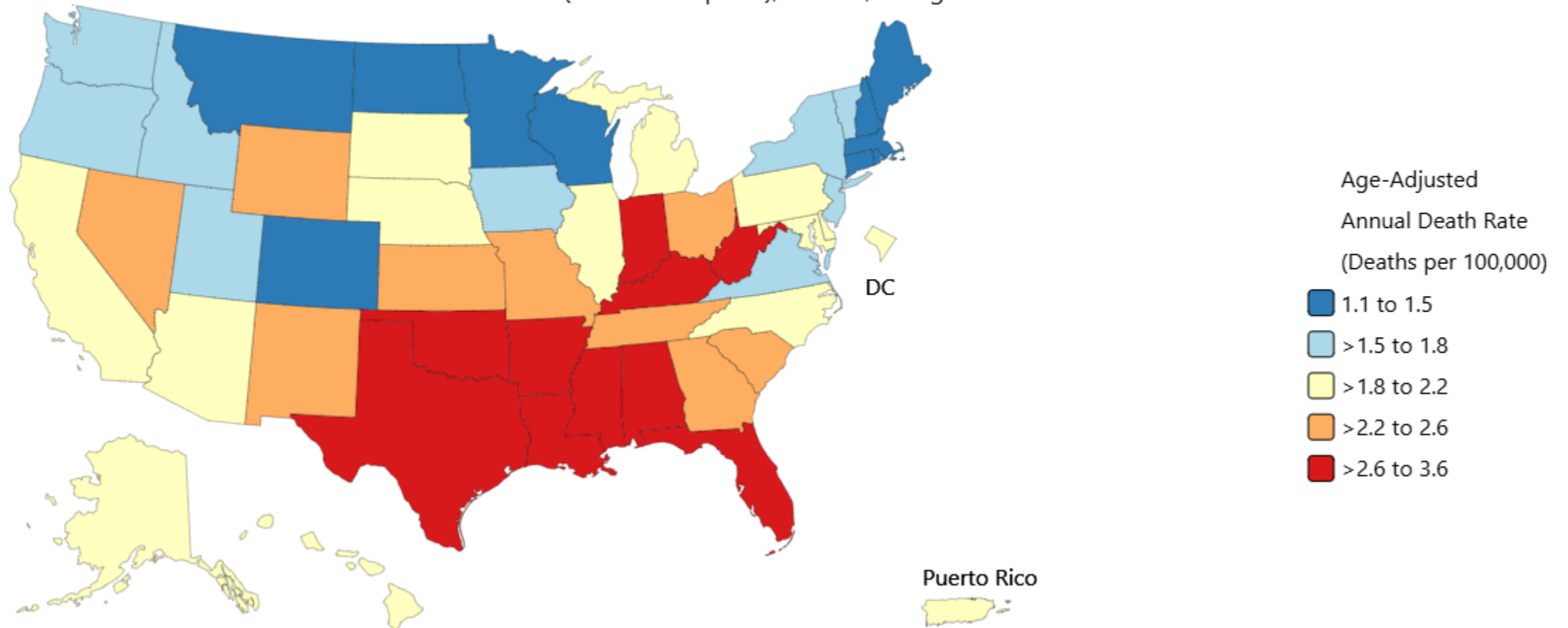
	Age-adjusted cervical cancer mortality		5 year mortality trend	
	Deaths/100,000 women	Ranking	AAPC	
Best performer (MA)	1.1 (1.0, 1.3)	1	-1.5 (-3.4, 7.5)	Stable
Virginia	1.8 (1.7, 2.0)	15	0.3 (-2.2, 8.4)	Stable
North Carolina	2.0 (1.8, 2.2)	24	-0.5 (-1.8, 4.2)	Stable
District of Columbia	2.2 (1.6, 3.0)	31	No Data	No Data
Puerto Rico	2.2 (1.9, 2.6)	31	-0.7 (-14.9, 15.9)	Stable
National	2.2 (2.2, 2.2)	N/A	-0.7 (-0.8, -0.5)	Dropping
Georgia	2.3 (2.2, 2.5)	34	-1.4 (-1.7, -1.1)	Dropping
South Carolina	2.5 (2.3, 2.8)	38	-0.5 (-1.5, 2.8)	Stable
Tennessee	2.6 (2.3, 2.8)	41	-1.8 (-2.3, -1.3)	Dropping
Florida	2.7 (2.6, 2.8)	43	0.0 (-0.7, 1.3)	Stable
Louisiana	2.8 (2.5, 3.1)	44	-1.4 (-2.1, -0.7)	Dropping
Kentucky	2.9 (2.6, 3.2)	47	0.0 (-1.4, 4.9)	Stable
West Virginia	3.0 (2.5, 3.5)	48	-1.5 (-2.3, -0.9)	Dropping
Arkansas	3.2 (2.8, 3.6)	49	-0.6 (-1.1, -0.1)	Dropping
Alabama	3.2 (3.0, 3.6)	49	0.3 (-0.4, 1.7)	Stable
Mississippi	3.6 (3.2, 4.0)	52	-0.8 (-1.3, -0.2)	Dropping

Cervical Cancer Mortality

Death Rates by State

Cervix, 2018-2022

All Races (includes Hispanic), Female, All Ages

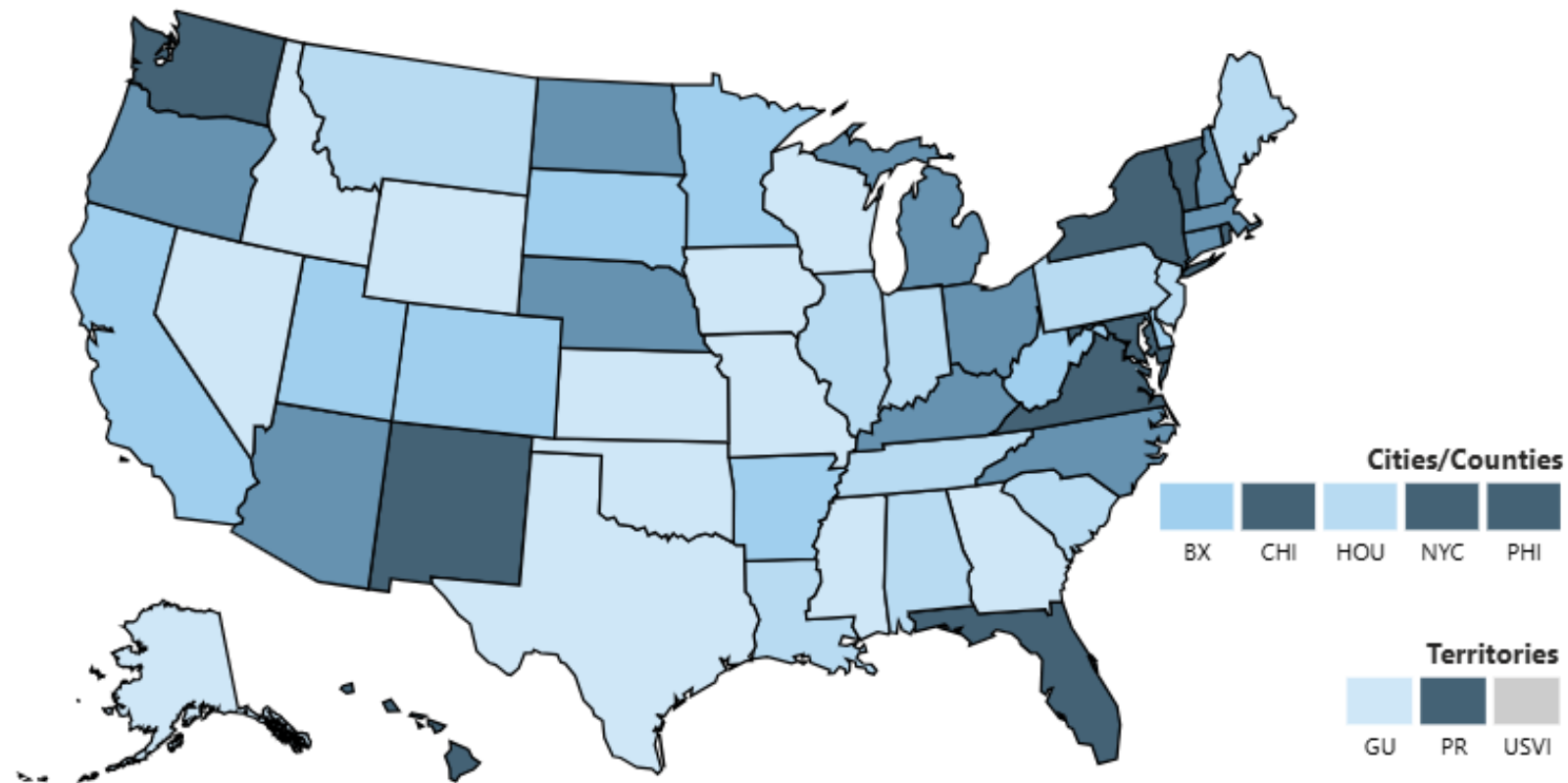


HPV Vaccine Series Initiation

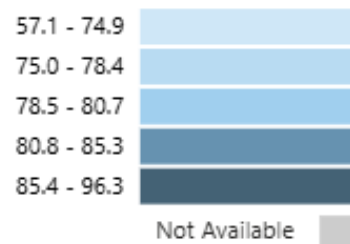
- 8 of 14 geographies have higher HPV vaccine series initiation than the national average
- Geographies in the SE Roundtable represent the spectrum of coverage, from Puerto Rico which is the top performing geography to Mississippi which has the lowest initiation
- Due to small geography-level N, CI are very wide so assessing significant differences is challenging

	1+ Dose, female		
Geography	Estimate (%)	95% CI (%)	Ranking
Puerto Rico	96	91.0 to 98.3	1
Virginia	88.2	81.5 to 92.6	4
District of Columbia	87.8	79.2 to 93.2	5
Florida	85.5	78.2 to 90.7	10
Kentucky	81.2	71.8 to 88.1	19
North Carolina	80.9	72.5 to 87.2	21
Arkansas	80.1	72.1 to 86.2	25
West Virginia	80	72.9 to 85.6	26
National	79.1	77.6 to 80.5	N/A
Tennessee	77.1	68.4 to 84.0	32
Alabama	76.5	69.1 to 82.6	35
South Carolina	76.3	68.7 to 82.6	36
Louisiana	76.1	67.1 to 83.3	37
Georgia	71.9	59.3 to 81.7	47
Mississippi	57.1	45.9 to 67.6	52

≥1 Dose HPV Vaccination Coverage among Females Age 13-17 Years, 2024, National Immunization Survey-Teen



Legend – Coverage (%)

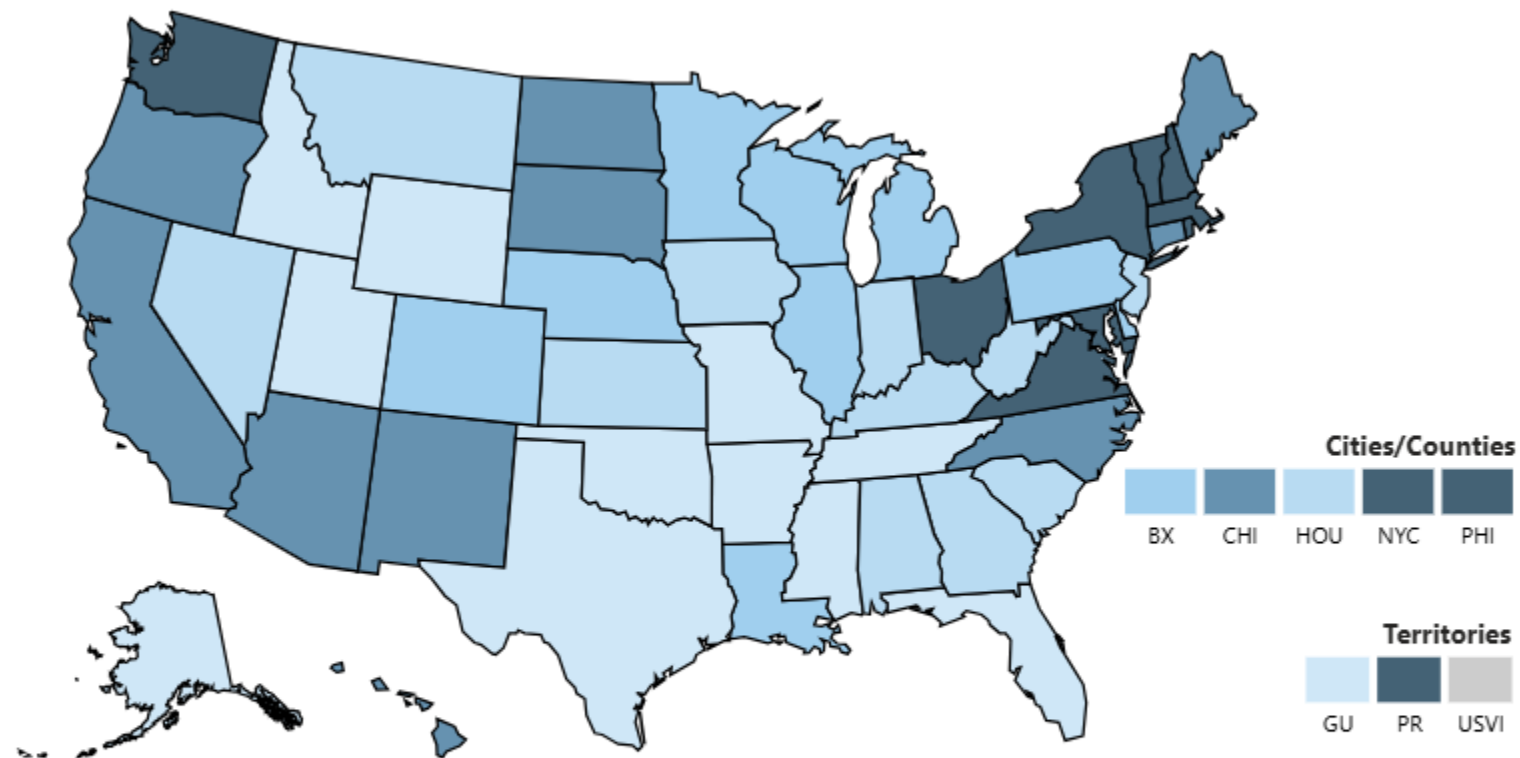


HPV Vaccine – Series Completion

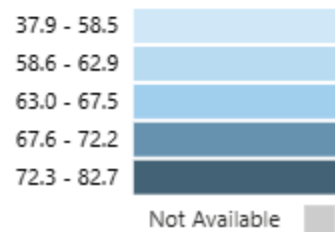
- 5 of 14 geographies have higher HPV vaccine series initiation than the national average
- Puerto Rico is again the best performing geography in the region, but the overall highest HPV vaccine series completion is found in Vermont (80.9%, 95% CI 69.1%, 89.0%)
- Due to small geography-level N, CI are very wide so assessing significant differences is challenging

	UTD, female		
Geography	Estimate (%)	95% CI (%)	Ranking
Puerto Rico	76.7	57.6 to 88.8	5
Virginia	75.4	66.8 to 82.4	6
District of Columbia	74.6	62.9 to 83.6	7
North Carolina	68.7	59.6 to 76.6	19
Louisiana	65.3	55.6 to 73.9	26
United States	64.3	62.5 to 66.1	N/A
West Virginia	62.9	54.7 to 70.4	31
South Carolina	62	53.7 to 69.6	35
Kentucky	61.5	50.8 to 71.2	36
Georgia	61.2	48.6 to 72.4	37
Alabama	60	51.1 to 68.3	39
Arkansas	58.5	48.6 to 67.8	42
Tennessee	57.4	47.7 to 66.6	43
Florida	54	43.0 to 64.6	47
Mississippi	37.9	27.6 to 49.4	52

Up-to-Date HPV Vaccination Coverage among Females Age 13-17 Years, 2024, National Immunization Survey-Teen



Legend - Coverage (%)



City & Territory Abbreviations

**READY FOR SOME
GOOD NEWS?**



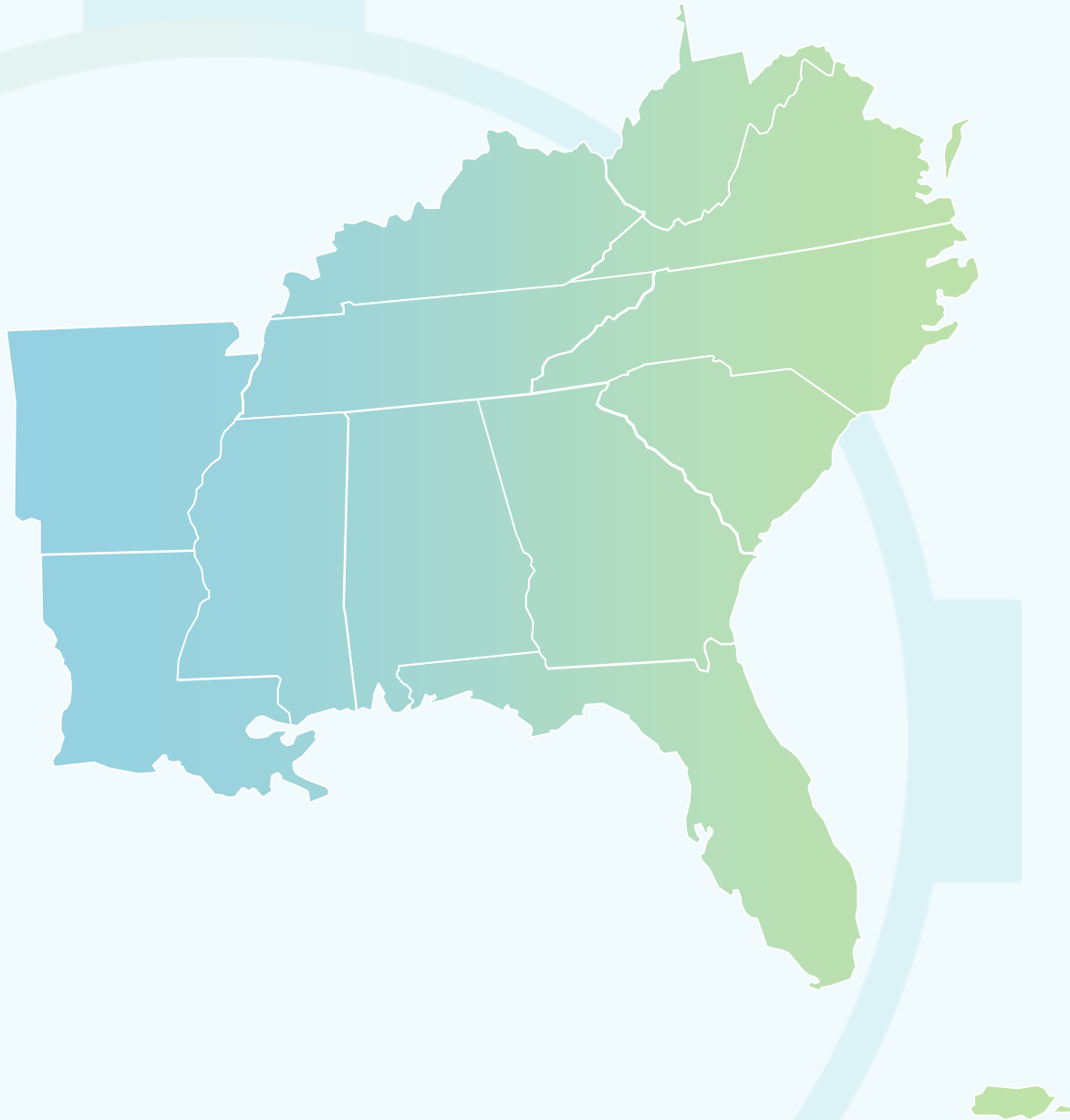
Cervical Cancer Screening

- While cancer rates and vaccine coverage show more gaps compared to the national average, **recent cervical screening performances is much better**
- Only three geographies are lower than the national average, and these are within ~1% of the national average
- **Mississippi is the highest performing geography in the region**, and nearly the best national performer

Geography	Pap test in past three years, no hysterectomy, ages 21-65	Ranking
Best performer (CT)	82.5 (79.9, 85.0)	1
Mississippi	82.3 (79.9, 84.7)	2
North Carolina	81.9 (79.5, 84.3)	3
Kentucky	80.5 (77.4, 83.5)	4
Virginia	79.8 (77.4, 82.1)	8
Alabama	79.5 (76.6, 82.4)	10
Puerto Rico	79.3 (76.8, 81.8)	11
District of Columbia	79.2 (75.6, 82.8)	15
West Virginia	79.0 (76.5, 81.5)	17
South Carolina	78.6 (75.4, 81.9)	19
Tennessee	78.1 (74.8, 81.4)	24
Louisiana	78.1 (74.7, 81.6)	24
National	77.7	N/A
Arkansas	76.9 (73.2, 80.6)	33
Florida	76.7 (73.1, 80.4)	34
Georgia	76.5 (73.3, 79.7)	35

Summary

- There is a lot of room for improvement in HPV-related cancer prevention in the Southeast US
- These data highlight the need for the work being done by the HPV Vaccination Roundtable of the Southeast to support these geographies in developing cervical cancer elimination plans
- Do not be disheartened by these data – this is our baseline and we can see where we need to go; use this as a benchmark for the improvements yet to come.



Trisha L. Amboree, PhD, MPH
Assistant Professor, Department of Public Health
Sciences Division of Epidemiology
Medical University of South Carolina (MUSC)

HPV Vaccination Roundtable of the Southeast
Member, Elimination Implementation Team



Hollings Cancer Center
An NCI-Designated Cancer Center

Special Considerations for Elimination Efforts

Trisha L. Amboree, PhD MPH
Assistant Professor, Public Health Sciences
Cancer Prevention and Control Program

The logo for the HPV Vaccination Roundtable of the Southeast is a circular emblem with a white outline and a dark background. Inside the circle, the text "HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST" is written in white, uppercase, sans-serif font, arranged in three lines.

**HPV VACCINATION
ROUNDTABLE
OF THE SOUTHEAST**

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern · September 9, 2025

Disclosures

I have no financial relationships or conflicts of interest to disclose.

The ideas presented in this talk are my own and do not necessarily represent my funder or employer.

DEFINING ELIMINATION

Elimination does not imply the complete absence of disease. Instead, it signifies the potential to significantly reduce the burden of HPV-related diseases, specifically cervical cancer, and their impact on communities. The World Health Organization (WHO) defines elimination as an incidence rate (new cases of cervical cancer) of less than 4 cases of cervical cancer per 100,000 women.¹

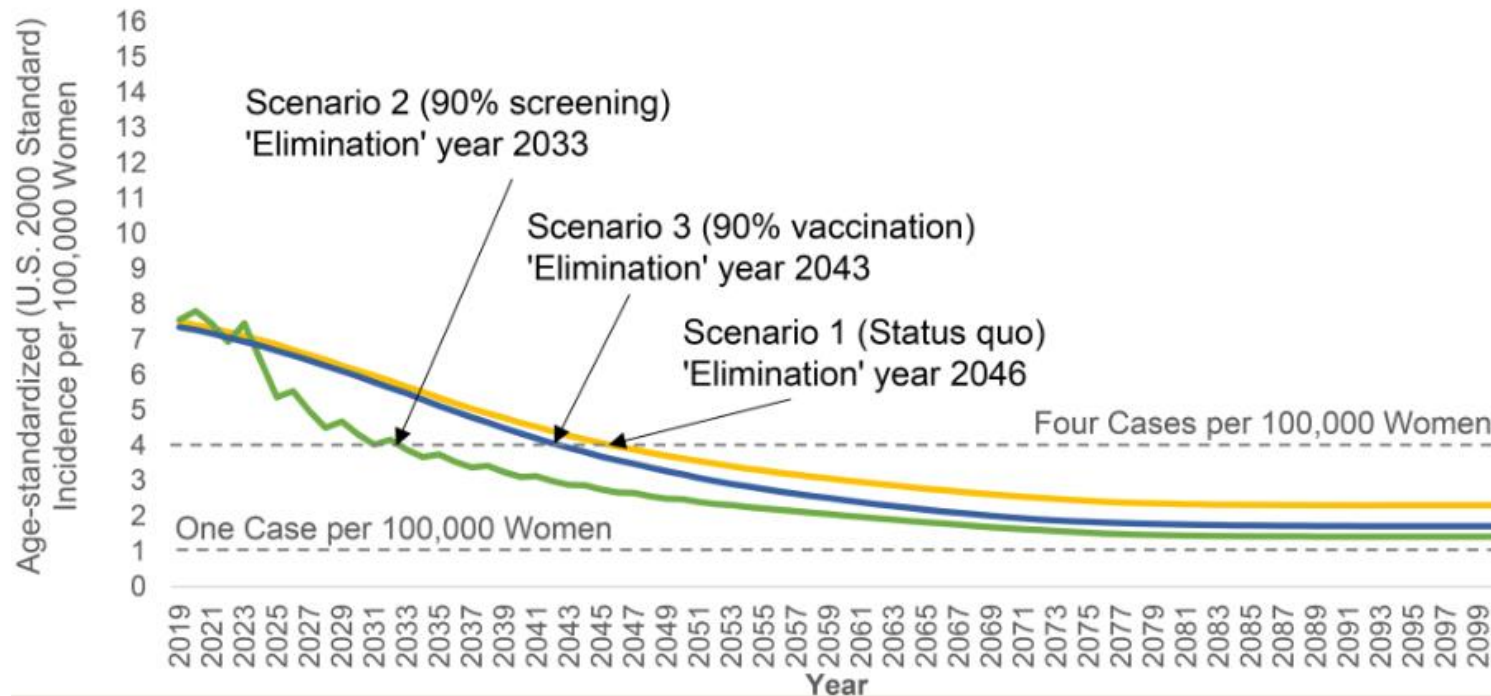


Elimination is not to be confused with eradication, and these terms should not be used interchangeably.

LESS THAN
4 CASES
OF CERVICAL
CANCER
PER 100,000
WOMEN¹

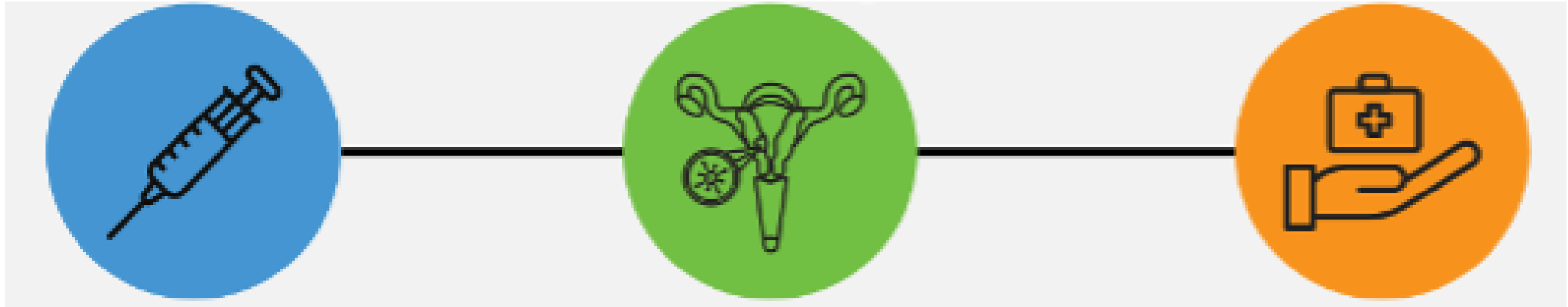
HPV Vaccination Roundtable of the Southeast, 2025

Mathematical models indicate that the United States can achieve the goal of cervical cancer elimination (reducing incidence from $\sim 7/100,000$ to $< 4/100,000$) by 2030 if we meet the goals set for the country for both vaccination and screening/treatment. The fastest way to achieve the goal is to ensure that all age-eligible women follow cervical



AR Giuliano, "The Road to Cervical Cancer Elimination", 2022

Burger, *Lancet Public Health*, 2021

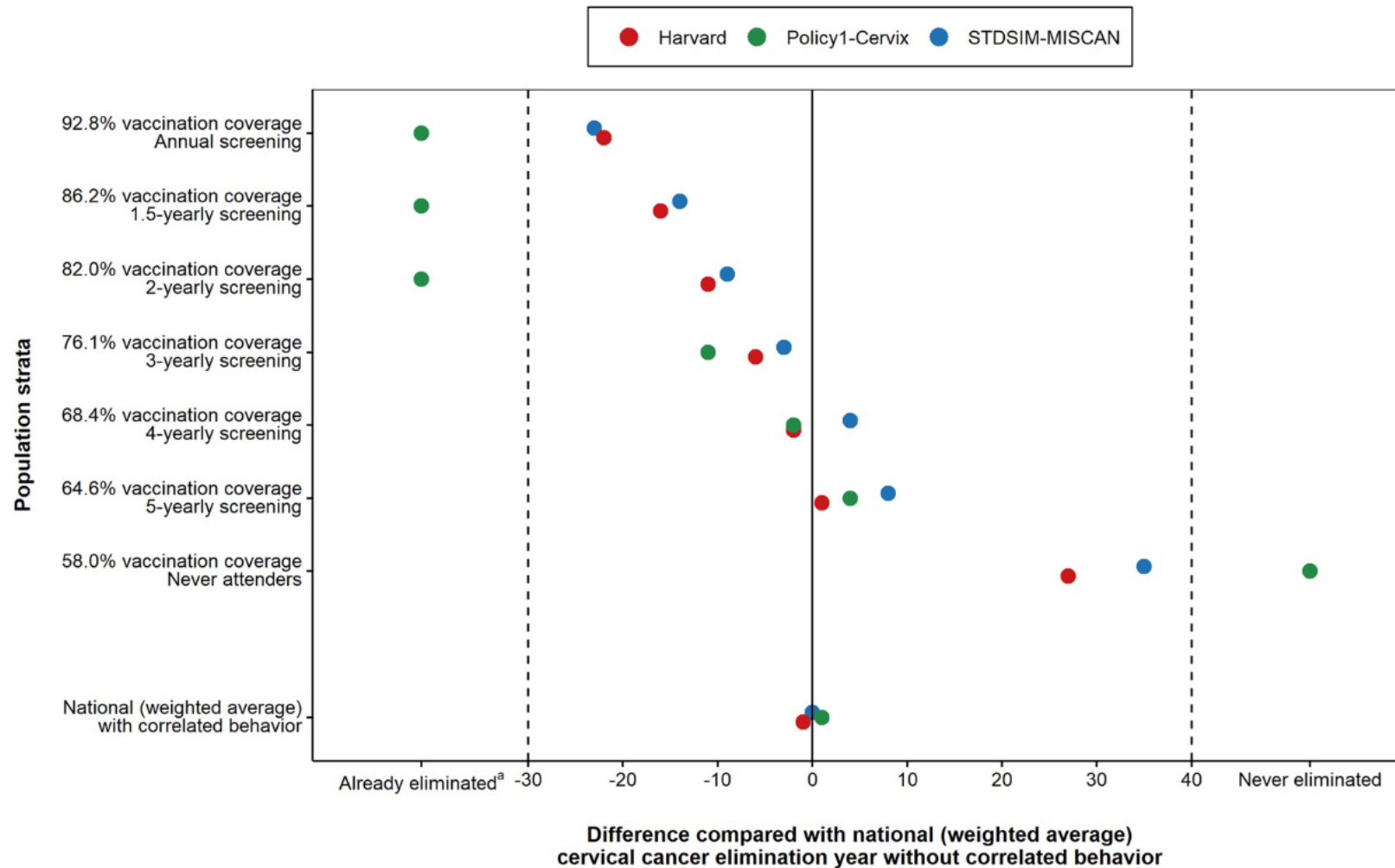


**HPV
Vaccination**

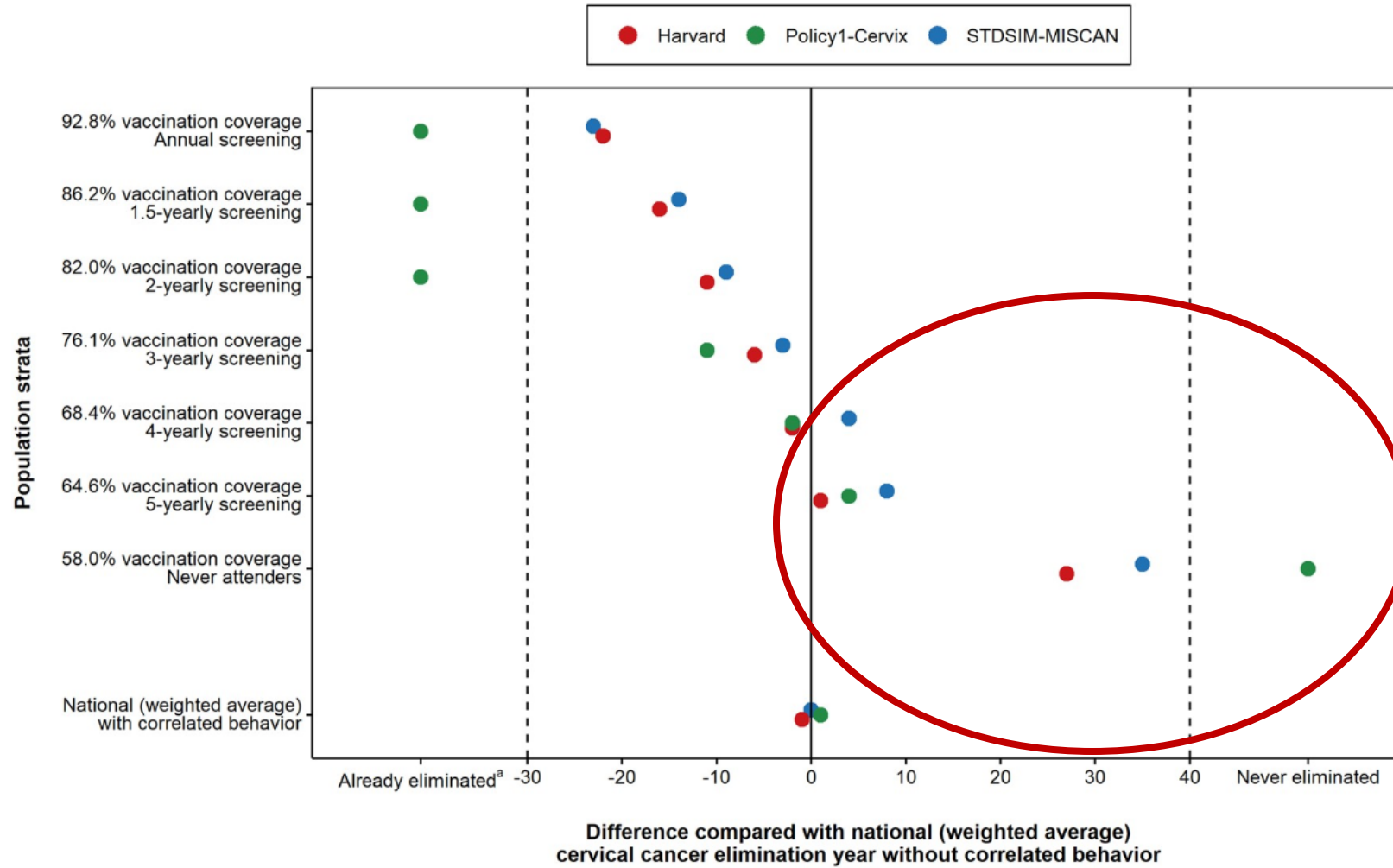
**Cervical Cancer
Screening**

**Management and
Treatment**

Graphic: <https://gco.iarc.who.int/ept/about>



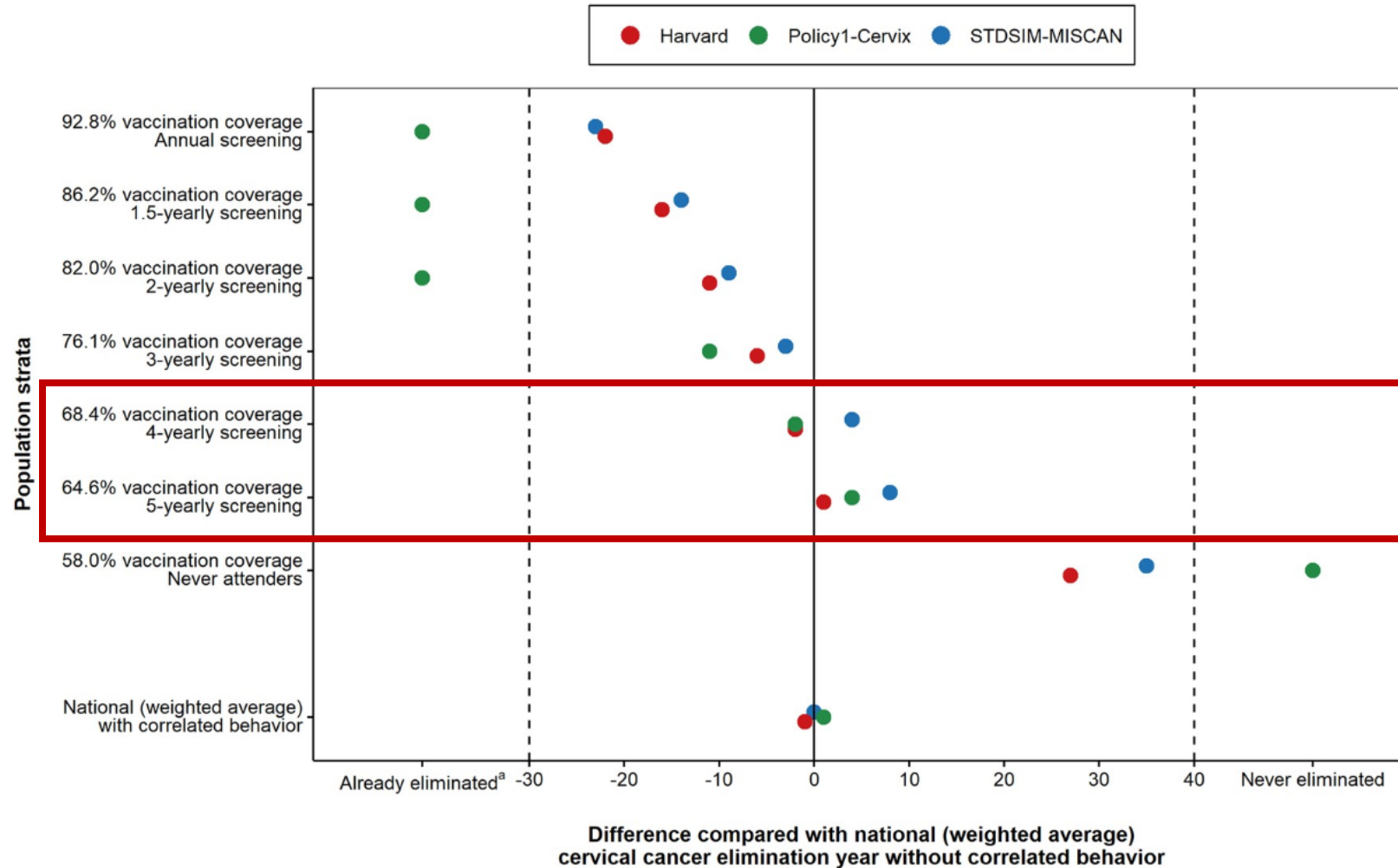
Burger et al., *JNCI*, 2025



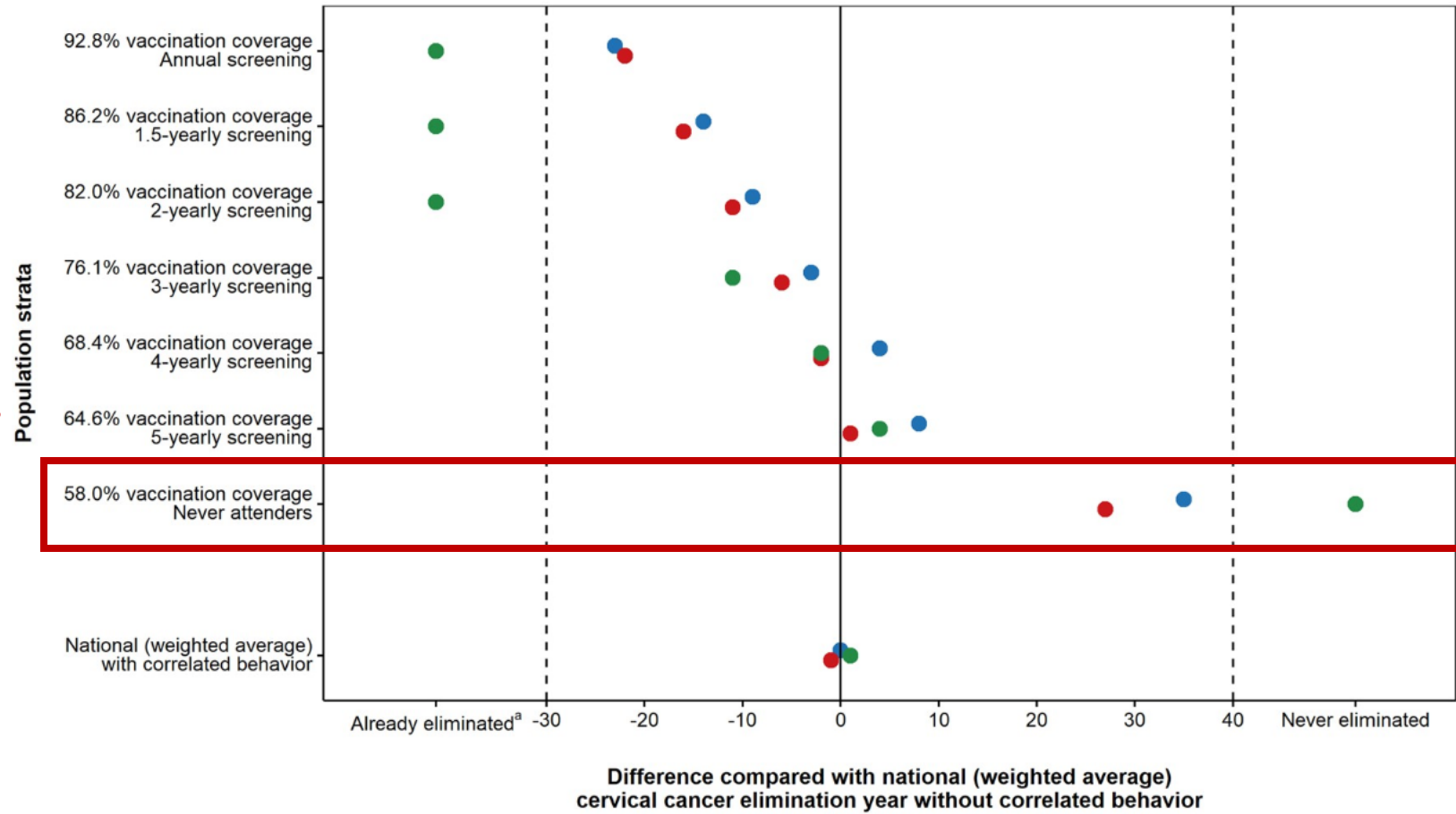
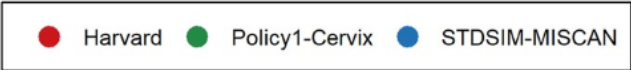
Burger et al., *JNCI*, 2025

Delayed elimination up to 10 years

**64.6-68.4% vaccination
Less frequent screening**



Burger et al., JNCI, 2025



Delayed elimination 25+ years with possibility of no elimination

58.0% vaccination Never screened

Burger et al., *JNCI*, 2025

State	% Vaccine Completion
PR	76.7
VA	75.4
DC	74.6
NC	68.7
LA	65.3
WV	62.9
SC	62.0
KY	61.5
GA	61.2
AL	60.0
AR	58.5
TN	57.4
FL	54.0
MS	37.9

NIS-Teen, 2024

**PERCENTAGE OF WOMEN
OVERDUE FOR
CERVICAL CANCER SCREENINGS**



Source: Suk R, et al. doi:10.1001/jamanetworkopen.2021.43582

Suk et al., *JAMA Netw Open*, 2021

Predicted Probability of Overdue Screening

	Age 21-29y	Age 30-65y
Asian	36%	36%
Hispanic	31%	30%
NH Black	23%	21%
NH White	22%	21%
Other	28%	29%

	Age 21-29y	Age 30-65y
Private	20%	20%
Public	28%	28%
Other	24%	23%
None	41%	41%

Recent trends in cervical cancer incidence, stage at diagnosis, and mortality according to county-level income in the United States, 2000–2019Trisha L. Amboree , Haluk Damgacioglu, Kalyani Sonawane, Prajakta Adsul, Jane R. Montealegre, Ashish A. DeshmukhFirst published: 25 January 2024 | <https://doi.org/10.1002/ijc.34860> | Citations: 1

Troubling increase of distant-stage diagnoses within low-income quartile

Race and ethnicity	Year	APC	(95%CI)
All	2004-2019	1.5%	-0.3% to 3.6%
NH White	2004-2019	4.4% *	1.7% to 7.5%
Hispanic	2004-2019	1.5%	-0.6% to 4.1%
NH Black	2004-2019	-4.1% *	-7.8% to -0.5%

* denotes statistical significance

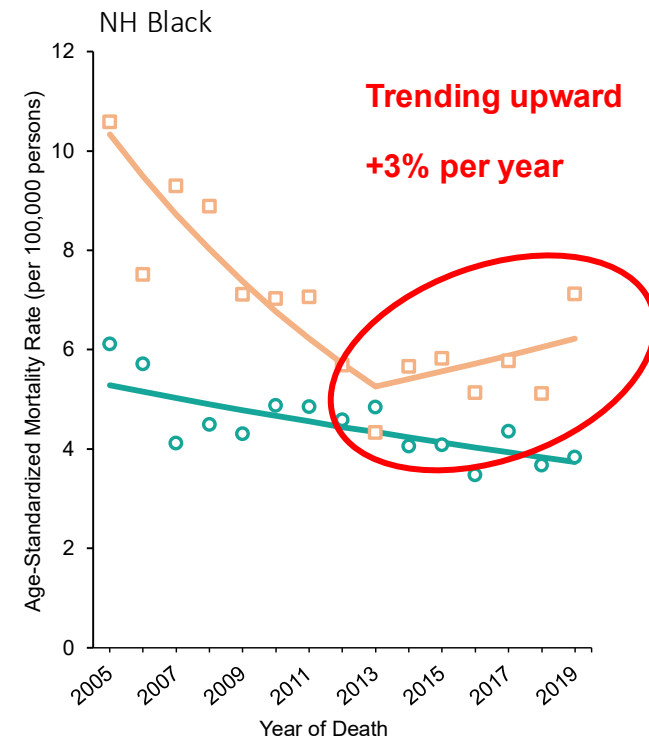
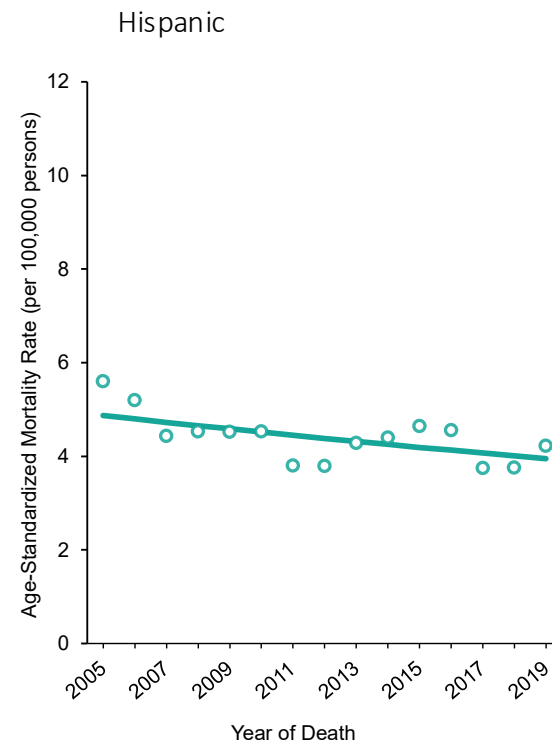
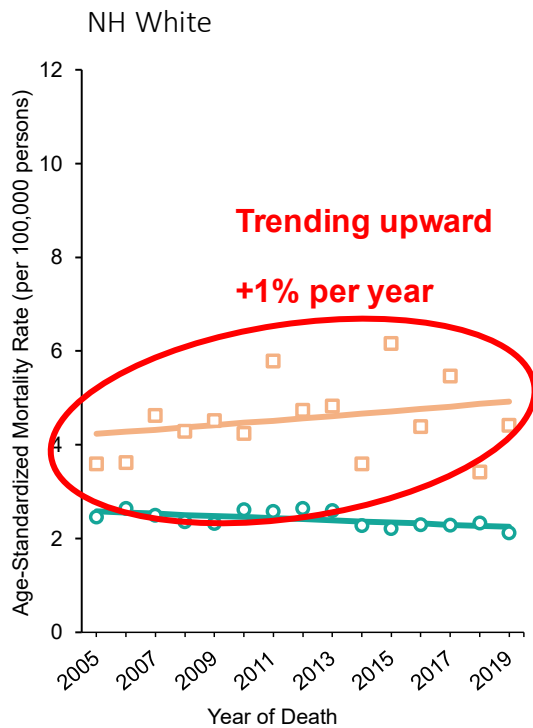
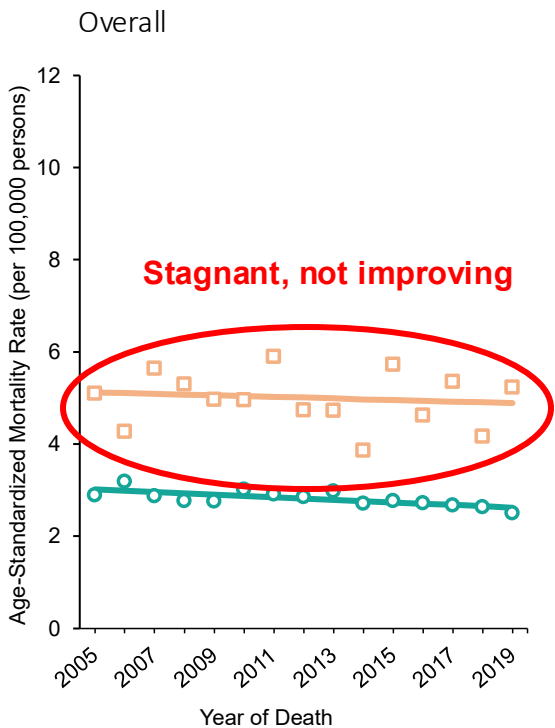
Amboree et al., *Int J Cancer*, 2024

Recent trends in cervical cancer incidence, stage at diagnosis, and mortality according to county-level income in the United States, 2000–2019

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- Low-income counties (Q1)
- High-income counties (Q4)



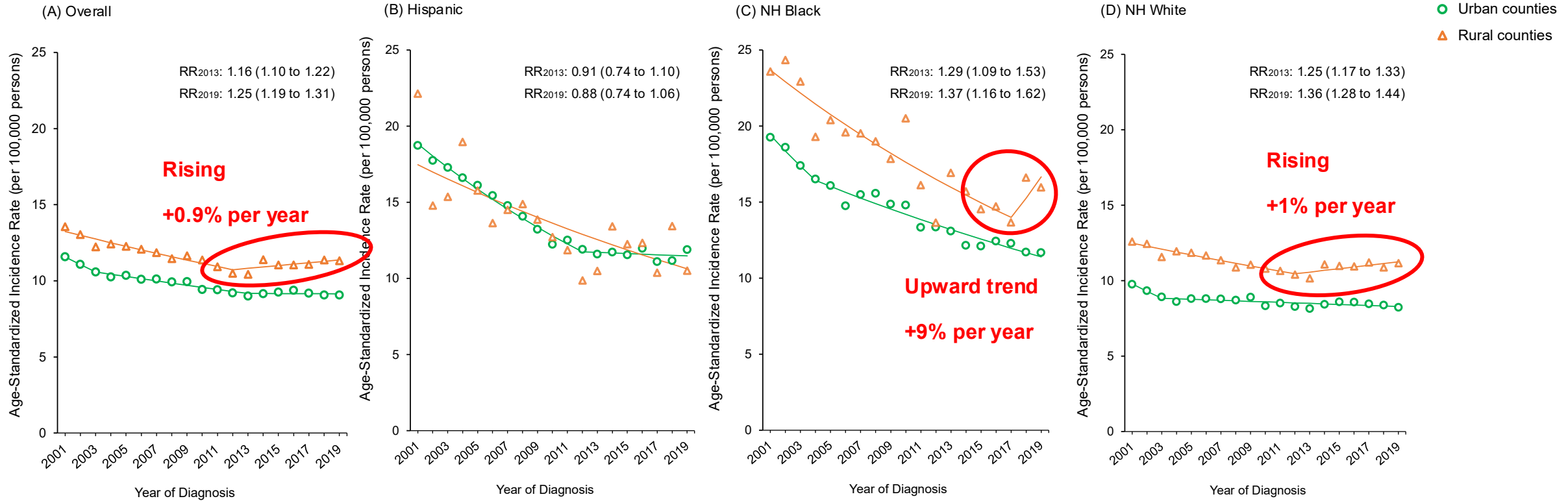
Amboree et al., *Int J Cancer*, 2024

Rural-Urban Disparities in Cervical Cancer Incidence and Mortality Among US Women

Trisha L. Amboree, PhD, MPH^{1,2,3}; Haluk Damgacioglu, PhD^{1,2}; Elizabeth Y. Chiao, MD^{4,5}; Kathleen M. Schmeler, MD⁶; Kalyani Sonawane, PhD^{1,2}; Ashish A. Deshmukh, PhD^{1,2}; Jane R. Montealegre, PhD³

> Author Affiliations | Article Information

JAMA Netw Open. 2025;8(3):e2462634. doi:10.1001/jamanetworkopen.2024.62634



Amboree et al., JAMA Netw Open, 2025

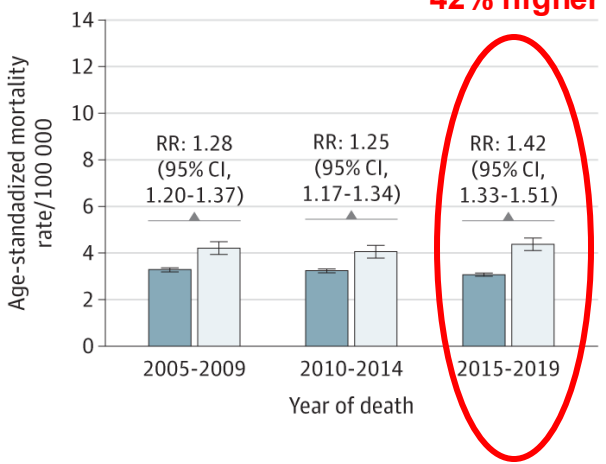
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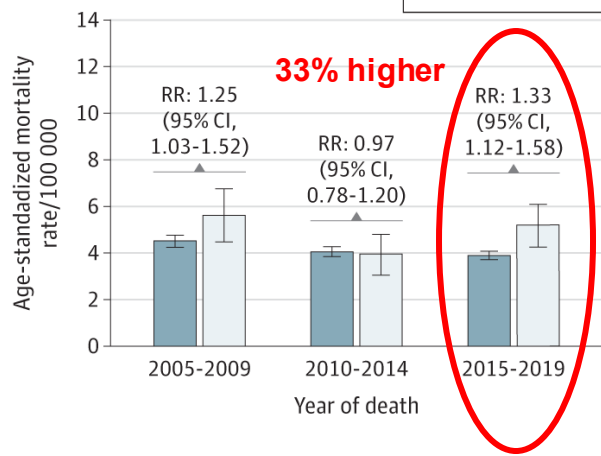
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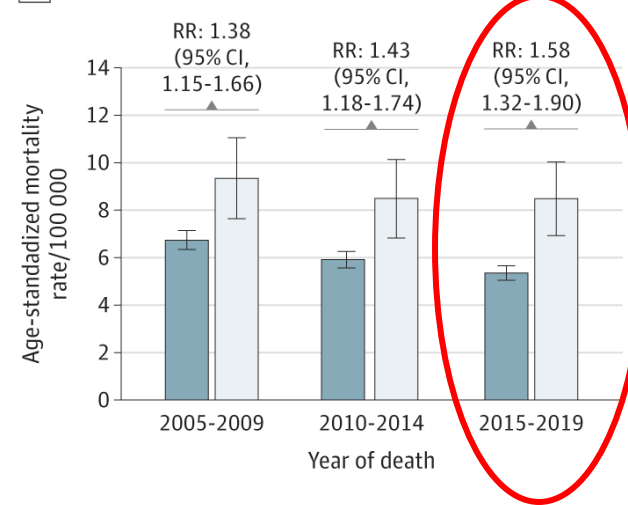
A All races and ethnicities



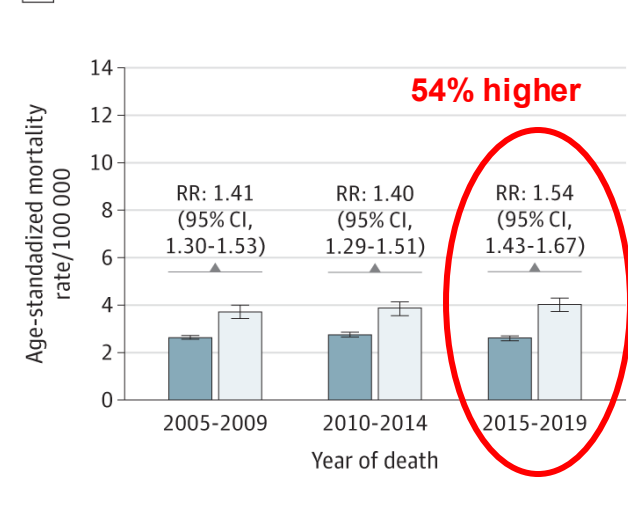
B Hispanic



C Non-Hispanic Black

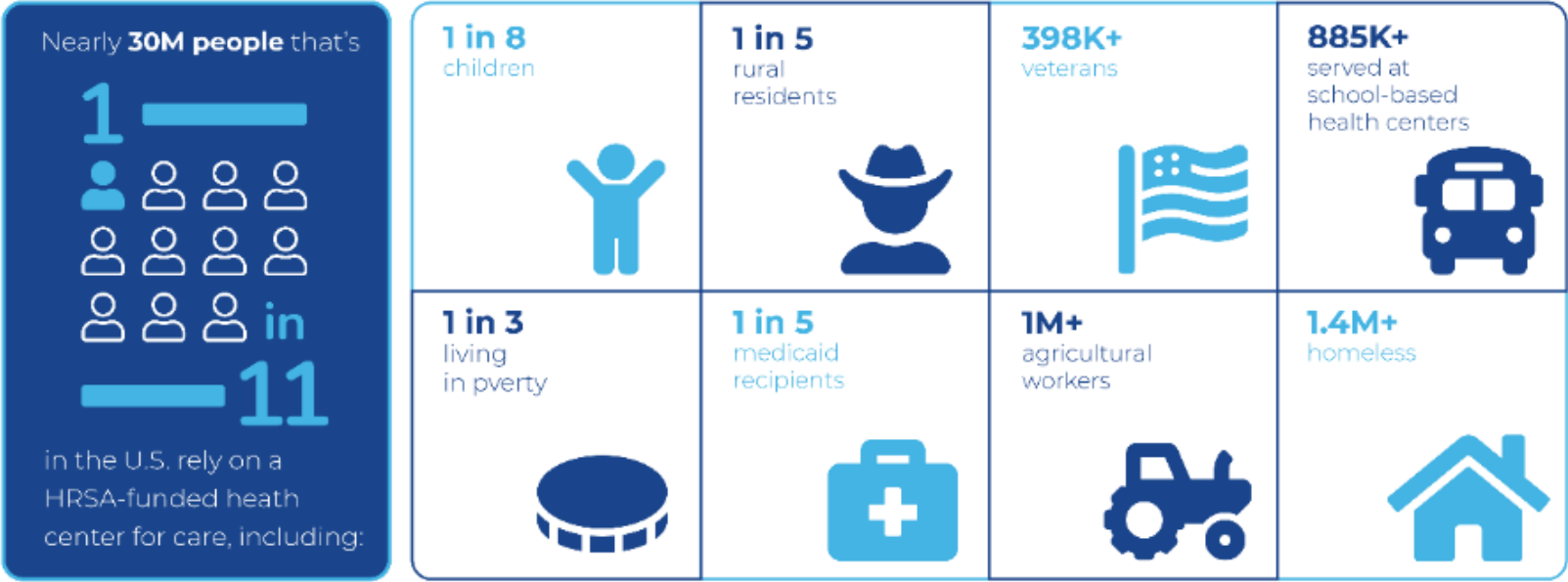


D Non-Hispanic White



Amboree et al., JAMA Netw Open, 2025

HRSA-Funded Health Centers Improve Lives

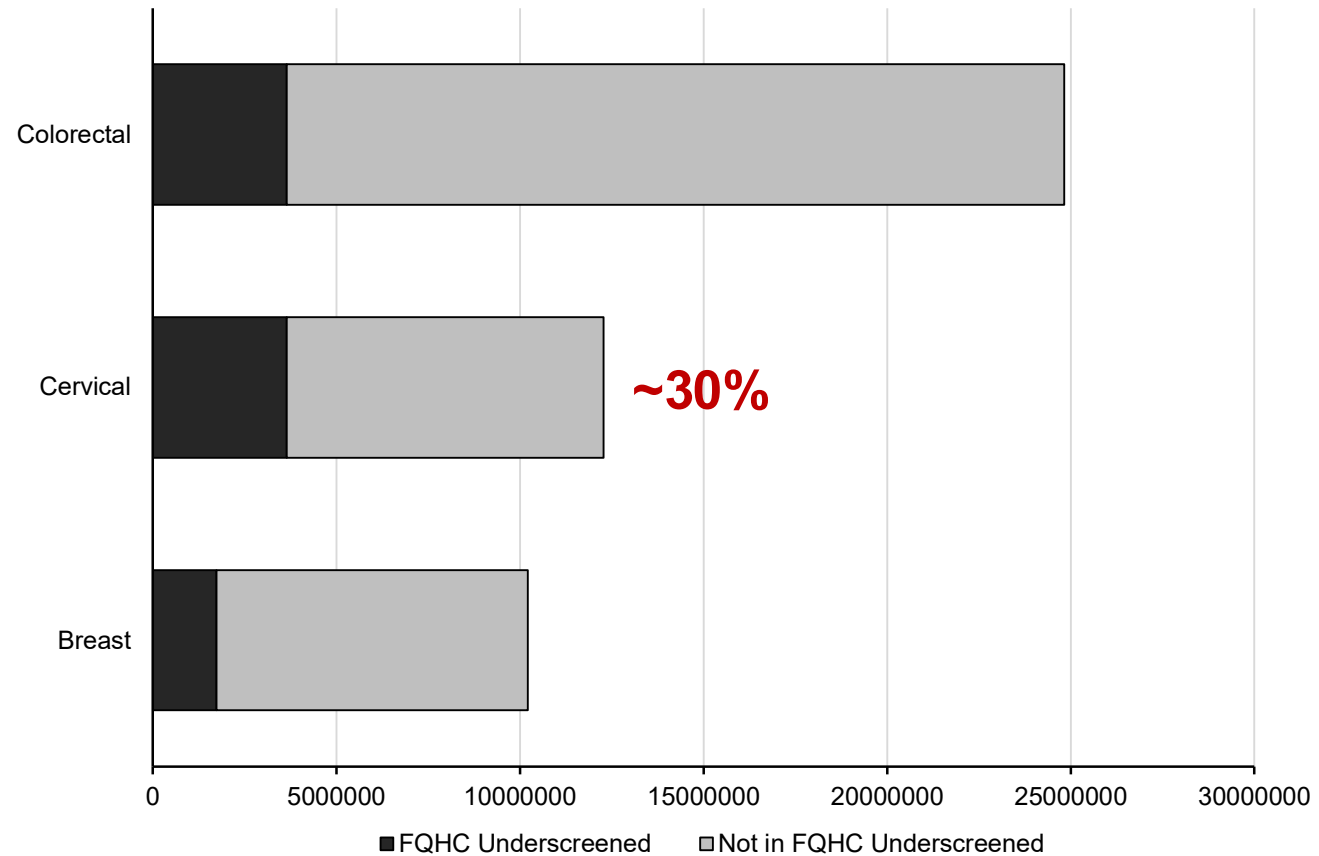
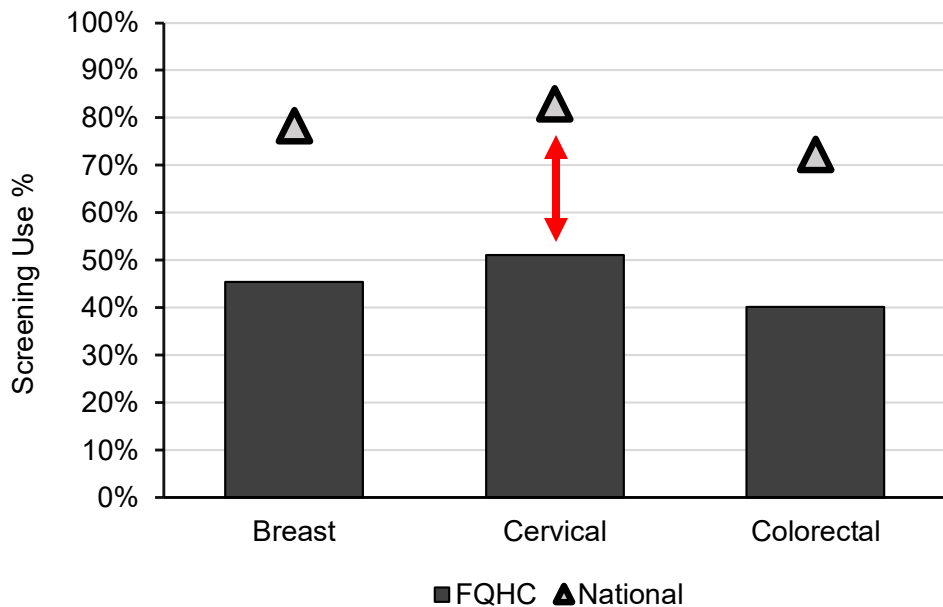


National Breast, Cervical, and Colorectal Cancer Screening Use in Federally Qualified Health Centers

Irisha L. Amboree, PhD¹, Jane R. Montealegre, PhD¹, Susan L. Parker, MPH¹, Ashvita Garg, PhD^{2,3}, Haluk Dangacoglu, PhD^{2,3}, Kathleen M. Schmeier, MD¹, Elizabeth Y. Chao, MD^{3,5}, Elizabeth G. Hill, PhD^{2,3}, Kalyani Sonawane, PhD^{2,3}, Ashish A. Deshmukh, PhD^{2,3}, Prajakta Adsul, MBBS, MPH, PhD^{7,8}

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JAMA Intern Med. 2024;184(6):671-679. doi:10.1001/jamainternmed.2024.0693



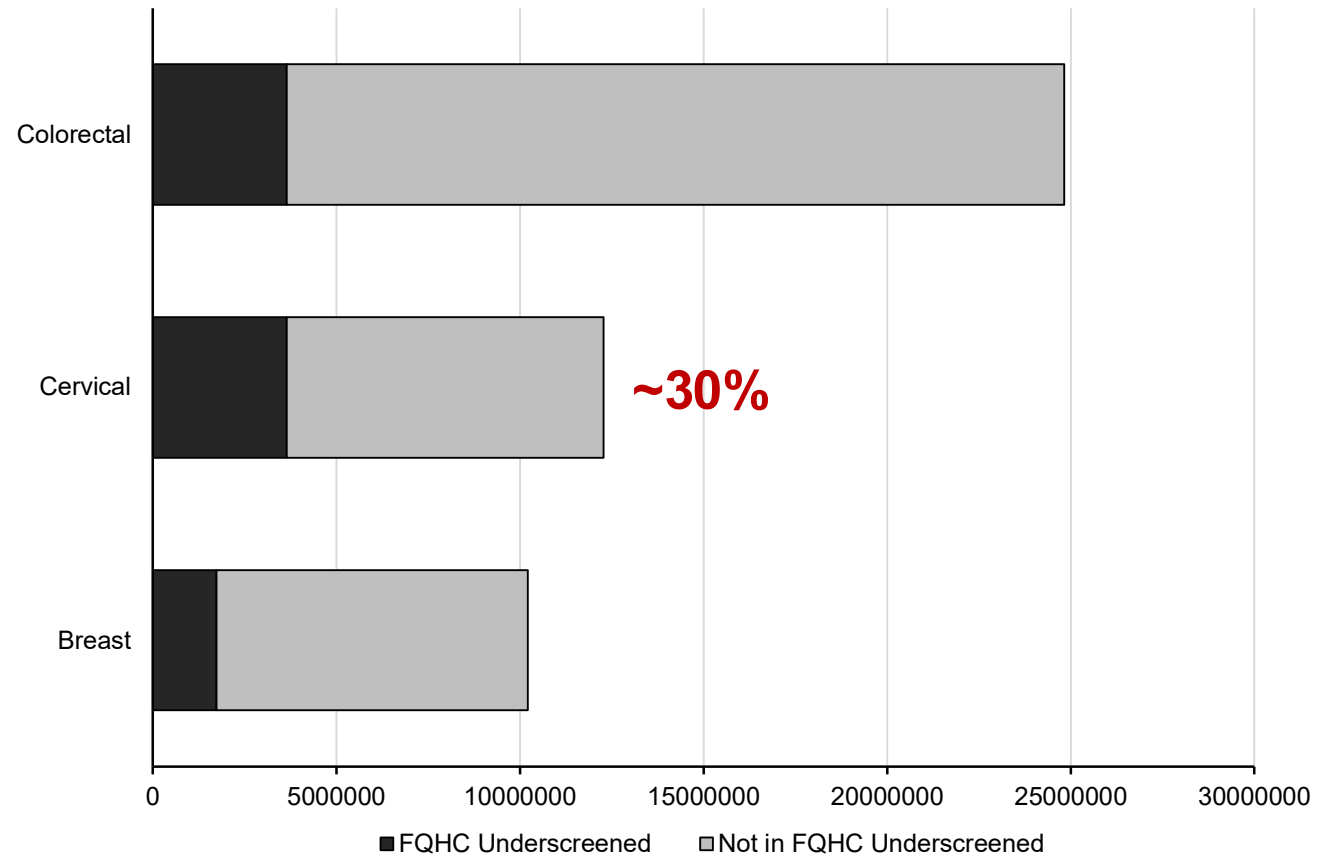
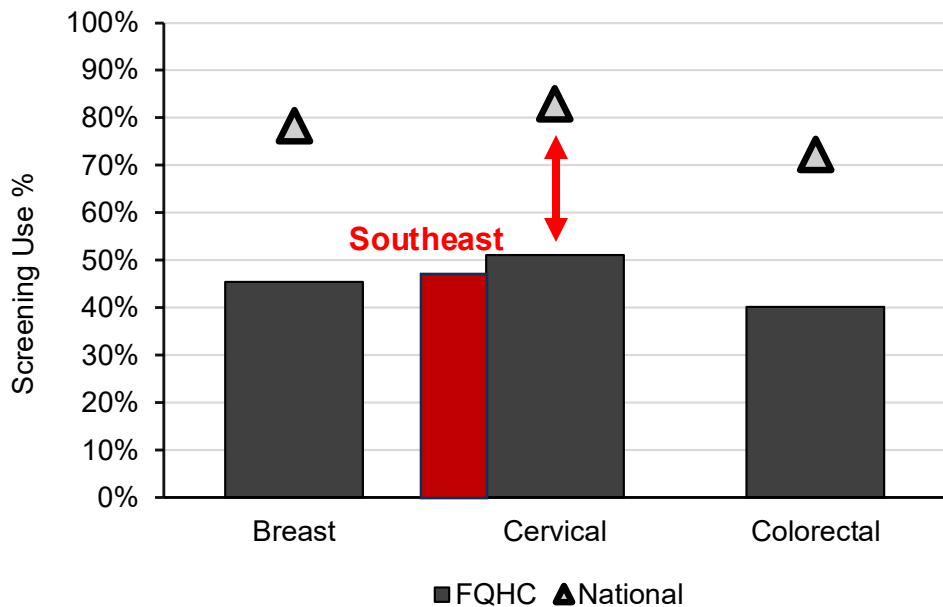
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National Breast, Cervical, and Colorectal Cancer Screening Use in Federally Qualified Health Centers

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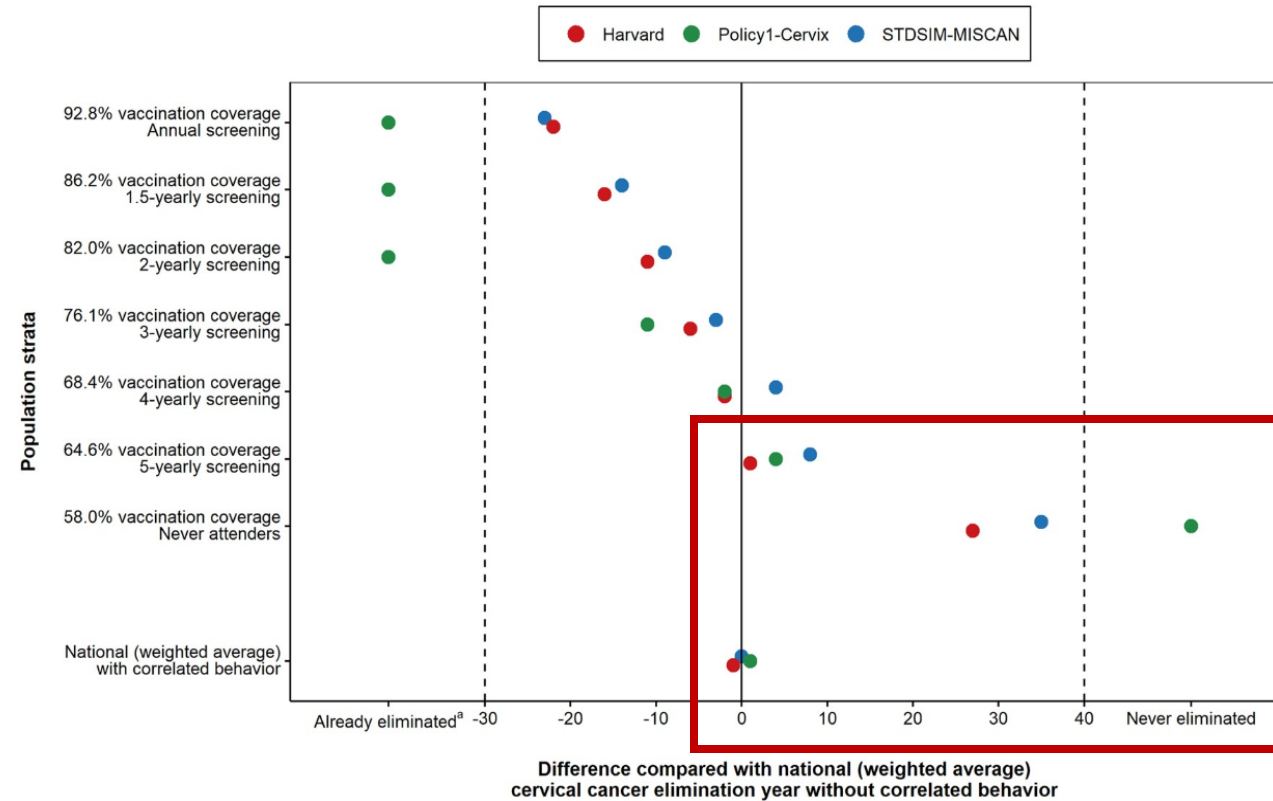
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Special Considerations for Elimination

- Safety Net Health Settings
- Community Health Centers
- FQHCs
- Rural Health Associations
- Community Partners

Special Considerations for Elimination

- Safety Net Health Settings
- Community Health Centers
- FQHCs
- Rural Health Associations
- Community Partners



Burger et al., *JNCI*, 2025

We can do this together!

“The Southeast Roundtable is committed to providing states and other jurisdictions across the Southeast region with resources to facilitate these discussions and consider how states may work together with safety-net health systems and rural communities to ensure that all are involved in elimination planning.”

- Special Considerations, SE Elimination Plan

Contact Information

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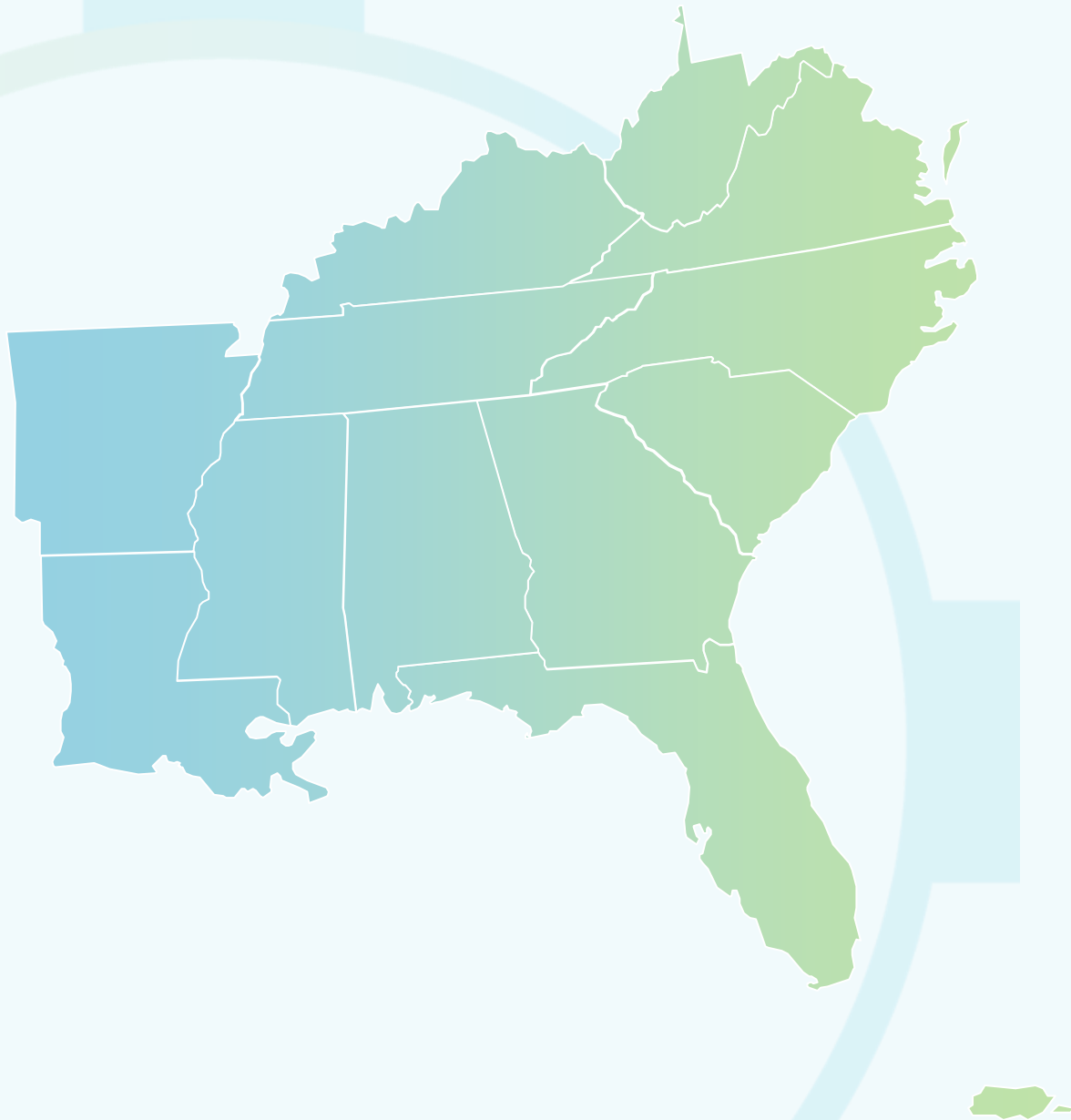
Phone: 843-876-6814



Southeast U.S. Call to Action: Elimination of HPV Cancers as a Public Health Concern

stjude.org/southeast-roundtable

**HPV VACCINATION
ROUNDTABLE
OF THE SOUTHEAST**



Heather M. Brandt, PhD

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

HPV Vaccination Roundtable of the Southeast
Ex-officio Member of Executive Committee, Steering
Committee, and Implementation Teams (Lead of
Communications Implementation Team)

Collaboration is Key

- **January 2024:** In-person meeting of the HPV Vaccination Roundtable of the Southeast held and three priority actions identified
 - Communications
 - **Elimination**
 - Starting HPV Vaccination at Age 9
- **March 2024:** Elimination Implementation Team convened and identified primary goal and strategies

“

to develop and disseminate a plan for HPV cancer elimination in the Southeast beginning with cervical cancer as a public health concern

”

Collaboration is Key

- **March 2024 to Present:**

- Ongoing strategies to achieve the overall goal include:
 - Developing a regional plan for eliminating HPV cancers, starting with cervical cancer as a public health concern;
 - Identifying and unifying partners in a collective voice around a plan to eliminate HPV cancers, starting with cervical cancer; and
 - Building a toolkit for Southeast Roundtable states and jurisdictions to develop their own elimination plans



“ Everyone can contribute,
every community matters,
and every country can
eliminate cancer ”

...Every State Can Too

World Health Organization
Global call to Action to Eliminate Cervical Cancer

*Slide from a presentation by the OPERATION
WIPE OUT team as part of the Southeast
Roundtable elimination kickoff in June 2024*

Elimination Policy in the Southeast Needs Assessment

Regular meetings of the Elimination Implementation Team

Review and monitoring of publications, reports, and the current context of HPV cancers elimination efforts



Phase 2: In-depth interviews

Phase 1: Needs assessment survey

Phase 3: Data synthesis

Develop plan (call to action), toolkit, and additional supports

Elimination Policy in the Southeast Needs Assessment

**September 2025:
TODAY
Release the plan!**

Southeast United States (U.S.) Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

Regular meetings of the Elimination Implementation Team
Review and monitoring of publications, reports, and the current context of HPV cancers elimination efforts

Phase 2: In-depth interviews

Develop plan (call to action), toolkit, and additional supports



Phase 1: Needs assessment survey

Phase 3: Data synthesis

Elimination Policy in the Southeast Needs Assessment

RESULTS AND IMPLICATIONS: CURRENT CONDITIONS

- **High levels of interest in elimination as a focus** – yet lack of consensus on interpretation of elimination
- **Acknowledged complexity of elimination** – importance of clear definitions, achievable targets, and sustained collaboration
- **Centralized support for elimination**, such as through the Southeast Roundtable, was viewed as advantageous
- **Varied levels of familiarity, experience, and readiness**
- **Conflicting responses** on assessment of current status of elimination efforts in a region, state, and/or organization among respondents



...eliminating HPV cancers could inspire hope, simplify public health messaging, and promote interdisciplinary collaboration, leading to healthier communities, with fewer cervical cancer diagnoses and reduced health care costs, while also easing the burden on individuals and the health care system.



Elimination Policy in the Southeast Needs Assessment

RESULTS AND IMPLICATIONS: CURRENT CONDITIONS

• **Barriers to elimination:**

- Policy constraints
- Absence of school-entry mandates
- Health care access
- Limited Medicaid expansion
- Socio-cultural challenges
- Resource gaps
- Rural health care provider shortages
- High vaccine costs for adults
- Stigma
- Vaccine hesitancy
- Limited data sharing
- Insufficient state-level support
- Public education shortcomings
- Funding constraints

“*Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.*”

– *Margaret Mead*

Elimination Policy in the Southeast Needs Assessment

RESULTS AND IMPLICATIONS: ACTION

- **Data-informed** decision making
- **Evidence-based strategies**
- Promote policies and practices to **start HPV vaccination at age 9**
- **Address disparities** – differences persist
- **Expand access** to HPV vaccination, cervical cancer screening, and cervical cancer follow-up care and treatment among populations that are vulnerable
- Build strong **community relationships and partnerships**
- **Monitor impact**
- **Host regional meetings** to share data and engage new people and partners
- **Engage with people who have professional and/or lived experiences**



Southeast United States Call to Action Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

For more information, visit stjude.org/southeast-elimination or email PreventHPV@stjude.org

Eliminating HPV Cancers

INTRODUCTION

The HPV Vaccination Roundtable of the Southeast has prioritized the elimination of human papillomavirus (HPV) cancers starting with cervical cancer as a public health concern. To address this priority, the Southeast Roundtable convened an implementation team consisting of representatives from across the region. This team was tasked with developing and disseminating an elimination plan for the Southeast region. An elimination plan is a way to garner support and catalyze action to improve HPV cancer prevention and treatment efforts, with the goal of eliminating HPV cancers starting with cervical cancer. The plan presented here describes the interests of the Southeast Roundtable and its coordinated efforts to eliminate HPV cancers starting with cervical cancer as a public health concern in the Southeast, and recommended priorities and actionable steps to achieve this goal.



Eliminating HPV Cancers

EXISTING AND EMERGING EFFORTS TO ELIMINATE HPV CANCERS STARTING WITH CERVICAL CANCER AS A PUBLIC HEALTH CONCERN IN THE SOUTHEAST

This call to action models existing elimination efforts, including strategies developed by Australia, Canada, and Alabama, the ACS Elimination Statement on HPV Cancers, and others, but it has been adapted to the context of the Southeast United States. The following section includes examples of ongoing and emerging elimination efforts globally, nationally, and at the state level.

Global Efforts

Cervical cancer elimination strategies have been announced and are being implemented globally since the WHO introduced the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in November 2020. This comprehensive strategy aims to achieve an incidence rate of fewer than four cases per 100,000 women through HPV vaccination, cervical cancer screening, and timely follow-up, diagnosis, and treatment of cervical precancer and cancer. The Southeast elimination plan aligns with the WHO strategy.

The WHO elimination strategy focuses solely on women and girls and includes 90-70-90 targets for HPV vaccination, cervical cancer screening, and cervical cancer treatment.

WHO Targets

- 90% of girls to be fully vaccinated with the HPV vaccine by 15 years of age
- 70% of women to be screened for cervical cancer by age 35 and again by 45 years of age, using a high-precision test, i.e., an HPV polymerase chain reaction (PCR) test
- 90% of women identified with cervical disease receive treatment for pre-cancerous lesions or management of invasive cancer

National Efforts

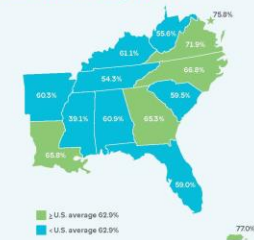
In the United States, and more specifically in the Southeastern United States, the approach to cervical cancer elimination differs from the WHO global strategy, as HPV vaccination is routinely recommended for both male and female individuals aged 9-26 years. Additionally, HPV vaccination may be recommended for some individuals aged 27-45 years who were not previously vaccinated.

Eliminating HPV Cancers

GOAL 1: INCREASE THE PERCENTAGE OF ADOLESCENTS AGED 13-17 YEARS AND STARTING AT AGE 9 WHERE DATA ARE AVAILABLE, ACROSS THE SOUTHEAST COMPLETING THE HPV VACCINATION SERIES TO 80% BY 2030

The Southeastern United States region has historically been characterized by low HPV vaccination coverage and high rates of HPV cancer incidence when compared with other regions of the country and the United States overall. In 2024, the rates of HPV vaccination initiation and completion for the Southeast region were 78% and 62%, respectively. When compared to the national rates, the Southeast region has eight of 14 states and jurisdictions that are below national rates for both initiation and completion of HPV vaccination (Table 2). Arkansas, Georgia, Kentucky, Mississippi, and West Virginia have been identified as having the lowest HPV vaccination coverage in the region, making them high-priority states for HPV vaccination efforts through elimination planning (Figure 1).

Figure 1: HPV Vaccination Coverage Up-to-Date, Southeast Region, National Immunization Survey-Teen, 2024



HPV vaccination is recommended as a routine vaccination at age 11 or 12 years and starting at age 9. The CDC/ACIP also recommends vaccination for everyone through 26 years of age if they were not vaccinated previously. Some adults aged 27 through 45 years may decide to receive the HPV vaccine, based on discussion with their clinician, if they were not adequately vaccinated when they were younger.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the **HPV vaccination** series to 80% by 2030.



Increase the percentage of people with a cervix across the Southeast who are UTD on **cervical cancer screening** based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.



Increase the percentage of people with a cervix across the Southeast who receive appropriate **follow-up, diagnosis, and treatment** (if needed) for abnormal cervical cancer screening results to 80% by 2030.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of adolescents aged 13-17 years, and starting at age 9 where data are available, across the Southeast completing the **HPV vaccination** series to 80% by 2030.

STRATEGIC OBJECTIVES

- Promote HPV vaccination to the general public through the dissemination of a regional communication campaign (It's Our Way Down South).
- Facilitate opportunities for health care providers and professionals to learn more about strategies to recommend HPV vaccination and address vaccine hesitancy.
- Promote the implementation of evidence-based quality improvement strategies, such as reminder and recall system interventions, provider prompts, assessment and feedback interventions, multi-level interventions, and standing orders.
- Encourage participation of health care providers and professionals in the state-level Immunization Information System (IIS) for standardized and more complete HPV vaccination data reporting.
- Encourage participation of health care providers and professionals in the Vaccines for Children (VFC) program to enhance accessibility.
- Monitor HPV vaccination data by geographic unit (state, sub-state, county, etc.) and demographics.
- Monitor anticipated changes to HPV vaccination recommendations.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of people with a cervix across the Southeast who are UTD on **cervical cancer screening** based on the current U.S. Preventive Services Task Force (USPSTF) guidelines to 80% by 2030.

STRATEGIC OBJECTIVES

- Promote routine HPV/Pap testing based on recommended screening guidelines.
- Train health care providers and professionals in quality improvement (QI) strategies to improve the clinical practices of recommending and providing HPV/Pap testing to eligible people with a cervix and providing needed information to patients to ensure follow-up and treatment following an abnormal test.
- Promote increased access to cervical cancer screening follow-up and treatment through mobile colposcopy.
- Promote increased access to cervical cancer screening follow-up and treatment through the certification of nurse practitioners as colposcopy providers.
- Monitor cervical cancer screening and incidence data by geographic unit (state, sub-state, county, etc.) and demographics.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern



Increase the percentage of people with a cervix across the Southeast who receive appropriate **follow-up, diagnosis, and treatment** (if needed) for abnormal cervical cancer screening results to 80% by 2030.

STRATEGIC OBJECTIVES

- Increase awareness that cervical cancer can be prevented and is curable if diagnosed and treated early.
- Promote provider knowledge of the American Society for Colposcopy and Cervical Pathology (ASCCP) app to help navigate the ASCCP Risk-Based Management Consensus Guidelines and determine appropriate follow-up based on test results and family history for people with a cervix with abnormal cervical cancer screening tests.
- Monitor cervical cancer data by geographic unit (state, sub-state, county, etc.) and demographics, as available.

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

ELIMINATION SUPPORT STRATEGIES

1

Provide support for **elimination planning** efforts to states and jurisdictions in the Southeast region.

1. Disseminate regional HPV cancer elimination plan to inform state-level elimination plans
2. Identify state-level partners to champion statewide elimination planning
3. Identify HPV cancer survivors to champion statewide elimination planning
4. Support state-level partners in statewide elimination planning
5. Support state-level partners in implementing statewide elimination plans

2

Develop and disseminate **elimination resources** to states and jurisdictions in the Southeast region.

1. Update and publish the fact sheet on HPV cancer elimination in the Southeast
2. Develop and disseminate the HPV cancer elimination plan in the Southeast toolkit
3. Develop and disseminate elimination planning and implementation templates
4. Monitor progress toward HPV cancer elimination across the Southeast
5. Monitor and disseminate HPV vaccination data across the Southeast
6. Monitor the incidence and mortality of HPV cancer across the Southeast

3

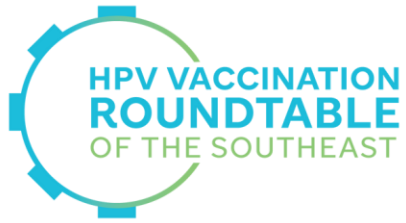
Provide **technical assistance** to states and jurisdictions in the Southeast region.

1. Compile contact information for key elimination experts and partners across the Southeast and make connections as appropriate
2. Organize and host quarterly virtual collaborative learning opportunities for individual states across the Southeast to share information
3. Organize and host in-person collaborative learning opportunities (as resources allow) for individual states across the Southeast to share information
4. Consult with experts to inform and refine state-level implementation plans
5. Support evaluation of elimination efforts across the Southeast

Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

SPECIAL CONSIDERATIONS

- **Differences** in HPV vaccination, cervical cancer screening, cervical cancer follow-up, diagnosis, and treatment, HPV cancer incidence, HPV cancer mortality, and other relevant outcomes differ by population groups and subgroups therein.
- For example: Although cervical cancer is preventable and treatable, certain subgroups remain heavily burdened by poor disease outcomes. In particular, individuals who are underinsured or uninsured, lower-resourced, and/or live in rural areas tend to have lower uptake of preventive measures and have worse health outcomes.
- **Pronounced, unacceptable, and unjust differences in disease burden and outcomes are highly reflective of the need to adapt and also amplify implementation efforts.**



Southeast Roundtable Elimination At-A-Glance

stjude.org/southeast-elimination

HPV Vaccination

Increase the percentage of adolescents aged 13-17 years—and starting at age 9 where data are available—across the Southeast completing the HPV vaccination series to 80% by 2030.

- Promote HPV vaccination through regional campaigns (e.g., It's Our Way Down South)
- Train providers on effective recommendations and addressing vaccine hesitancy
- Implement quality improvement (QI) strategies (e.g., reminder/recall systems, standing orders)
- Support provider participation in immunization information systems and Vaccines For Children programs
- Monitor vaccination data by geography and demographics
- Track and respond to changes in national HPV vaccination recommendations

Cervical Cancer Screening

Increase the percentage of people with a cervix across the Southeast who are up to date on cervical cancer screening per current U.S. Preventive Services Task Force guidelines to 80% by 2030.

- Promote U.S. Preventive Services Task Force cervical cancer screening guidelines
- Train providers in quality improvement strategies for screening and follow-up
- Expand access to follow-up and treatment through mobile colposcopy units
- Increase provider capacity by training nurse practitioners as colposcopy providers
- Monitor screening and incidence data by geographic unit and demographics

Follow-Up, Diagnosis, & Treatment

Increase the percentage of people with a cervix across the Southeast who receive follow-up, diagnosis, and treatment (if needed) for abnormal screening results to 80% by 2030.

- Increase awareness that cervical cancer is preventable and curable when caught early
- Promote provider use of the American Society for Colposcopy and Cervical Pathology risk-based management app and guidelines
- Monitor follow-up, diagnosis, and treatment data by geography and demographics

ELIMINATION SUPPORT STRATEGIES

1

Provide support for elimination planning efforts to states and jurisdictions in the Southeast region.


2

Develop and disseminate elimination resources to states and jurisdictions in the Southeast region.

3

Provide technical assistance to states and jurisdictions in the Southeast region.

Collaboration is Key



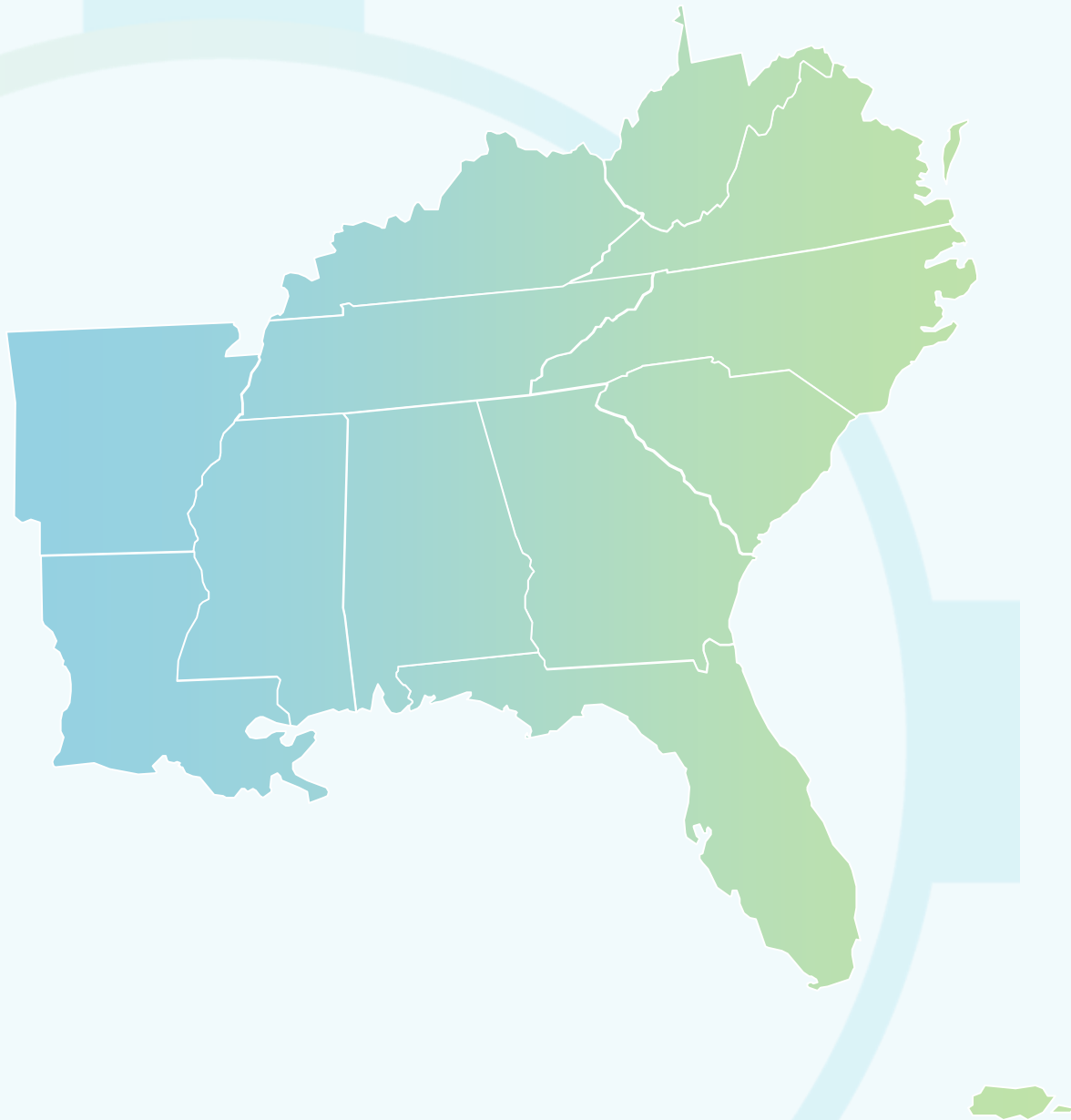
HPV VACCINATION
ROUNDTABLE
OF THE SOUTHEAST

**TOGETHER, WE CAN
ELIMINATE HPV
CANCERS IN THE
SOUTHEAST.**

Learn more at stjude.org/southeast-elimination

We need **YOU** for elimination of HPV cancers starting with cervical cancer as a public health concern in the Southeast to become reality.

The Call to Action is a starting point for planning, implementation and evaluation.



Penelope Burns

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

HPV Vaccination Roundtable of the Southeast
Member, Elimination Implementation Team

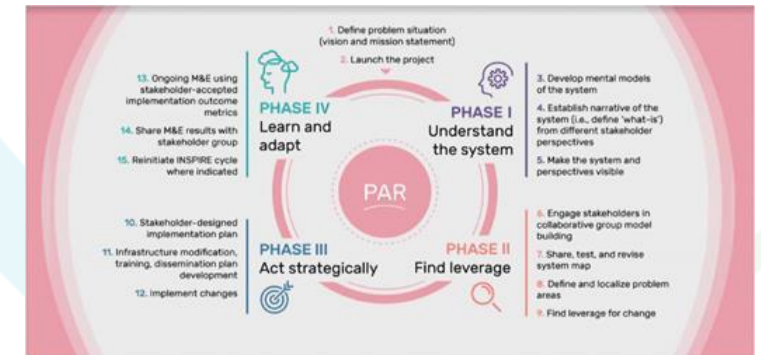
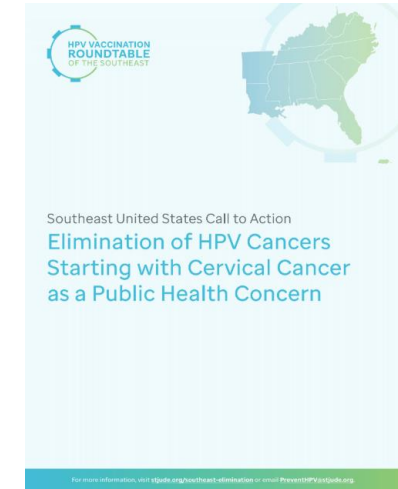
Southeast United States (U.S.) Toolkit: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern

• Rationale and Purpose

- Companion resource to the *Southeast United States (U.S.) Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern*
- Helps states develop and implement HPV cancers elimination planning efforts

• Frameworks Used

- Integrative Systems Praxis for Implementation Research (INSPIRE) (Gravitt et al., 2020) (Glasgow et al., 1999)
- Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) (Glasgow et al., 1999)



Toolkit for the Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern


- **Contents**

- Planning templates
- Implementation guides
- Practical, adaptable resources from Southeast Roundtable and OPERATION WIPE OUT

- **Highlighted Resources**

- Southeast Roundtable Elimination Fact Sheet
 - How to Access Data, such as NIS-Teen data
- Partnering to Eliminate Cervical Cancer in Alabama Presentation
- Elimination Convening Agenda

	Initiation % (95% CI)	Up to date % (95% CI)
National		
State		

 To access NIS-Teen data:

1. Go to TeenVaxView
2. Select Trend
3. Select HPV as the vaccine
4. Further select:
 - a. ≥1 Dose, Males and Females (Initiation)
5. Select the United States and assigned state within geographies
6. Select the most recent data year
7. Select the age range of 13-17 years
8. Insert the coverage percentage in the table below (Table 4)
9. Repeat by selecting:
 - a. Up to Date, Males and Females (Completion)

How to Access the Elimination Toolkit

- **Visit:** stjude.org/southeast-elimination
- **Request Access:** Complete the Toolkit Request Form available on the website.
- **Receive Toolkit Access:** Once your request is submitted, you will receive a confirmation email with full access to the complete toolkit.
- ***The toolkit will be available starting September 16, 2025.***



Southeast U.S. Call to Action

Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern


The HPV Vaccination Roundtable of the Southeast is leading efforts to eliminate HPV cancers, starting with cervical cancer. A regional implementation team has developed the elimination plan to unite partners, drive action, and set clear priorities to achieve this goal.

With great excitement and anticipation about the possibilities of elimination, the Southeast Roundtable has launched the Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern. This plan brings together experts, advocates, and communities to accelerate prevention, improve care, and move toward eliminating HPV cancers.

stjude.org/southeast-elimination

Future Updates

- **Toolkit for the Southeast United States Call to Action: Elimination of HPV Cancers Starting with Cervical Cancer as a Public Health Concern** will be updated periodically to include current data, information and resources
- All up-to-date materials can be found at stjude.org/southeast-elimination



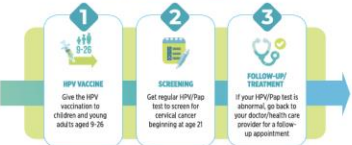
Toolkit for Promoting HPV Vaccination Within School Systems

This toolkit was developed by high school students in the Chambers County School District Health Science Career Technical Education Program (Chambers County, Alabama) as a guide to training high school students in the development and implementation of an HPV (human papillomavirus) vaccination campaign. This training is designed to equip them with the knowledge, skills, and confidence to lead an effective and engaging health campaign in their schools and communities.

CONTEXT

OPERATION WIPE OUT is a statewide initiative to eliminate cervical cancer as a public health problem in Alabama. It focuses on three strategies: HPV vaccination, cervical cancer screening, and follow-up/treatment. The Chambers County School District partnered with **OPERATION WIPE OUT** to develop, implement, and evaluate a multi-channel communication campaign to promote the HPV vaccination designed and delivered by high school students in the Health Science Career Technical Education Program.

www.operationwipeout.org



GOAL
To promote the HPV vaccination among students through peer-led education and a community awareness campaign.

TARGET AUDIENCE
Middle and high school students, parents, school personnel, and the community.

Tips for engaging the community

OPERATION WIPE OUT
How to Find Credible Health Information Online
A Guide to Identifying Trustworthy HPV and Cervical Cancer Resources

"At **OPERATION WIPE OUT**, we often get asked, "Where do I go to find accurate information on HPV and cervical cancer?" Here are some tips on finding trustworthy health information on the internet."



Essential Tips for Finding Credible Health Information

- 1 Look for websites ending in .gov or .edu**
These domains are used by government agencies and educational institutions, such as local, state, or federal health departments and universities. They typically provide accurate, up-to-date, and research-based information.
Examples: cdc.gov, alabamapublichealth.gov
- 2 Use reputable non-profit organizations**
Well-known organizations like the American Cancer Society or the Mayo Clinic often publish health information based on peer-reviewed research. These sites are excellent resources for learning about medical conditions, treatments, and prevention.
- 3 Evaluate other websites carefully**
If a site doesn't end in .gov, .edu, or belong to a recognized non-profit, check whether it cites credible sources. If it references information from trusted sites and the content aligns with what you've seen on official sources, it may still be a useful resource, especially if it presents the information in a clear and helpful way.
- 4 Always use critical thinking**
No matter where you are online, think critically about what you're reading. Ask yourself:
 - Who is providing this information?
 - What are their credentials?
 - Are they trying to sell something?
 - Do they cite reliable sources?

How to find credible health information online

Tips for Engaging Community Partners in Cervical Cancer Elimination

OPERATION WIPE OUT Champions
Here are some suggestions on talking points when engaging community partners.

- 1 Start with Shared Values, Not Just the Data**
Lead with **why this effort matters** for the people they serve – not just numbers.
 - "This is about protecting our daughters, sisters, and mothers from a cancer we can prevent."Align with their mission:
 - For **schools**: "Healthy students stay in school."
 - For **churches**: "We're called to care for our bodies and community."
 - For **clinics**: "We can reduce advanced cancer diagnoses together."
 - For **civic organizations**: "This message can be integrated in the community service you are already providing to our community."
- 2 Make the Ask Specific and Doable**
Be specific on your request. Avoid saying, "Will you help?" Instead, you can say:
 - "Would you be willing to host a screening day or share HPV vaccine info in your newsletter?"Or:
 - "How can you help us with **OPERATION WIPE OUT**, what role would you/your organization like to play?"Examples of specific partner asks:
 - Participate in planning **OPERATION WIPE OUT** activities in the community
 - Host a **health education session** or vaccine clinic
 - Distribute **flyers or materials**
 - Invite a speaker to a **staff meeting or church group**
 - Share a **story on social media**

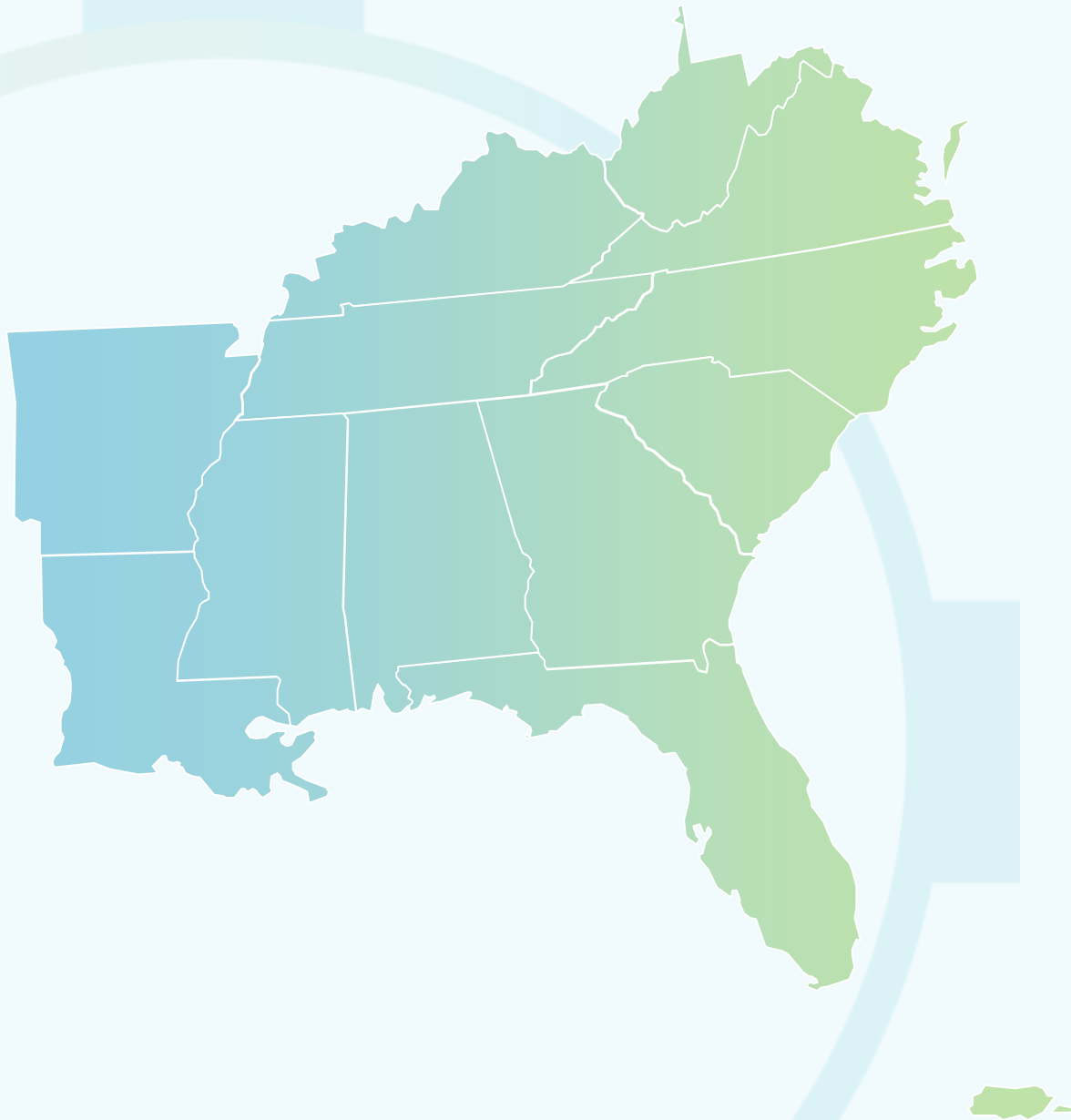
Toolkit for promoting HPV vaccination within school systems

Access these resources:





Evaluating Elimination Efforts Across the Southeast



Casey L. Daniel, PhD

Director of Epidemiology and Public Health
Associate Professor of Family Medicine
USA Whiddon College of Medicine
USA Health Mitchell Cancer Institute

HPV Vaccination Roundtable of the Southeast

Member, Steering Committee
Member, Elimination Implementation Team

Evaluation: Rationale and Purpose

- **Assess Effectiveness and Impact of the Call to Action and Toolkit**
 - Determine if Call to Action and Toolkit achieve goals and objectives
 - Measure outcomes and impacts of Call to Action and Toolkit
- **Use and Future Improvement**
 - Identify reach of the Call to Action and Toolkit and how they were used
 - Determine strengths and most utilized resources
 - Elucidate areas for improvement and future refinement
- **Framework for Action**
 - Provides regionally coordinated priorities and measurable targets.
 - Toolkit equips states with guides, templates, and technical assistance to support implementation

Evaluation: RE-AIM Framework

Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) (Glasgow et al., 1999)

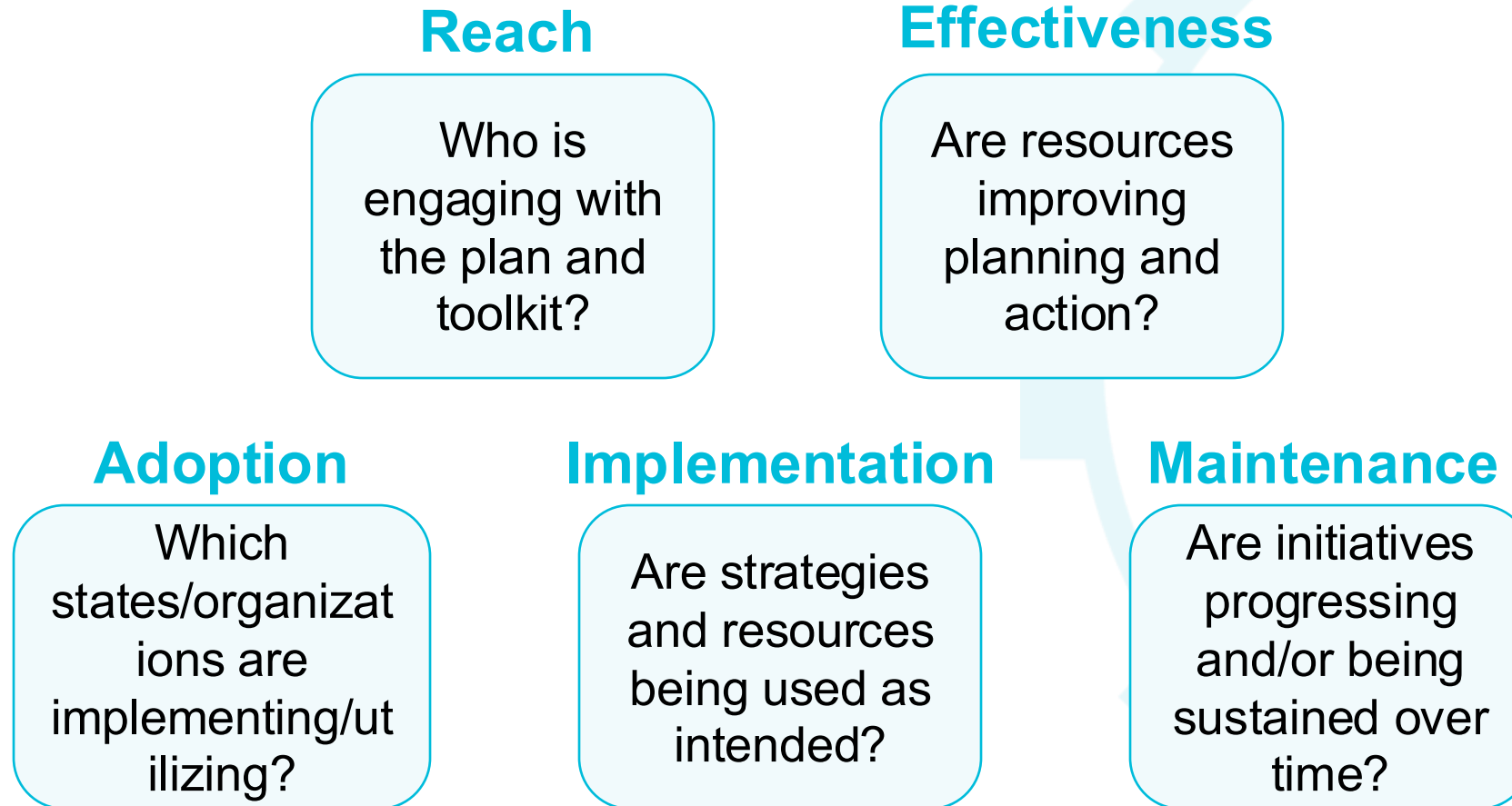
- **What is RE-AIM?**

- Widely used in implementation science to evaluate public health initiatives.
- Balances rigorous scientific methods with practical considerations.
- Offers structure for assessing both process (reach, adoption, implementation) and outcomes (effectiveness, maintenance).

- **Application to the Call to Action and Toolkit**

- Reach: Who is engaging with the plan and toolkit?
- Effectiveness: Are resources improving planning and action?
- Adoption: Which states/organizations are implementing/utilizing?
- Implementation: Are strategies and resources being used as intended?
- Maintenance: Are initiatives progressing and/or being sustained over time?

Evaluation: RE-AIM Framework



Evaluation: Timeline of Measures and Benchmarks

- **Measures**

- # of people from each state/jurisdiction engaged, visits to landing page, click on CTA, clicks/requests for TA
- # meetings held, events/ activities, policy engagement
- Integration into state cancer plans.

- **Benchmarks**

- 6-Month Check-In (March 2026): Launch survey & early feedback.
- 1-Year Check-In (September 2026): Surveys + in-depth interviews.
- Annual Check-Ins: Track adoption, reach, effectiveness.
- Monthly Office Hours: Ongoing technical assistance.

Evaluation: Importance of State-Level Evaluation

- **Why State-Level Use Matters**

- Enables states to evaluate their own elimination plans against regional benchmarks.
- Ensures strategies reflect local contexts (burden, resources, readiness).

- **Toolkit Resources Available**

- Evaluation template resources help track reach, effectiveness, and sustainability at the state level.

- **State engagement is essential to ensure progress toward HPV cancer elimination across the Southeast!**

Moderated Discussion



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Assistant Professor, Department of Public Health
Sciences Division of Epidemiology
Medical University of South Carolina (MUSC)



Robert A. Bednarczyk, PhD
Associate Professor, Hubert Department of
Global Health, Emory University Rollins School
of Public Health



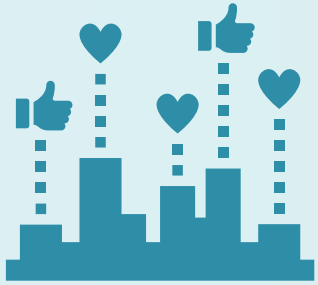
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Health Mitchell Cancer Institute



Access Mentimeter:

- Go to www.menti.com and use the code **6752 5902**
- Go to <https://www.menti.com/albfff5rfck6>
- Scan the **QR code** with your phone camera



Southeast U.S. Call to Action: Elimination of HPV Cancers Starting with
Cervical Cancer as a Public Health Concern · September 9, 2025

stjude.org/southeast-roundtable

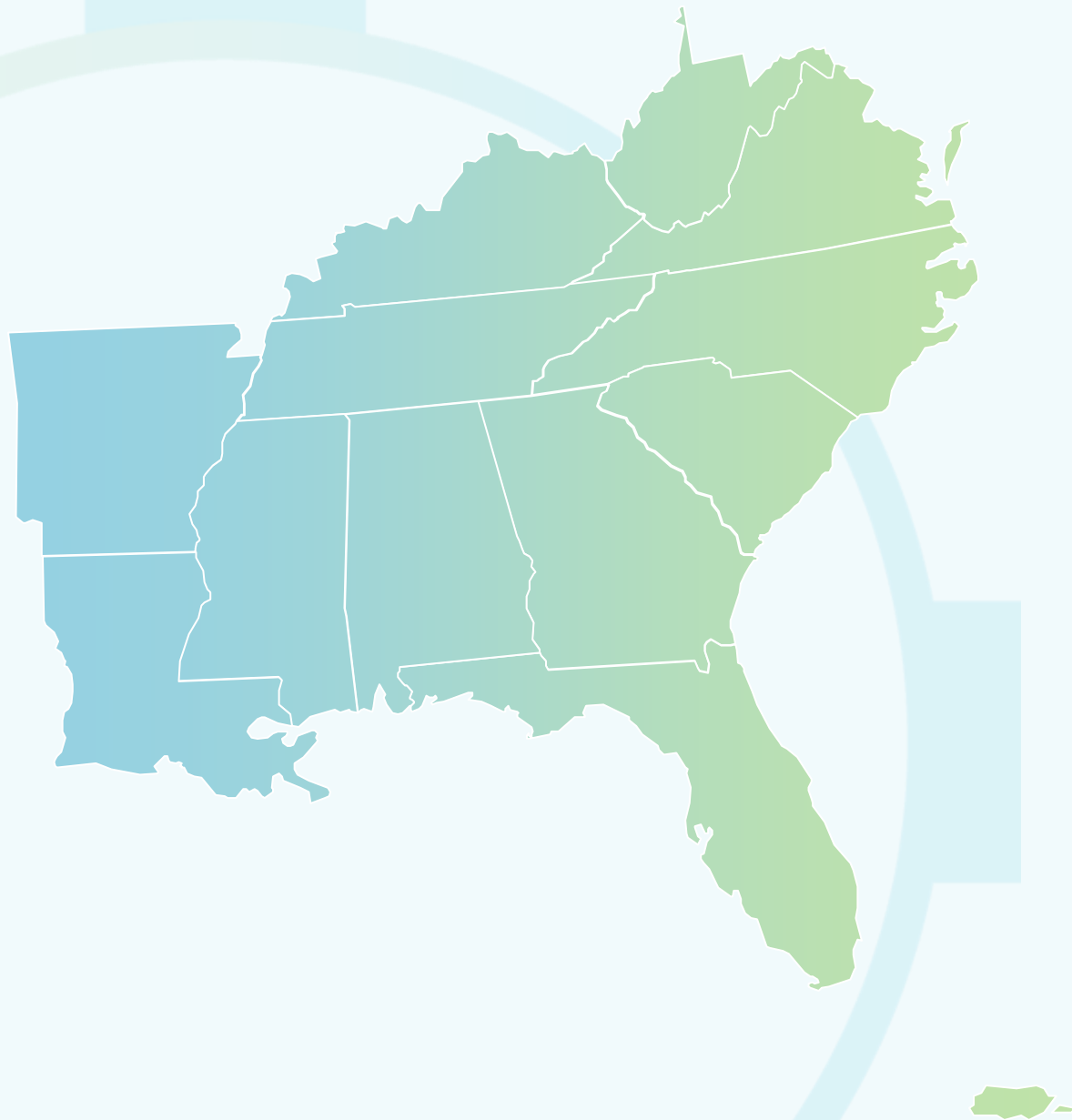


Closing Remarks

Thank you for joining us!



Please take a moment to complete the evaluation for today's session. Your feedback is essential for helping us to improve future programming!



Thank you for joining us today!

Visit stjude.org/southeast-elimination to
access resources.

Email PreventHPV@stjude.org with any
questions.