

Cutting the Bull:

Communication Strategies for Improved Outcomes

10:10 AM – 11:40 AM



Cutting the Bull:

Communication Strategies for Improved Outcomes



Moderator
Jennifer Loukissas, MPP
National Cancer Institute



Heather Brandt, PhD
St. Jude Children's Research
Hospital



Katy Head, PhD
Indiana University



John Lin
University of Washington



Dawn Crawford
BC/DC Ideas

CUTTING THE BULL: COMMUNICATION STRATEGIES FOR IMPROVED OUTCOMES

“It’s Our Way Down South”: A Regionally-tailored Communication Campaign for the Southeastern U.S.

Heather M. Brandt, PhD
St. Jude Children’s Research Hospital

HPV Vaccination Roundtable of the Southeast

June 10, 2026



Presenter: Heather M. Brandt, PhD

Financial disclosures:

- No relevant financial conflicts of interest to disclose

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Professional roles (non-financial):

- Senior Director, HPV Cancer Prevention Program, St. Jude Children's Research Hospital
- Leadership and participation in national and regional HPV vaccination initiatives and roundtables

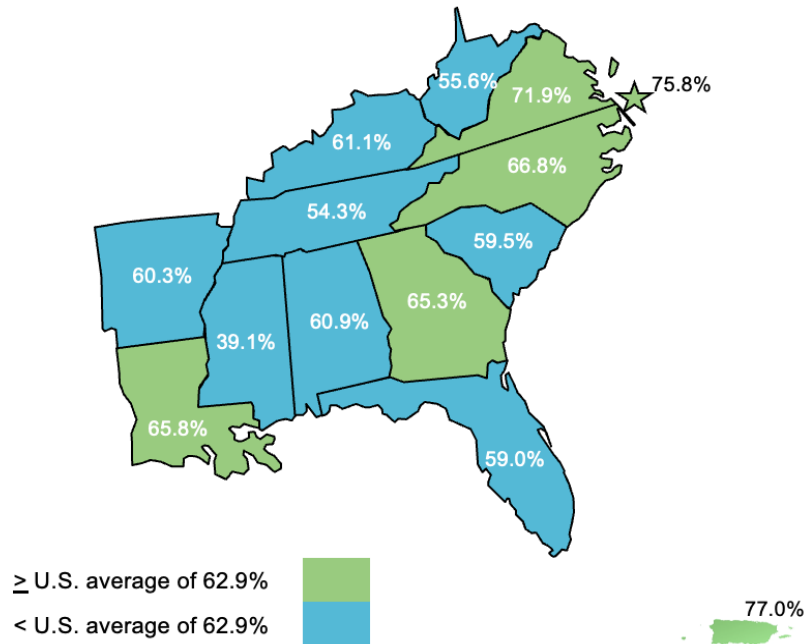
Programmatic involvement:

- Involved in development and evaluation of programming presented (including the HPV Vaccination Roundtable of the Southeast and the "It's Our Way Down South" campaign)



Opportunities for HPV Cancer Prevention in the Southeastern U.S.

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



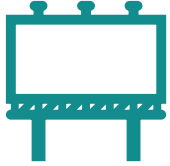
In the Southeastern U.S.:

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



Scan the QR code to access the membership form for the **Southwest Roundtable**

Southeast Roundtable Priority Actions



Communication

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



Elimination

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



Start at Age 9 and Other Best Practices

Accelerate efforts to **start HPV vaccination at age 9** and support implementation of **other best practices**



Scan the QR code to access the Box folder with materials for **Communication Priority Action**

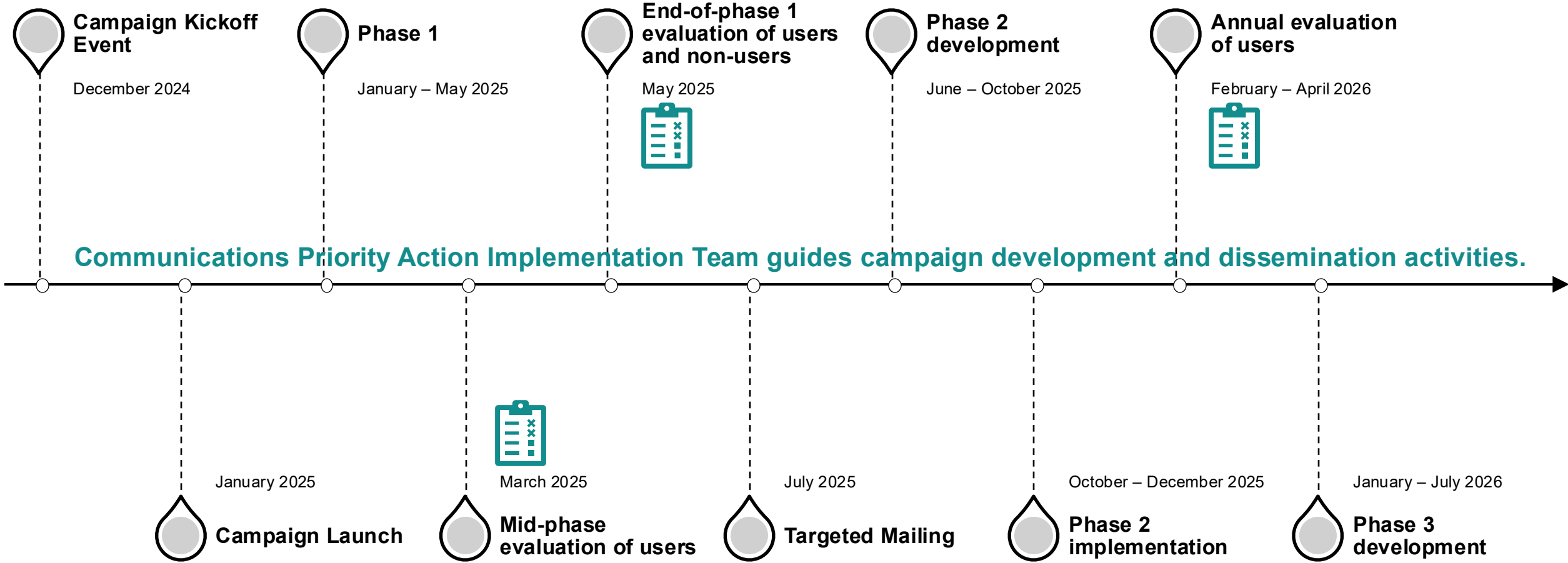
Campaign Concept: “It’s Our Way Down South”


What makes us uniquely Southern?

- Quintessential Southern characteristics: family-oriented, shared time together, "southern charm"
- State- and jurisdiction-specific characteristics: Georgia peach, a Cajun seafood boil in Louisiana, or an intense football rivalry
- Embracing Southern life – whether born here or live here
- **New southern tradition: protecting our kids from HPV cancers because it's our way down south**

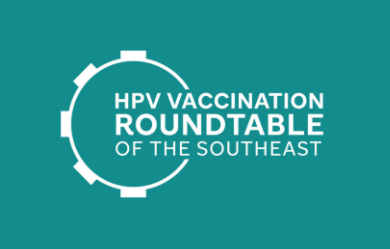
IT'S OUR WAY
DOWN SOUTH

Campaign Development and Dissemination Timeline



 Ongoing evaluation has been central to campaign refinement, development of new materials, and enhanced user experiences.

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“It’s Our Way Down South” Campaign Materials

	Digital	Print	Co-brandable
Social media images	X		X
Digital signage	X		X
Posters	X	X	X
Postcards	X	X	X
Long-form flyer	X	X	X
Badge buddies		X	
Provider pocket cards		X	
Reminder-recall cards		X	
Retractable banners		X	X
Webpage	X		

Note: Any campaign materials may be co-branded and tailored to a specific state or jurisdiction if the state or jurisdiction chooses to use the *Call to Action* elimination guide and toolkit as resources for elimination planning. The campaign materials can complement existing efforts.

“It’s Our Way Down South” Campaign Materials

Social Posts*



Posters*



Postcards*



*Select materials available in Spanish

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“It’s Our Way Down South” Campaign Materials



- Social media images
- Digital signage
- Posters
- Postcards
- Long-form flyer
- Badge buddies
- Provider pocket cards
- Reminder-recall cards
- Retractable banners

“It’s Our Way Down South” Campaign Materials

LA FAMILIA PRIMERO. CENAS DE DOMINGO.

PREVENCIÓN DEL CÁNCER POR VPH. ASÍ LO HACEMOS EN EL SUR

Protege a tus hijos con la vacuna contra el VPH.

Proteger nuestra propia vida: La vacunación contra el VPH es la prevención del cáncer.

Las personas que viven en el sur tienen menos probabilidades de ser vacunadas contra el VPH y más probabilidades de desarrollar un cáncer por VPH. Podemos cambiar esto. La vacunación contra el VPH se recomienda de forma rutinaria para todas las personas de 9 a 26 años y para algunas personas de 27 a 45 años que no fueron vacunadas cuando eran más jóvenes. La vacunación contra el VPH es segura, previene el 90% de los cánceres por VPH y proporciona una protección duradera.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

CENTRO COMPRENSIVO DE CÁNCER | Sociedad Americana Contra el Cáncer | SALUD | VOCCSPI

www.voccspr.org

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

COMIDA RECONFORTANTE. HOSPITALIDAD. PREVENCIÓN DEL CÁNCER POR VPH. ASÍ LO HACEMOS EN EL SUR

Protege a tus hijos con la vacuna contra el VPH.

La vacunación contra el VPH es prevención contra el cáncer. Escanea el QR code y conoce los centros de vacunación disponibles alrededor de toda la isla.

www.voccspr.org

CENTRO COMPRENSIVO DE CÁNCER | Sociedad Americana Contra el Cáncer | SALUD | VOCCSPI

SALSA MUSIC. RICH HISTORY. HPV CANCER PREVENTION. IT'S OUR WAY IN PUERTO RICO

Protect your child with HPV vaccination.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

MOFONGO. LA PLENA. PREVENCIÓN DEL CÁNCER POR VPH. ASÍ LO HACEMOS EN EL SUR

Protege a tus hijos con la vacuna contra el VPH.

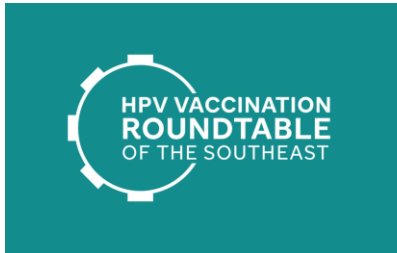
HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

CENTRO COMPRENSIVO DE CÁNCER | Sociedad Americana Contra el Cáncer | SALUD | VOCCSPI

MANATÍ Y MANANTIALES. PREVENCIÓN DEL CÁNCER POR VPH. ASÍ LO HACEMOS EN FL

Protege a tus hijos con la vacunación contra el VPH.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST



“It’s Our Way Down South” Campaign Webpage

Includes information for the general public:

- Campaign imagery (formatting edits in progress)
- Call to Action: "Talk to your health care provider"
- Emphasis on safe, effective, long-lasting
- HPV vaccination schedule, starting at age 9
- FAQs about HPV vaccination

Access the landing page:



Access “It’s Our Way Down South” Campaign Resources

How to Access the Campaign

Scan the QR code for the campaign materials request form.



How to Request Print Materials

Scan the QR code for the print materials request form (postcards/flyers, posters, badge buddies/pocket cards, reminder recall cards, pull-up banners).



“It’s Our Way Down South” Campaign Users

Who is using the campaign?

- Campaign users as of 5/26/2026 = **133**
- Campaign users from all 14 states / jurisdictions of the Southeast Roundtable
- Additional national and regional requests beyond the Southeast
- Some users have shared with colleagues and partners (and that is ok!) and some people request to take a look only (and that also is ok!)

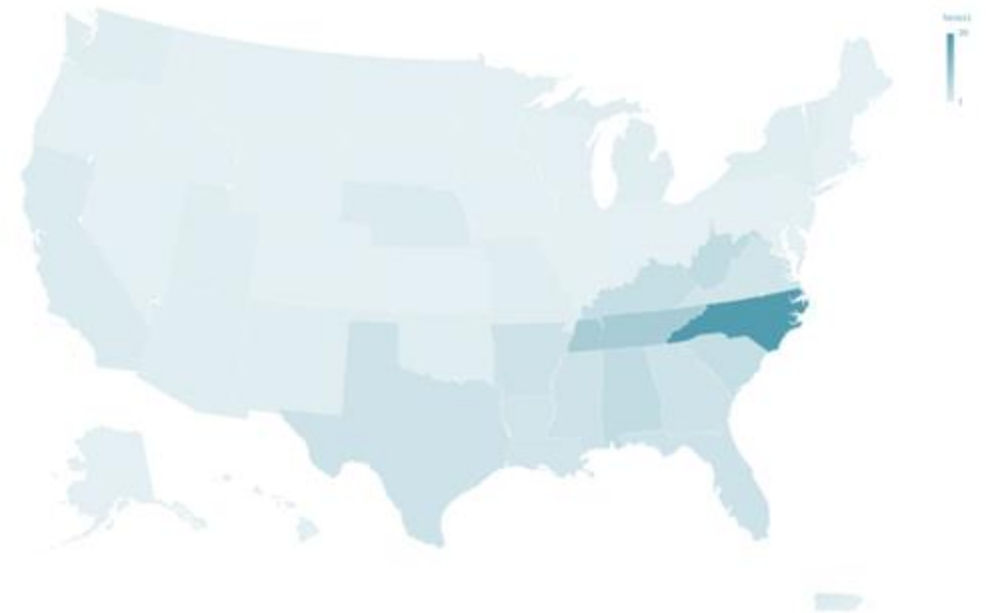


“It’s Our Way Down South” Campaign Users

- Campaign users from all 14 states / jurisdictions of the Southeast Roundtable
- Additional national and regional requests beyond the Southeast
- Campaign users as of 5/26/2026 = **133**

State / Jurisdiction / Region	#
National	5
Alabama	9
Arkansas	6
District of Columbia	3
Florida	6
Georgia	6
Kentucky	8
Louisiana	5
Mississippi	6
North Carolina	39
Puerto Rico	3
South Carolina	8
Tennessee	16
Virginia	5
West Virginia	9
Other	19

It's Our Way Down South Communication Campaign Users
As of May 2026



“It’s Our Way Down South” Campaign Users

Technical assistance sessions: Office Hours

Monthly office hours to support accessibility and usage, such as using materials, co-branding; also available by request (will monitor requests)



HPV Vaccination Roundtable of the Southeast Campaign User Guide

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“It’s Our Way in Puerto Rico” Campaign



Speakers (left to right): Lilliam Rodríguez, VOCES PR; Maria Cristi, American Cancer Society; Iris Cardona, MD, Puerto Rico Department of Health; Vivian Colón Lopez, PhD, University of Puerto Rico Comprehensive Cancer Center



Video message shared by Dr. Heather Brandt

“It’s Our Way Down South” Annual Evaluation

Annual campaign user evaluation disseminated February-March 2026

- 118 invitations, 17 completed (14% response rate)

Mid-phase user evaluation 2025	Phase 1 user evaluation 2025	Phase 1 <u>non</u> -user evaluation 2025	Annual user evaluation 2026
<ul style="list-style-type: none">• 14% response	<ul style="list-style-type: none">• 24% response	<ul style="list-style-type: none">• 4% response	<ul style="list-style-type: none">• 14% response

““The message is catchy and it draws attention to what's important to families down south.””



“It’s Our Way Down South” Annual Evaluation

Access points:

- Canva 59%
- Email 47%
- Print format 24%

Toolkit usefulness:

- *Had not yet reviewed* 18%
- Very valuable 41%
- Somewhat valuable 29%
- Somewhat unvaluable 12%

Blog usefulness:

- *Had not reviewed* 35%
- Very valuable 41%
- Somewhat valuable 18%
- Somewhat unvaluable 6%



“The materials are very helpful to provide to our partners and especially parents. Having simple, easy-to-read materials to share is a plus. They serve as reminders.”



“It’s Our Way Down South” Annual Evaluation

General Campaign (social posts, posters, flyers, digital signage):

- Downloaded by 82%
- Used by 76%

State/Jurisdiction Images:

- Most downloads/uses in North Carolina, Tennessee, Arkansas
- ~35% reports having not used the materials yet

How they were used:

- Printed 47%
- Email 41%
- Facebook 29%
- Instagram 29%

Co-branding:

- 41% have co-branded materials
- Among those who have co-branded, it has been easy



“I am pleased with the diversity of the materials.”



“It’s Our Way Down South” Annual Evaluation

Overall mean: 4.31/5

Highest-rated aspect:

- Images of children 4.65/5
- Font 4.53/5
- Design 4.35/5

Lower-rated aspects:

- Content 4.12/5
- Overall value 4.18/5
- Design of state/jurisdiction materials 4.25/5

“The graphics are attractive and always get engagement.”

What's Working?

- Eye-catching, colorful, and varied imagery
- Easy readability and appealing visuals
- Shorter copy options for social media imagery

Areas for improvement:

- Tagline confusing or stigma-inducing
- Need for easier print options
- Continued access issues
- Need reminders when new materials are available
- Need continued support for co-branding

“It’s Our Way Down South” Annual Evaluation

Similarities to previous evaluations:

- Appreciation for eye-catching, colorful imagery
- Accessibility challenges, need a simplified process
- Need for co-branding support
- Concerns about state- and jurisdiction-level taglines (too few options)

Recommendations:

- Refine taglines
- Simplify access
- Email alerts for new/updated assets;
- Expand print-ready assets
- Boost co-branding help
- Short-form social copy
- Track a simple dashboard monthly: downloads, uses, reach, and state asset uptake to guide what to produce next

“The provider placed the cards and posters in their office waiting areas and exam rooms. The parents read the literature, and they are a good conversation openers.”

“It’s Our Way Down South” Campaign Next Steps

- **Webpage:** Updated images on public-facing webpage; update vanity URLs and QR codes once webpage finalized
- **Spanish language:** Additional Spanish translations of campaign materials
- **Dissemination:**
 - Continue to identify strategies for greater reach and impact of the campaign
 - Campaign “lookbook” for promotion
- **Expand materials:**
 - Catch-up population materials
 - Update user guidance
- **Ongoing annual evaluation**
- **Start working on newly identified strategies**



“It’s Our Way Down South” Campaign Lookbook

LET’S GET SOCIAL

Social Media Posts

Utilizing owned media channels, like social media platforms, is a cost-efficient way to reach our audience. There are a few options available to share the importance of HPV vaccination, emphasize Southern values like family and community, and encourage timely action.

These messages can be:

- Included in single-image posts, carousel posts, stories, or even made into videos on Instagram and Facebook.
- Used in paid social media ads or boosted posts to increase reach.
- Tailored with local vaccination rate data to enhance relevance and urgency.

06

YOU’VE GOT MAIL!

Direct Mail Postcards

Sending personalized direct mail pieces to current patients, interested parties, or partners can improve overall awareness of HPV vaccination and recall of the campaign. You can utilize your own mail lists or even purchase prospecting lists for a broader audience. These can be printed with professional printers and are sized for standard mailing with USPS. These postcards are written for a general Southeastern audience but can be customized with your own logo(s), if desired.

07

CLOSE TO HOME

State Assets

State-specific assets allow you to tailor campaign messaging to the unique identity, culture, and data of your region. By referencing local risk factors, or state pride, these materials make the message feel personal and immediate. Localized messaging strengthens trust—and trust strengthens action.

State assets can be:

- Shared on state health department social channels.
- Used in partnerships with local clinics and community leaders.
- Customized with state-level vaccination or cancer data.
- Adapted for rural, urban, or culturally specific audiences.

17

Note: Not final; for illustrative purposes only

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“It’s Our Way Down South” Campaign Materials for Catch-up Population

Beth Oliva
35 min

Long days. Big dreams. A whole future ahead of you. HPV vaccination is proven to prevent 90% of cancers caused by HPV—and it’s recommended for everyone through age 26. If you missed it before, now’s your time to catch up. The decision to protect your future is in your hands.

STUNNING SUNSETS. SWEET TEA.
HPV CANCER PREVENTION.
IT'S OUR WAY DOWN SOUTH
Protect yourself from 6 cancers with HPV vaccination.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

Like Comment Share

Beth Oliva
35 min

Homegrown values mean taking responsibility for your health. HPV vaccination is safe, effective, and recommended for young adults up to age 26. It protects against six types of cancer and provides long-lasting protection. If you haven't started or finished the series, you may still be able to catch up.

HOMETOWN VALUES. HEARTFELT KINDNESS.
HPV CANCER PREVENTION.
IT'S OUR WAY DOWN SOUTH
Protect yourself from 6 cancers with HPV vaccination.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

Like Comment Share

Beth Oliva
35 min

Between brunch and busy schedules, your health deserves a spot on the calendar. HPV vaccination is recommended for everyone through age 26. It's safe, effective, and proven to prevent 90% of cancers caused by HPV. Catching up now can protect you for years to come.

SOUTHERN CHARM. SUNDAY BRUNCH.
HPV CANCER PREVENTION.
IT'S OUR WAY DOWN SOUTH
Protect yourself from 6 cancers with HPV vaccination.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

Like Comment Share

Beth Oliva
35 min

New cities. New goals. New chapters. HPV is common among young adults, and many don't realize they're at risk. Vaccination helps prevent 90% of cancers caused by HPV and is widely available at health centers, clinics, and some pharmacies. Don't wait—protect your future.

ROAD TRIPS. HIDDEN GEMS.
HPV CANCER PREVENTION.
IT'S OUR WAY DOWN SOUTH
Protect yourself from 6 cancers with HPV vaccination.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

Like Comment Share

Beth Oliva
35 min

True grit means taking action when it matters. HPV vaccination is proven safe and effective, with long-lasting protection against six types of cancer. If you're 26 or younger, you may still be eligible. Choose to protect yourself.

STRONG SPIRIT. TRUE GRIT.
HPV CANCER PREVENTION.
IT'S OUR WAY DOWN SOUTH
Protect yourself from 6 cancers with HPV vaccination.

HPV VACCINATION ROUNDTABLE OF THE SOUTHEAST

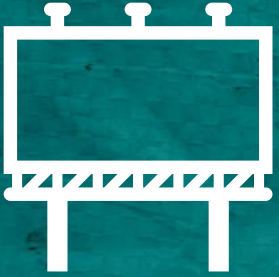
Like Comment Share

Note: Not final; for illustrative purposes only

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Planning for the Future: Communications Action Plan 2026-2028



Continue to disseminate the “It's Our Way Down South” regional communication campaign and develop an HPV vaccination resource hub.

1. Promote the utility of the “It's Our Way Down South” communication campaign among state- and jurisdiction-level partners in the Southeastern U.S. to further reach and impact.
2. Expand communication and educational materials available as part of the “It's Our Way Down South” communications campaign.
3. Develop a resource hub or repository to house HPV vaccination resources for health care providers and public health professionals.

Access “It’s Our Way Down South” Campaign Resources

How to Access the Campaign

Scan the QR code for the campaign materials request form.



How to Request Print Materials

Scan the QR code for the print materials request form (postcards/flyers, posters, badge buddies/pocket cards, reminder recall cards, pull-up banners).



Thank you!

Heather M. Brandt, PhD
St. Jude Children's Research Hospital

Join us!



Scan the QR code
to access the
membership form
for the **Southeast
Roundtable**

St. Jude Children's Research Hospital provides backbone financial and programmatic support for the HPV Vaccination Roundtable of the Southeast. This work was supported by the American Lebanese and Syrian Associated Charities (ALSAC) of St. Jude Children's Research Hospital.





Thank You

The Importance of Communication in Addressing HPV and Cervical Cancer: Past, Present, and Future

Katharine J. Head, PhD

Department of Communication Studies

IU Simon Comprehensive Cancer Center – Office of Community Outreach and Engagement

IU Center for HPV Research

Indiana University Indianapolis

Indianapolis, IN



Disclosures

Academic

Received investigator-initiated research funding from *Merck*, administered through Indiana University

Consultant (unpaid)

Serves as an unpaid board member to the *Indiana Immunization Coalition*
Serves as an unpaid member of the Committee of Scientific and Medical Advisors for *Vaccinate Your Family*

A Trip Down Memory Lane

A Little Personal History

- Appalachian Kentucky
- Social marketing campaign in region to educate/reduce barriers
- Clinical Intervention
 - DVD
 - Nurse follow-up call
- Women in intervention arm ***2.44 times more likely to complete series***



A Little Shared History

Year	Month	Agency	Vaccine	Recommendation/Approval
2006	June	FDA	4vHPV	Approved vaccine for use in females 9–26 years of age
	June	ACIP	4vHPV	Recommended routine vaccine for females 11–12 years; catch-up 13–26 years; can be started at age 9
2009	October	FDA	2vHPV	Approved vaccine for use in females 10–25 years of age
	October	ACIP	2vHPV	Recommended vaccination for females 11–12 years; catch-up 13–26 years; can be started at age 9
	October	FDA	4vHPV	Approved vaccine for use males 9–26 years of age
	October	ACIP	4vHPV	Recommended vaccination may be given to males age 9–26 years – did not recommend routine vaccination
2011	October	ACIP	4vHPV	Recommended routine vaccination for males 11–12 years; catch-up 13–21 years and catch-up 22–26 years for men who have sex with men (MSM) or are immunocompromised; can be started at age 9
2014	December	FDA	9vHPV	Approved use in females 9–26 years of age
			9vHPV	Approved use in males 9–15 years of age
2015	February	ACIP	9vHPV	Recommended routine vaccination for females 11–12 years; catch-up 13–26 years; can be started at age 9
	December	FDA	9vHPV	Recommended routine vaccination for males 11–12 years; catch-up 13–21 years and catch-up 22–26 years for MSM and men who are immunocompromised; can be started at age 9
			9vHPV	Approved use in males 16–26 years of age
2016	October	FDA	9vHPV	Approved use of a two-dose option for males and females 9–14 years
2018	June	FDA	9vHPV	Approved use in females and males 27-45 years of age
2019	June	ACIP	9vHPV	Recommended catch-up vaccination for females and males 13-26 years of age Shared clinical decision-making vaccination for females and males 27-45 years of age

What can history tell us?

- HPV vaccines were originally only marketed for girls to prevent cervical cancer
- Recommended for adolescents 11-12 years old...for a vaccine against an STI
- Lots of changed guidelines in ~20 years
 - Patient sex
 - Patient age
 - Dose #s
 - Even what it's indicated for



Source: HPV Roundtable

A Little Shared History

Annual Pap
Age 21-70



Before Age 25	No Screening	
Age 25-65	Pap test alone	Every 3 years
	Co-testing	Every 5 years
	Self-collected HPV testing	Every 3 years
Over 65	Stop testing if last 2 tests are normal	

What can history tell us?

Pap test

- “To make sure it’s normal”
- “Make sure that everything – all your lady parts is correct”
- “Check for ovarian cancer, I can’t remember...uterine cancer and stuff like that”

HPV test

- “I’m lost, I’m confused. I don’t know if it’s good or bad.”
- “Shocked...the HPV kind of threw me for a loop because I never heard of that one before.”
- “I don’t really know [how to feel].” (Any concerns about engaging in sex after hearing the results?) “No. It’s not contagious, is it?”

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Check for updates

Women’s understanding of their Pap and HPV test results: implications for patient-provider communication

Katharine J. Head , Teresa M. Imburgia , Gregory D. Zimet  and Marcia L. Shew 

^aDepartment of Communication Studies, Indiana University-Purdue University Indianapolis, Indianapolis, IN, USA; ^bDepartment of Pediatrics, Indiana University School of Medicine, 410 W 10th Street, HS 1001, Indianapolis, IN 46202, USA

ABSTRACT
Background: As changing guidelines for cervical cancer detection incorporate more human papillomavirus (HPV) testing along with Papanicolaou (Pap) smear testing (“co-testing”) in clinical practice, there is a need to evaluate patient understanding of these two tests.
Methods: Thirty women (mean age = 27.8 years; 90% African-American) with low SEC status were recruited for two clinical research visits; a Pap test and cervical HPV test were performed at the first visit and a doctor shared the test results (i.e. Pap and HPV test) at the second. Then, a semi-structured interview focused on participants’ recall of the discussion with the provider as well as their general understanding of the tests.
Results: Findings revealed participants were familiar with the Pap test and were proactive about receiving the test, despite lacking accurate knowledge about the purpose of the test. On the other hand, when participants expressed confusion and anxiety about the HPV test, patient-provider communication helped to ease some of these concerns. Patients expressed a range of ability in reconciling how the two tests were connected, what the two results meant together, and why both are needed.
Conclusions: This qualitative data suggests important gaps in women’s understandings of Pap test and HPV test results, especially when used together in a clinical visit. There is a need to address this lack of understanding as the use of co-testing in clinical practice increases. Implications for improved communication strategies between patients and providers about how to share and interpret Pap test and HPV test results in the clinical setting are discussed.

KEYWORDS
Human papillomavirus; HPV; HPV test; Pap test; health literacy; patient-provider communication

Introduction

With changing guidelines for cervical cancer that incorporate more human papillomavirus (HPV) testing along with Papanicolaou (Pap) testing in clinical practice, the need to understand providers and patients’ communication about these test results and the subsequent clinical management of abnormal and positive tests is crucial. The current study seeks to assess women’s understanding of their personal Pap test and HPV test results, which has implications for how providers can more clearly communicate test results.

over the last 50 years.^{5,6} However, the incidence of cervical cancer in many high income countries has leveled off.⁷ Given that persistent HPV infections are necessary for the progression to HPV-related cervical cancers, the use of molecular testing for the detection of HPV has become increasingly important.

Unlike Pap tests, HPV tests can differentiate high-risk, oncogenic HPV types from low-risk types not associated with cancer. The HPV test was first recommended in 2001 guidelines as a triage for abnormal Pap tests.⁸ Subsequently, cervical cancer screening with an HPV test and Pap test (co-testing) has been recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American Cancer Society (ACS) since 2003.^{9,10} Owing to the HPV test’s high sensitivity, current screening guidelines by the U.S. Preventive Services Task Force endorse co-testing every 5 years as an alternative to Pap testing every 3 years for women 30 to 65 years-old.¹¹ Nevertheless, patient and healthcare provider (HCP) surveys suggest that adoption of co-testing and the expansion of testing intervals has been slow and inconsistent.¹²⁻¹⁴ However, as more physicians implement these practices, many women will learn that they are infected

HPV and cervical cancer screening

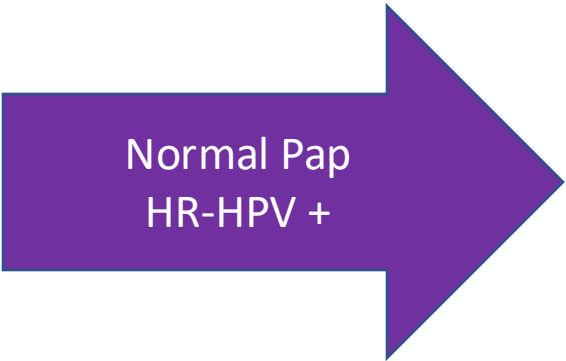
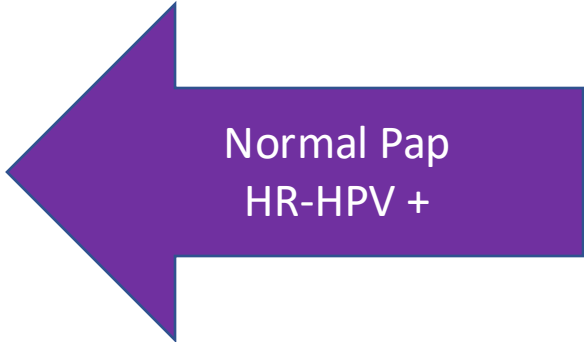
HPV is the most common sexually transmitted infection (STI) in the world, with a lifetime probability of acquisition close to 85% for women who have at least one sex partner.^{1,2} Almost all cervical cancer, the second most common cancer in women ages 15-44 years, can be attributed to a high-risk HPV infection.^{3,4}

The Pap smear test allows for the detection of treatable precancerous lesions on the cervix often linked to HPV infections and has significantly reduced the burden of cervical disease in industrialized nations

CONTACT Katharine J. Head  head@iupui.edu ^aDepartment of Communication Studies, IU School of Liberal Arts at IUPUI, 307C Cavanaugh Hall, 425 University Blvd, Indianapolis, IN 46202, USA.
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Interviewer: And what was your result today?
P9: The positive for the HPV16. Something I didn't expect.
Interviewer: Does it kind of explain the other abnormal Pap smears [you've had]?)
P9: I don't know, because this Pap smear came back normal.



Interviewer: And why do you think Pap tests are done with HPV testing?
P2: I don't know.
Interviewer: Is this the result that you expected today?
P2: I guess. I mean, is that good?

Where are we now?

The Playing Field



HPV
Vaccination



Cervical Cancer
Screening



Follow-up After
Results



HPV Vaccination: Current Rates

- United States up-to-date HPV vaccination rate for teens: **62.9%**
- Healthy People 2030 Goal: **80%** Coverage for Effective Herd Immunity

17% gap

HPV Vaccination: Missed Opportunities

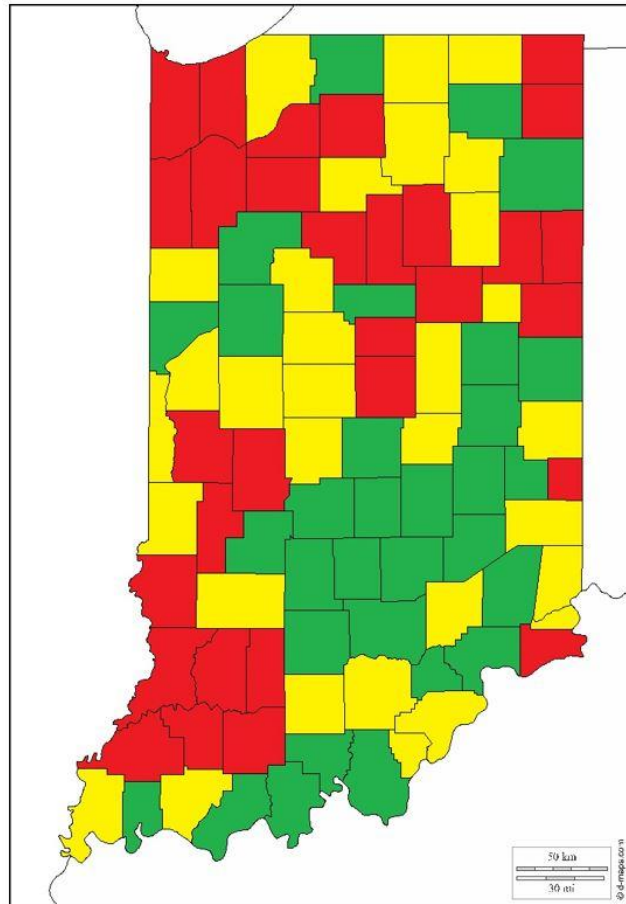
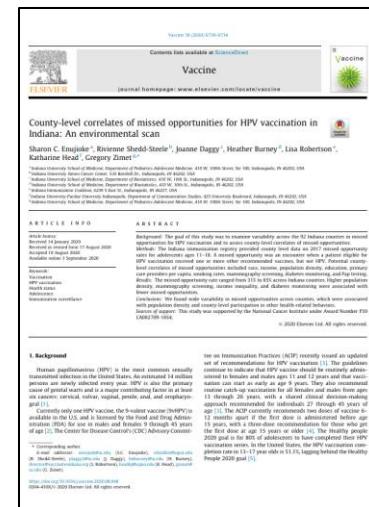


Figure 1: HPV Missed Opportunities by County. Green: $\leq 53\%$ missed opportunities. Yellow: $\geq 0.54 - 0.65$ missed opportunities. Red: ≥ 0.66 missed opportunities.

Missed opportunities for HPV vaccination in Indiana by county

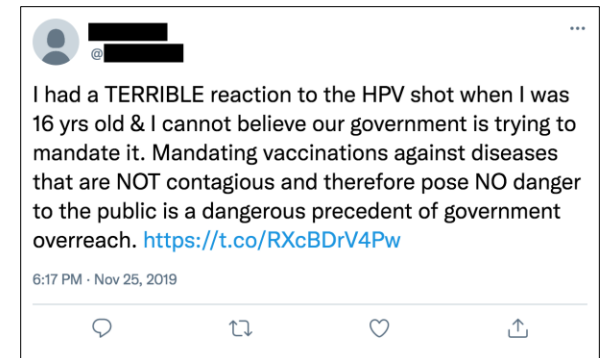
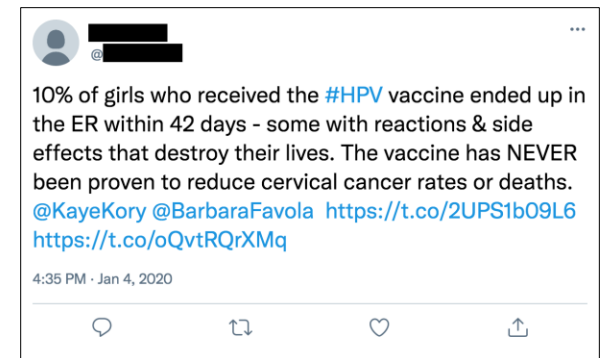
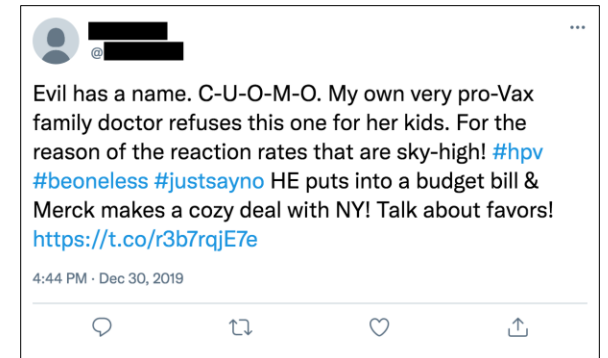
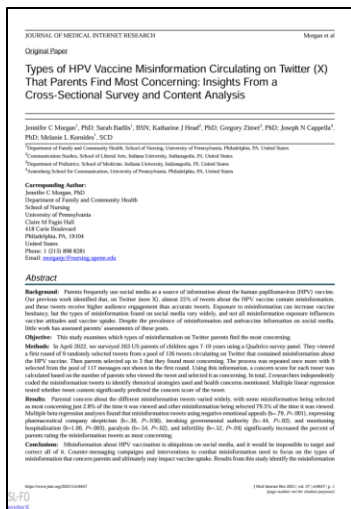
- **Green:** $\leq 53\%$
- **Yellow:** 54% - 65%
- **Red:** $\geq 66\%$



Social Media and Vaccine Mis/Disinformation

Example: Twitter and HPV Vaccination

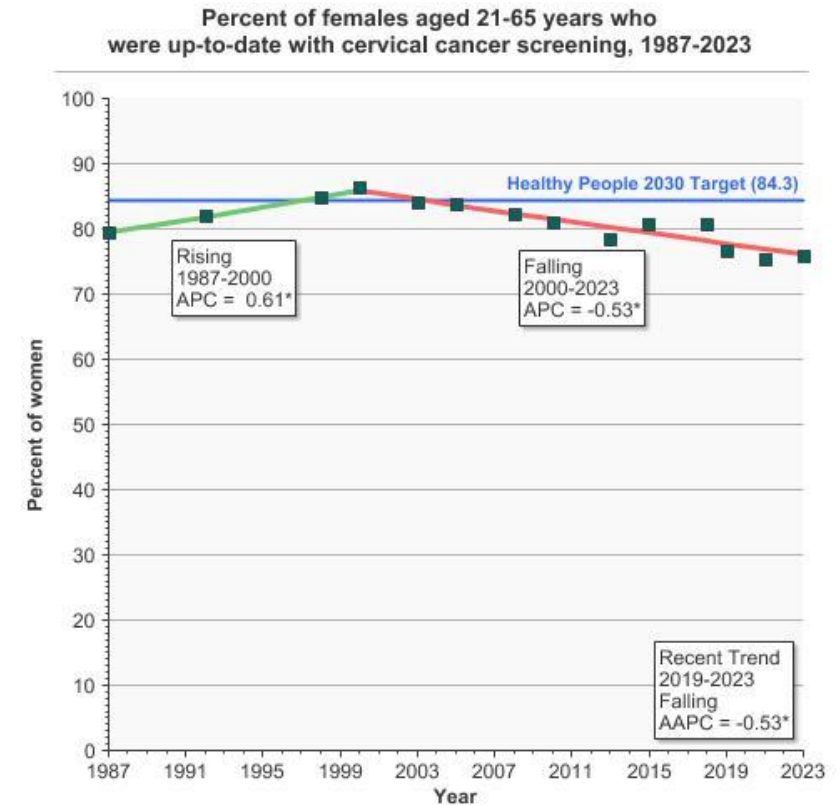
- In a recent analysis, we found that **24%** of Tweets about HPV vaccination contained misinformation.
- Most of those tweets were about **adverse health effects from the vaccine**.
- Follow-up study found that **parents said most concerning are:**
 - Neg emotional appeals, Gov't authority, hospitalization



Cervical Cancer Screening: Current Rates

- United States up-to-date CC rate: **75.8%**
- Healthy People 2030 Goal: **84.3%**

8.5% gap



HP 2030 Target C-09: 84.3%
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey.
Data are age-adjusted to the 2000 U.S. standard population using age groups: 21-34, 35-44, 45-65.
For 2013 and before, up-to-date with cervical cancer screening was defined as having a Pap test within the past 3 years. For 2014-2018, up-to-date is defined as having a Pap test within the past 3 years for all women aged 21-65 years, with or without an HPV test in the past 5 years for women aged 30-65 years. For 2018 onwards, in women aged 30 to 65 years, up-to-date is also defined as having an HPV test alone within the past 5 years.
Weighted regression lines are calculated using the Joinpoint Trend Analysis Software, Version 5.1 April 2024, National Cancer Institute.
The Average Annual Percent Change (AAPC) is a weighted average of the Annual Percent Change (APC) estimates that occur over the specified year range.
* Denotes statistical significance.

Cervical Cancer Screening Follow-up

- Data desert...we don't know.
- ***What do we know?***

<p align="center">Cervical Cancer Screening Follow-Up (CCF-E)*</p> <p align="center"><small>*Developed with support from the Centers for Disease Control and Prevention (CDC) through Cooperative Agreement NU380T000303 with the National Network of Public Health Institutes (NNPHI).</small></p> <hr/> <p align="center">SUMMARY OF CHANGES TO HEDIS MY 2025</p> <hr/> <p>• This is a first-year measure.</p>	
Description	The percentage of members 21–64 years of age with possible or confirmed higher-risk cervical cancer screening results who receive follow-up within 90 days.
Measurement period	January 1–December 31.
Clinical recommendation statement	<p>Research estimates that the probability of an abnormal cervical cancer screening finding is around 4%–5% (Barlow et al., 2019). Within the United States, a review of studies spanning from 1998–2017 concluded that fewer than 75% of women undergo timely follow-up after an abnormal cervical cancer screening (Doubeni et al., 2018). Studies found a higher chance of developing cancer, experiencing advanced stages of cancer or facing mortality when the time between receiving a positive screening and undergoing diagnostic testing increases (Doubeni et al., 2018). Individuals belonging to low-income groups, with lower levels of education and from minority backgrounds have the lowest adherence rates. Studies report adherence rates as low as 20%, but rates typically range between 50% and 70%. The lower rates of adherence observed among underserved women may play a role in the disproportionately higher incidence and mortality rates of cervical cancer among minority women, who face challenges in accessing adequate health care services (Miller et al., 2017).</p> <p>The American Society for Colposcopy and Cervical Pathology (2019) recommends cervical cancer screening follow-up, according to cervical health scenarios based on human papillomavirus (HPV) status and cytology findings.</p>
Citations	<p>Barlow, W.E., E.F. Beaber, B.M. Geller, et al. 2019. "Evaluating Screening Participation, Follow-Up, and Outcomes for Breast, Cervical, and Colorectal Cancer in the PROSPR Consortium." <i>J Natl Cancer Inst.</i> 112(3):238–46. doi:10.1093/jnci/djz137</p> <p>Doubeni, C.A., N.B. Gabler, C.M. Wheeler, et al. 2018. "Timely Follow-Up of Positive Cancer Screening Results: A Systematic Review and Recommendation from the PROSPR Consortium." <i>CA Cancer J Clin.</i> 68(3):199–216. doi:10.3322/caac.21452</p> <p>Miller, S.M., E.K. Tagai, K.Y. Wen, et al. 2017. "Predictors of Adherence to Follow-Up Recommendations After an Abnormal Pap Smear Among Underserved Inner-City Women." <i>Patient Educ Couns.</i> 100(7):1353–9. doi:10.1016/j.pec.2017.01.020</p> <p>Perkins, R.B., R.S. Guido, P.E. Castle, et al. 2020. "2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening</p>

Cervical Cancer Screening Follow-up

FREQUENCY OF CLINICS COMMUNICATING CERVICAL CANCER SCREENING RESULTS								
	Pap Result				HPV Result			
	Normal		Abnormal		Negative		Positive	
	n	%	n	%	n	%	n	%
Always	42	82.4	51	100	39	78	48	96
Sometimes	6	11.8			9	18	2	4
Never	3	5.9			2	4		

Note. One clinic is missing from the positive HVP results statistics, because the respondent chose to skip the questions based on lack of knowledge.

69% of clinics (n = 35) used phone call to communicate test results



Cervical Cancer Screening Follow-up

MESSAGE CONTENT TO PATIENTS ABOUT CERVICAL CANCER SCREENING RESULTS					
Abnormal Pap Result ^a			Positive HPV Result		
	n	%		n	%
Type of Abnormality Always Explained	42	82.4	HPV Strain Always Explained ^b	19	37.3
Sometimes, if High Risk	6	11.8	High/Low HPV Risk Always Explained ^c	22	43.1
Never	3	5.9	Explanation Sometimes Provided	5	9.8
			Never	4	7.8

Note. ^aThe most common types of abnormal Pap test results include HSIL, LSIL, and ASCUS. ^bThe common types of HPV tested for include HPV 16 and HPV 18 strains. ^cHPV can be designated high risk (oncogenic) or low risk (causing genital warts).

70% of clinics (n = 36) always communicate Pap and HPV test results together at the same time



Cervical Cancer Screening Follow-up

- “Beyond the need to identify effective strategies for *communicating test results in a way that patients understand and are able to act on*, it must also be recognized that simply identifying ways to *actually reach patients again is a challenge.*”

HEALTH COMMUNICATION
2020, VOL. 33, NO. 7, 813-821
<https://doi.org/10.1080/10410236.2019.1593079>

Routledge
Taylor & Francis Group

Check for updates

Communicating Cervical Cancer Screening Results in Light of New Guidelines: Clinical Practices at Federally Qualified Health Centers

Katharine J. Head , Nicole L. Johnson*, Susanna Foxworthy Scott^{†‡}, and Gregory D. Zimet 

*Department of Communication Studies, Indiana University-Purdue University Indianapolis; †Division of Clinical Pharmacology, Indiana University School of Medicine; ‡Division of Adolescent Medicine, Indiana University School of Medicine

ABSTRACT
New guidelines for cervical cancer screening (CCS) incorporate both HPV and Pap tests, and there is a need to understand communication of these cotesting results to patients, especially in at-risk populations disproportionately affected by cervical cancer. This study used computer-assisted telephone interviews in 2017 at 51 federally qualified health centers (FQHCs) in Indiana to evaluate the characteristics of clinical communication CCS results to women. Results revealed that clinical communication practices varied on channel, timing, and content. Almost half of the clinics ($n = 23$, 45%) communicate results to patients by phone. Most clinics ($n = 47$, 92%) notify patients of results in two weeks or less. For cotesting, 70% ($n = 36$) always communicate Pap/HPV results at the same time. The majority of clinics ($n = 42$, 82%) explain the type of abnormal Pap test, while only 43% ($n = 22$) discuss the cervical cancer risk as indicated by the HPV test result. Even though 98% ($n = 48$) of participants rated their communication strategy as effective, qualitatively participants acknowledged difficulties in communicating cotesting results with their often transient and low health literate patients populations. These results indicate considerable variation and potential deficits in clinical communication of cotesting results in FQHCs, but several promising communication strategies were identified that may inform improved screening communication for other clinics.

Introduction
Despite relative success in implementing cervical cancer screening (CCS) in the United States, disparities still exist in disease incidence and mortality. With changing clinical guidelines for screening, we know little about the communicative practices of delivering CCS results and challenges for clinics who serve women from vulnerable populations. This study reports on interviews conducted with providers at 51 Federally Qualified Health Centers (FQHCs) in Indiana and describes their clinical practices for communicating CCS results to women, including information about timing, content, and source of message.

Cervical cancer screening and disparities
Virtually all cervical cancer can be attributed to a high risk HPV infection (National Cancer Institute, 2015). Two CCS tests are currently used by clinics: the Papanicolaou (Pap) test and a molecular test for the detection of HPV. Widely implemented into clinical practice by the 1960s, the Pap test is credited with a cervical cancer decline of 75% in American women, and until recently was the clinical standard for CCS (CDC, 2016b; Safaean, Solomon, & Castle, 2007; Shaw, 2000). With the recent development of HPV testing to differentiate high-risk, oncogenic HPV types from low-risk types not associated with cancer, leading groups like the U.S.

Preventive Services Task Force and the American College of Obstetricians and Gynecologists (ACOG) issued new clinical guidelines in 2012. These evidence-based guidelines incorporate HPV testing as a regular part of screening and advise the concurrent use of Pap testing and HPV testing (hereafter referred to as cotesting) and longer intervals between screening for women 30–65 years of age (see ACOG, 2017 and USPSTF, March 2012). These updated guidelines allow doctors to more accurately detect cervical cancer risks in women, while reducing unnecessary procedures that may result from too frequent screening. Acceptance of and adoption of these new guidelines has been inconsistent (Hawkins et al., 2013; King, Kasper, Daggy, & Edmonds, 2014; Roland et al., 2013). Regardless, as implementation rates increase, more women will learn that they are infected with HPV and will need to understand what an HPV test means in relationship to the concurrent Pap test and to cervical cancer.

Although over 11,000 women are diagnosed with cervical cancer annually in the United States (CDC, 2016a), this cancer could be virtually eliminated through screening and vaccination. Previous research by our team and others reveals that women in the U.S. have relatively poor knowledge about these two tests, including how HPV and cervical cancer are connected, and how and why these two tests are used together (Bynum, Wright, Brandt, Burgis, & Bacon, 2009; Daley et al., 2013; Head, Imburgia, Zimet, & Shew, 2017;

CONTACT Katharine J. Head  headkj@iupui.edu  Department of Communication Studies, Indiana University-Purdue University Indianapolis, 307C Cavanaugh Hall, Indianapolis, IN 46202, USA.
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Where do we go from here?

Communication is Key



Communication is Key

“We're having serious conversations right now about whether this ought to be a special initiative at NIH to **put more research into health communications** and how best to frame those [messages]...Because I **don't think you could look at the current circumstance now and say it's gone very well.**”

(Dec 2021)



The image shows a screenshot of a social media post from the 'Unbiased Science Podcast'. The post is dated '1d' and includes a globe icon. The text of the post discusses a 'Substack' preview and mentions 'arriving at the same idea: the messages that actually land are the ones tailored to the person.' It also mentions 'seven personas' and 'seven different conversations'.

Unbiased Science Podcast
1d · 🌐

In our latest Substack, we share a preview of something we have been working on for a while.

After reading the literature, sifting through six years of social media comments and conversations, and going through our survey and interview data, we keep arriving at the same idea: the messages that actually land are the ones tailored to the person. Not to a demographic or a political label, but to the worry or the doubt or the experience underneath the question they are asking.

So we sketched out seven personas, the patterns we see again and again, along with what tends to help in each case. One evidence base, seven different conversations. We built it for clinicians and pharmacists, but it is just as much for anyone who has tried to talk this through with someone they love.



Former NIH Director Francis Collins

[WHO, 2019](#); [MSNBC/Velshi, 2021](#); [NPR/Simmons-Duffin, 2021](#); [Unbiased Science](#)

The Playing Field



HPV
Vaccination



Cervical Cancer
Screening



Follow-up After
Results



Looking Ahead

HPV Vaccination

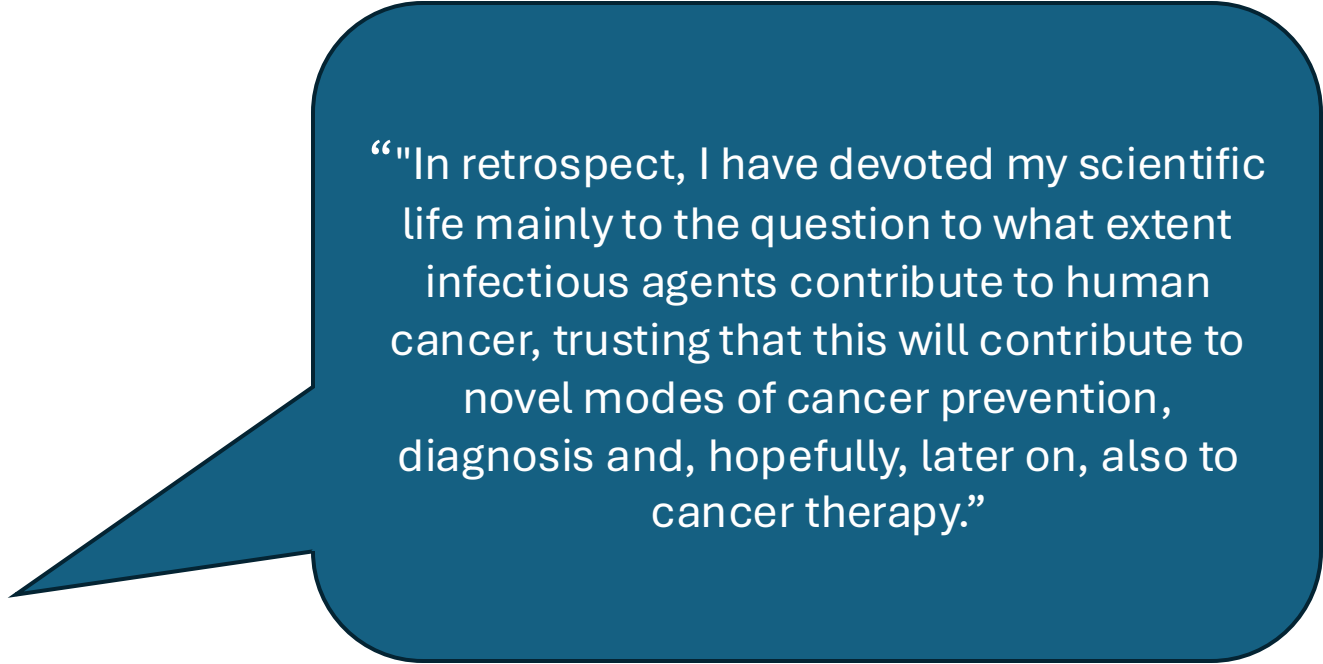
- Strong Provider Recommendations
- No missed opportunities
- Address Social Media Misinformation

Cervical Cancer Screening

- No missed opportunities
- Explain test(s) and what they mean
- Offer self-sampling

Follow-up After Results of Screening

- Ensure follow up system for hard-to-reach populations
- Connect people to services
- Implement quality improvement metrics



“In retrospect, I have devoted my scientific life mainly to the question to what extent infectious agents contribute to human cancer, trusting that this will contribute to novel modes of cancer prevention, diagnosis and, hopefully, later on, also to cancer therapy.”

Harald zur Hausen

2008 Nobel Prize in Medicine for Discovering
HPV-Cancer Link



Thank You

HPV Self-Collection: Prioritizing Support of FQHCs

John Lin
2026 June 9



Relevant Financial Disclosures

- Grant support from NCI and NIMHD
- Travel expenses from the American Cancer Society

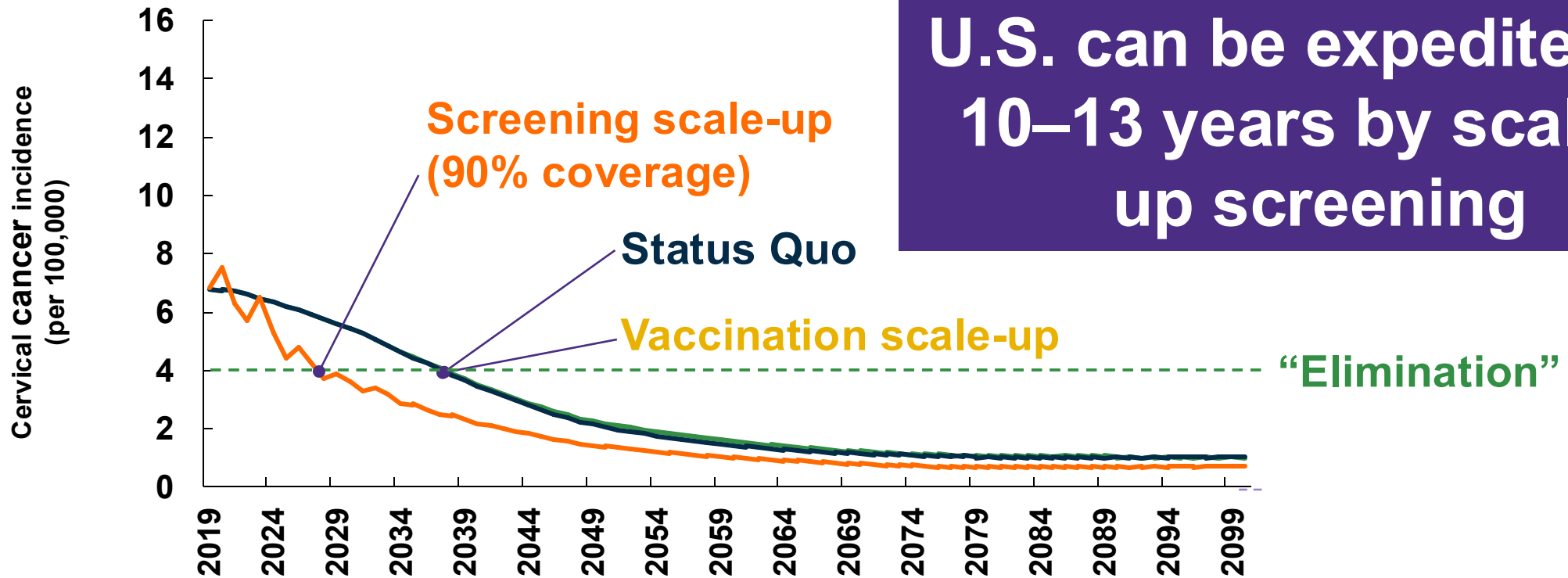
CURRENT LANDSCAPE

Health People 2030

- Healthy People 2030 reports *"little or no detectable"* change towards cervical cancer screening goal
- Half of all cervical cancer cases in never screened

CURRENT LANDSCAPE

Elimination



Slide courtesy of Dr. Jane Montealegre

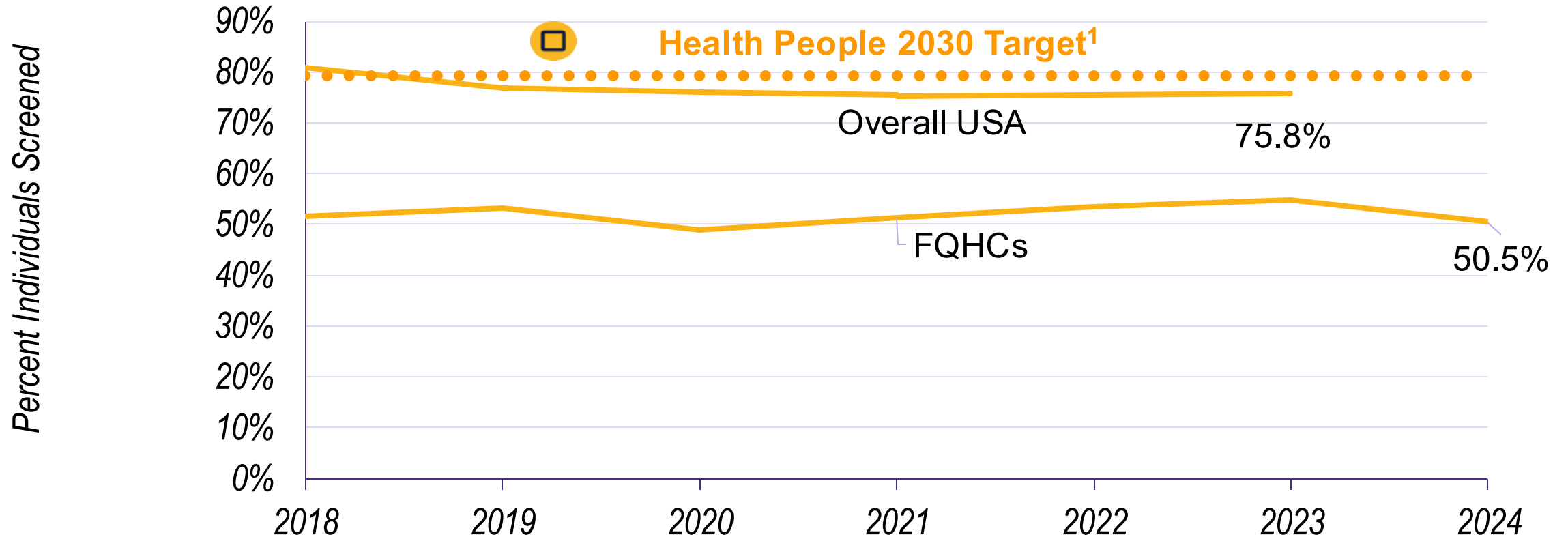
CURRENT LANDSCAPE

FQHCs

- Elimination timelines mask disparities in reaching targets
- FQHCs disproportionately serve underscreened
- Supporting FQHC screening can:
 - Screen additional 1.9 million people
 - Increase national screening by 2-6%
- Small increases can translate to large gains

CURRENT LANDSCAPE

FQHCs



ODPHP (U.S. DHHS). *Healthy People 2030*. Accessed 2026 May 11.
http://progressreport.cancer.gov/detection/cervical_cancer . Accessed 2026 May 11.
<https://www.hrsa.gov/foia/electronic-reading> . Accessed 2025 Oct 27.

CURRENT LANDSCAPE

FQHCs Ready

- FQHCs are positioned for success
 - History of team based care model
 - Experience with underserved populations
 - Provide care to populations not served by others

CURRENT LANDSCAPE

FQHCs Need Additional Support

- FQHCs need support
 - Funding
 - Technical Assistance

CURRENT LANDSCAPE

FQHCs Need Funding

- FQHCs are increasingly strained and *"underfunding and narrow margins leave CHCs with little room to make improvements, innovate, or address ongoing challenges..."*
- Nearly half had negative margins in 2024

CURRENT LANDSCAPE

FQHCs Need Technical Assistance

- Technical Assistance
 - Federal
 - State (PCA/CHC associations)
 - Research
 - External organizations and partners

WHAT CAN WE DO?

Support HPV Self-Collection

- Reduces clinic and patient barriers to screening
- Increases operational efficiency
- Broadly available to FQHCs (LabCorp, Quest, etc.)
- Familiar:
 - Existing HPV test
 - Already do vaginal self-collect (CT, GC, wetprep)

Suk et al. JAMA Netw Open (2022)

Quest Diagnostics Test Menu. <https://testdirectory.questdiagnostics.com/test/home> . Accessed 2026 Jan 5.

Labcorp Test Menu. <https://oncology.labcorp.com/test-menu/search> . Accessed 2026 Jan 50.

WHAT CAN WE DO?

Mailed Kits

- Temper expectations for at-home/mailed kit option
- Complex obstacles
 - EHR
 - Labor
 - Costs

CURRENT LANDSCAPE

Mailed kits

- Most recent analysis of CRCCP mailed fit support finds sustainability is still an issue

"...sustainability is an on-going challenge in clinics with limited resources and changing priorities that are reflected in budget changes. Future research should address the type of support clinics may need to sustain strategies to increase CRC screening..."

WHAT CAN WE DO?

Healthcare Setting Has Lots of Options

Healthcare Setting



In-clinic offering (in adult medicine, primary care, women's health)



Phone/telehealth + in-clinic MA visit



Any encounter + order to perform at lab patient service center



Pop. health transmit batch/standing order to perform at lab patient service center



Outreach events (onsite collection)

At Home



Phone/telehealth + mailed at-home kit



Any encounter + order to lab for at-home kit mail out



Pop. health transmit batch/standing order to lab + CCS prompt + mailed at-home kit



Outreach events (option to take home)

Slide courtesy of Dr. Jane Montealegre

WHAT CAN WE DO?

Reassure Health Systems

- Reassure health systems about key facts:
 - **Accuracy:** overwhelming evidence, WHO recommended, multiple countries offer it
 - **Metrics:** qualifies for UDS and HEDIS
 - **Reimbursement:** existing CPT-87626
 - **Testing:** existing HPV test and results

Arbyn *et al.* *BMJ* (2018)

World Health Organization. (2021). <http://www.ncbi.nlm.nih.gov/books/NBK572317/> . Accessed 2026 May 21.

Serrano *et al.* *Preventive Medicine* (2022)

Provincial Health Services Authority. <https://www.bccancer.bc.ca:443/screening/cervix> . Accessed 2026 Apr 30.

National Committee for Quality Assurance. (2024)

<https://www.hrsa.gov/womens-guidelines> . Accessed 2026 Jan 5.

WHAT CAN WE DO?

Support Implementation

- Remind to keep it simple
 - Additional option
 - Leverage existing CCS workflow
 - Leverage existing vaginal self-collect workflow
 - Refine later – there is no perfect roll-out

WHAT CAN WE DO?

Support Implementation

- Simplicity = increased accessibility to all FQHCs
 - Less resources needed (QI, EHR, clinic lab, etc.)
 - Less workflow change
 - Less workflow disruption
 - Less to break
 - Easier buy-in
 - Better sustainability

WHAT CAN WE DO?

Support Implementation

A GUIDE FOR IMPLEMENTING
HPV Self-Collection
FOR CERVICAL CANCER SCREENING



<https://sites.uw.edu/hpvsselfcollect>¹⁸

WHAT CAN WE DO?

Everyone can be an advocate!

- Socialize everyone
 - Federal/State (PCAs in particular)
 - Health systems
 - Clinicians & frontline staff (RNs, MAs, CHWs, etc.)
 - Payors
 - Patients
 - Community organizations

WHAT CAN WE DO?

Everyone can be an advocate!

- Socialize on the facts
 - A new option to collect a specimen
 - Guideline recommended
 - Just as accurate as clinician collect
 - Used around the world



Build Connections

NEW HPV Self-Collection Implementation Dashboard

HPV Self-Collection Implementation Dashboard

Share Your Sites & Connect With Others

This new data layer within the NRTCC Cervical Cancer Data Dashboard is crowd-sourced to enable identification of organizations currently implementing self-collection for primary HPV to:

- Facilitate peer-to-peer networking
- Expand opportunities for shared learning and implementation planning.

Data Note

This data is gathered from a crowdsourcing application that allows health systems to add their sites to a map and should not be used to assess or monitor uptake of self-collection.

Get URL for



 **Submit
Your Site**

 **Connect
With Peers**





Thank You

ONE MESSAGE ONE MOMENT ●

Launching a Unified Communications
Campaign to Prevent HPV Cancers



IDEAS

Dawn Crawford
@bcdcideas

Lover of nonprofit communications

Vaccine warrior since the dawn of
Twitter - 2006

Supporting the Roundtables since
2017

I have nothing to disclose or any
conflicts, I'm just a comms chick

- **Misinformation and plagued by hesitancy**
- **Public awareness remains fragmented**
- **Collaboration creates a stronger impact**

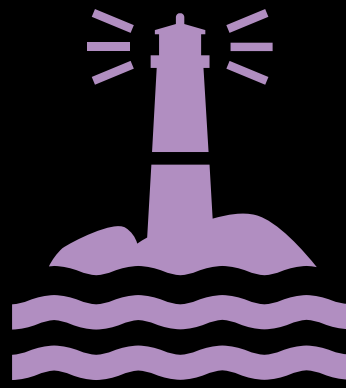


Purpose: Unite Roundtable members to increase awareness about HPV vaccination.

216 organizations signed up by late 2019, supported by a full launch plan (emails, social media, presentations).

So What's Next?!





Campaign Vision

To unite those working to prevent all HPV-related cancers under:

One unified message

One shared symbol

One collective goal

Goal:

Protect future generations and move toward the elimination of HPV cancers, starting with cervical cancer.

Strong Movements Share:

Clear language

Consistent visuals

Emotional connection

Shared purpose

Repetition over time



Main Campaign Theme

HPV vaccination helps
protect future generations
from cancer.

Supporting Themes

- Cancer prevention
- Protection & screening
- Hope
- Collective action
- Future generations

Visual Identity

A recognizable shared symbol

Flexible across organizations

Designed for broad adoption

Represents unity and prevention



UNITED
TO PREVENT
CANCER



United to
Prevent
Cancer



ARE YOU READY TO SEE IT?

**POWER TO
PREVENT
CANCER**

POWER**T****O**
PREVENT
C**A****N****C****E****R**

POWER**T****O**
PREVENT
CANCER

POWER**T****O**
PREVENT
CANCER

POWER**T****O**
PREVENT
CANCER

TOOLKIT

Packed with goodies for
your organization to
launch this campaign



CAMPAIGN TOOLKIT

TOOLKIT

Background on the Campaign

Links to logo file
Campaign rationale
Messaging queues

About The Power to Prevent Cancer Symbol

The Power to Prevent Cancer symbol represents unity, prevention, and collective action. It is designed to bring together those working across different areas of HPV related cancer prevention under a shared identity.



What It Represents:

The 6 colors in the word “Cancer” represent the cancer-prevention ribbons for each type – including cancers of the throat, cervix, anus, vulva, penis, and vagina. It was important for us to represent our Roundtable members in this graphic way.

Beyond the color symbolism, this mark represents

- **Prevention:** The ability to stop cancer before it starts
- **Science:** Evidence-based approaches to health
- **Unity:** Collaboration across sectors and disciplines
- **Momentum:** A growing movement toward a tipping point

[DOWNLOAD THE LOGO FILES AND BRAND KIT](#)

Why It Matters:

For too long, efforts to prevent HPV-related cancers have been divided across disease types and strategies. At the same time, trust in science, research, and vaccines has been challenged, creating confusion and slowing progress when prevention should be advancing us.

This symbol is a response to that moment.

It creates a visible connection across prevention efforts, uniting healthcare providers, public health leaders, and organizations under one shared message rooted in science and evidence. Showing alignment helps make prevention more recognizable, rebuild trust, and strengthen confidence in the tools we know can prevent cancer.

Together, it signals something simple but powerful: prevention works, and we stand behind it.

TOOLKIT

Messaging Cheat Sheet

Messaging Cheat Sheet



Use these tools to help inform new communications your organization creates to support this campaign.

HINT: This is handy to train your AI companions. Use this as your source material to inform their voice and tone when building materials for HPV vaccination.

Core Message

HPV-related cancers are preventable. By working together, we can protect future generations and move toward eliminating these cancers.

Campaign Positioning

- A unifying movement across HPV prevention efforts
- Grounded in science, prevention, and shared action
- Designed to reach a tipping point in awareness and behavior

Key Talking Points

- **HPV Vaccination is Cancer Prevention. HPV Causes 6 Types of Cancer**
HPV leads to more than 40,000 cancer cases in the U.S. each year, including cancers of the throat, cervix, anus, vulva, penis, and vagina.
- **HPV is common. Cancer does not have to be.**
The HPV vaccine helps protect children from six types of cancer later in life. It is safe, effective, and works best when given on time.
- **HPV is Preventable. We have the Power to Prevent Cancer.**
The HPV vaccine is safe, effective, and one of the most powerful tools we have to protect the next generation from cancer.
- **Vaccination + Screening = Better Protection.**
A lifetime of protection starts early. The HPV vaccine helps protect your child now and into adulthood. While cervical cancer can often be detected early through screening, there is no recommended screening test for 5 of the 6 cancers caused by HPV, making vaccination the best way to help prevent these cancers.

TOOLKIT

Website Sign-On

Website Sign On Copy



Add this webcopy to your website in the About or Programs section to share your affiliation with the campaign.

We Have the Power to Prevent Cancer

HPV cancers are preventable. Yet too many people still miss the opportunity to protect themselves.

We are proud to be part of **Power to Prevent Cancer**, a national movement by the American Cancer Society National HPV Vaccination Roundtable and Add American Cancer Society National Cervical Cancer Roundtable, which is uniting healthcare providers, public health professionals, and nonprofit organizations to prevent all six HPV-related cancers, starting with cervical cancer.

Together, this growing network is working to:

- Increase HPV vaccination and cervical cancer screening
- Strengthen public trust in prevention and science
- Move closer to eliminating HPV-related cancers

[LEARN MORE ABOUT HPV VACCINATION](#)

[LEARN MORE ABOUT CERVICAL CANCER
SCREENING AND GUIDELINES](#)

Together, we can prevent cancer. Research shows that when a committed 25% of people stand up for a belief or fact, change can happen quickly. This movement is about reaching that tipping point, where prevention becomes the standard.

By aligning efforts across organizations and communities, we are helping create a future in which fewer people face preventable cancers.

Learn more about the movement and how you can get involved at the [National HPV Vaccination Roundtable and the National Cervical Cancer Roundtable](#).

TOOLKIT

FAQs for Parents

Answering Parents' Questions About the HPV Vaccine



These are the most common questions parents ask about HPV cancer and HPV vaccination. You can use these in your practice, on your website, or in answering questions online.

HINT: Posting factual information on your website helps search engine optimization (SEO) for your organization, but also helps AI bots find trusted information for parents searching for answers. The more we post good information, the more we can outweigh the bad information.

The HPV vaccine is safe.

The HPV vaccine is safe, effective, and long-lasting. It has been widely used and studied for over 20 years, and it is one of the most important tools we have to prevent HPV-related cancers. ([Human Papillomavirus Vaccines](#))

Side effects

Most side effects of the HPV vaccine are mild, such as soreness at the injection site. Some people may feel tired or lightheaded, similar to other vaccines. ([Human Papillomavirus Vaccines](#)) The vaccine has helped protect kids for over 20 years. Researchers analyzed more than 20 years of data from over 250 studies and found no credible evidence linking HPV vaccines to serious long-term health risks. ([Vaccine Integrity Project](#))

Vaccinate your child starting at age 9

Because the vaccine works best when it is given before exposure to HPV, the American Cancer Society recommends HPV vaccination for boys and girls between the ages of 9 and 12 to help prevent more cancers later in life. ([American Cancer Society](#))

Complete the 2-shot series before age 13

Waiting can mean missing the best window for protection. Starting early gives your child strong protection before they are ever exposed to HPV. Young people who have not been vaccinated can still catch up through age 26. ([Human Papillomavirus Vaccines](#)) ([HPV Vaccination and Cancer Prevention | ACS](#))

TOOLKIT

Real Talk: Addressing Hesitancy with Empathy

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These talking points are meant to meet parents where they are. Each piece addresses a real concern, uses an empathic tone, and gently reframes toward cancer prevention. This can be used as conversation points or in social posts, short videos, or graphics.

“Is it safe?”

You’re not overthinking it. You’re protecting your child.

It’s normal to want to understand the risks before saying yes. The HPV vaccine has been studied for years and used around the world to help prevent cancer. Millions of families have made this choice to protect their children’s future health. It’s been protecting kids for over 20 years.

This isn’t just a vaccine. It’s cancer prevention. Starting now gives your child lifelong protection against 6 types of cancer.

“Why so young?”

It feels early. That’s the point. The HPV vaccine works best before there’s ever a chance of exposure. That’s why it’s recommended to start at age 9. It’s not about behavior, it’s about timing.

You’re not responding to risk. You’re staying ahead of it. Vaccines only work to protect a person, not cure a disease. We want to protect them now before they are exposed.

“Can we wait?”

Waiting feels safer. But it can mean less protection. A lot of parents think they have time, and you do have a window. But earlier vaccination leads to stronger, longer-lasting protection.

This is one of those moments where earlier equals better protection later. The HPV vaccine is more effective in young people, providing stronger protection.

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Protecting Your Child from Cervical Cancer: What Parents Should Know

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This is a brief introduction to cervical cancer screening. This can be used on your website or as a handout to parents.

Two Powerful Tools for Prevention

Today, we have two important ways to help prevent cervical cancer. Using both together provides the strongest protection against HPV-related cancers:

- HPV vaccination during childhood
- Routine cervical cancer screening during adulthood

Why the HPV Vaccine Matters

The HPV vaccine helps protect against the types of HPV that can cause several cancers later in life, including cervical cancer. It works best when given at ages 9-12, before exposure to the virus. There is currently no recommended screening test for 5 of the 6 HPV-related cancers, underscoring the importance of vaccination.

Screening Still Matters Later in Life

Even people who receive the HPV vaccine should still get regular cervical cancer screening as adults. Screening helps find abnormal cell changes early, often before cancer develops. Women and other individuals with a cervix at average risk should:

- Begin screening at age 25
- Continue screening through at least age 65

TOOLKIT

Social Media Graphics & Posts

Social Media Graphics (Concepts + Copy)



Share these social images publicly to join the Power to Prevent campaign. Using throughout the year will help keep HPV cancer prevention awareness top of mind for your audiences.

Graphic 1: The Movement

Visual: Logo

Copy: "Prevention is powerful. Join the movement."

Caption: Together, we can prevent 6 HPV-related cancers. HPV is common. Cancer does not have to be. The HPV vaccine helps protect children from six types of cancer later in life. It is safe, effective, and works best when given on time. #PowerToPreventCancer



Graphic 2: The 6 Cancers

Visual: Logo

Copy: "Six cancers. One opportunity to prevent."

Caption: HPV is common, and in some cases, it can lead to cancer. The HPV vaccine protects against the types of HPV that cause most of these cancers. HPV vaccination is for cancer prevention.

#PowerToPreventCancer



TOOLKIT

Press Release

Press Release / Launch Announcement



Customize this press release and share it with your local media.

Additional Ideas:

- Modify this to become an opinion piece or a Letter to the Editor.
- Use this content on your website as a blog or in your newsletter.

National Campaign Launches to Unite Efforts to Prevent HPV-related cancers

Power to Prevent Cancer brings together healthcare and public health leaders to accelerate progress toward cancer prevention.

ORGANIZATION NAME is joining a new national campaign, Power to Prevent Cancer, to unify efforts across the healthcare, public health, and nonprofit sectors to prevent HPV-related cancers.

The campaign brings together 200+ organizations in the both the National HPV Vaccination Roundtable and the National Cervical Cancer Roundtable working to address all six HPV-related cancers under a single message focused on prevention, science, and collective action.

"Too often, efforts to prevent HPV-related cancers operate in silos," said [Spokesperson]. "This campaign is about aligning those efforts to create greater impact."

HPV vaccination is for cancer prevention. The HPV vaccine is safe, effective, and long-lasting. It has been widely used and studied, and it is one of the most important tools we have to prevent HPV-related cancers. Because the vaccine works best when it is given before exposure to HPV, the American Academy of Pediatrics recommends HPV vaccination for boys and girls between the ages of 9 and 12.

The campaign also represents a new level of alignment between the American Cancer Society National HPV Vaccination Roundtable and the American Cancer Society National Cervical Cancer Roundtable, strengthening coordination across prevention strategies. Organizations are invited to sign on and access a suite of communications tools to support local and national outreach.

For more information or to join the campaign, visit the [National HPV Vaccination Roundtable and the National Cervical Cancer Roundtable](#).



Potential Uses

- Social media campaigns
- Public awareness materials
- Conference branding
- Community outreach
- Provider education
- Advocacy campaigns

COLLABORATION IS THE **STRATEGY**

This Campaign Depends On:

Partnership

Shared storytelling

Consistent adoption

Cross-sector participation

Collective visibility

How You Can Participate

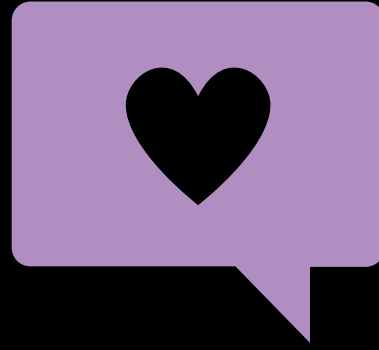
Use shared messaging

**Incorporate campaign
visuals**

Share stories

**Collaborate across
organizations**

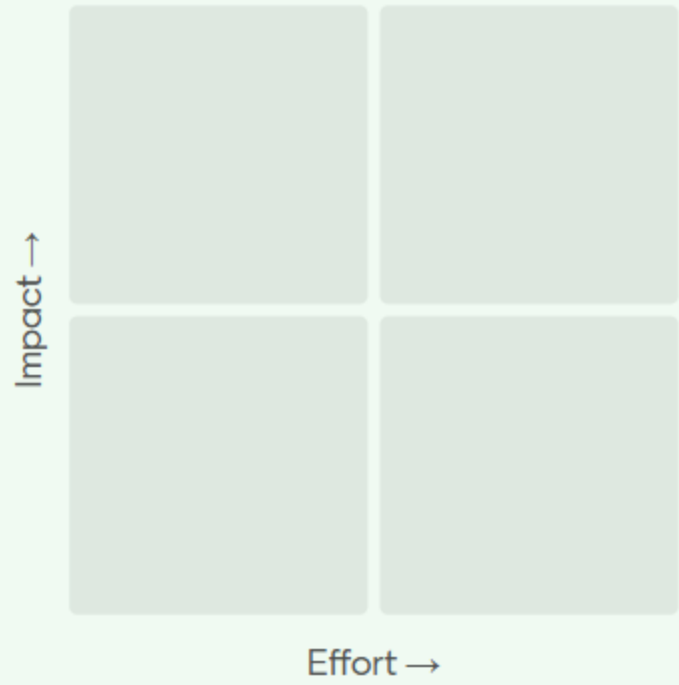
Help amplify the movement



WHAT DO YOU NEED?

What tools will help you share this campaign?

Which of these ideas could have the most potential?



- 1 FAQs for Very Hesitant Parents
- 2 Interactive Database of HPV Q&As
- 3 Targeted Answers for Specific Populations
- 4 Cervical Cancer Screening Comms Tools for Parents



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Waiting for participants



Which audiences needs the most help trusting HPV vaccination?



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Waiting for participants



What materials are missing from current HPV prevention efforts?

Responses can be up to 200 characters and will appear here.

You can group responses if you get more than 10.

Turn on voting so people can flag their favorite responses.



menti.com
4327 4519

Waiting for participants





Thank You



Questions?