



2026 Washington State HPV Roundtable

Friday, May 8, 2026
8:00 am- 12:00 pm



Welcome & Introductions

Please introduce yourself by
typing in the chat your **Name**,
Organization and Title



Agenda



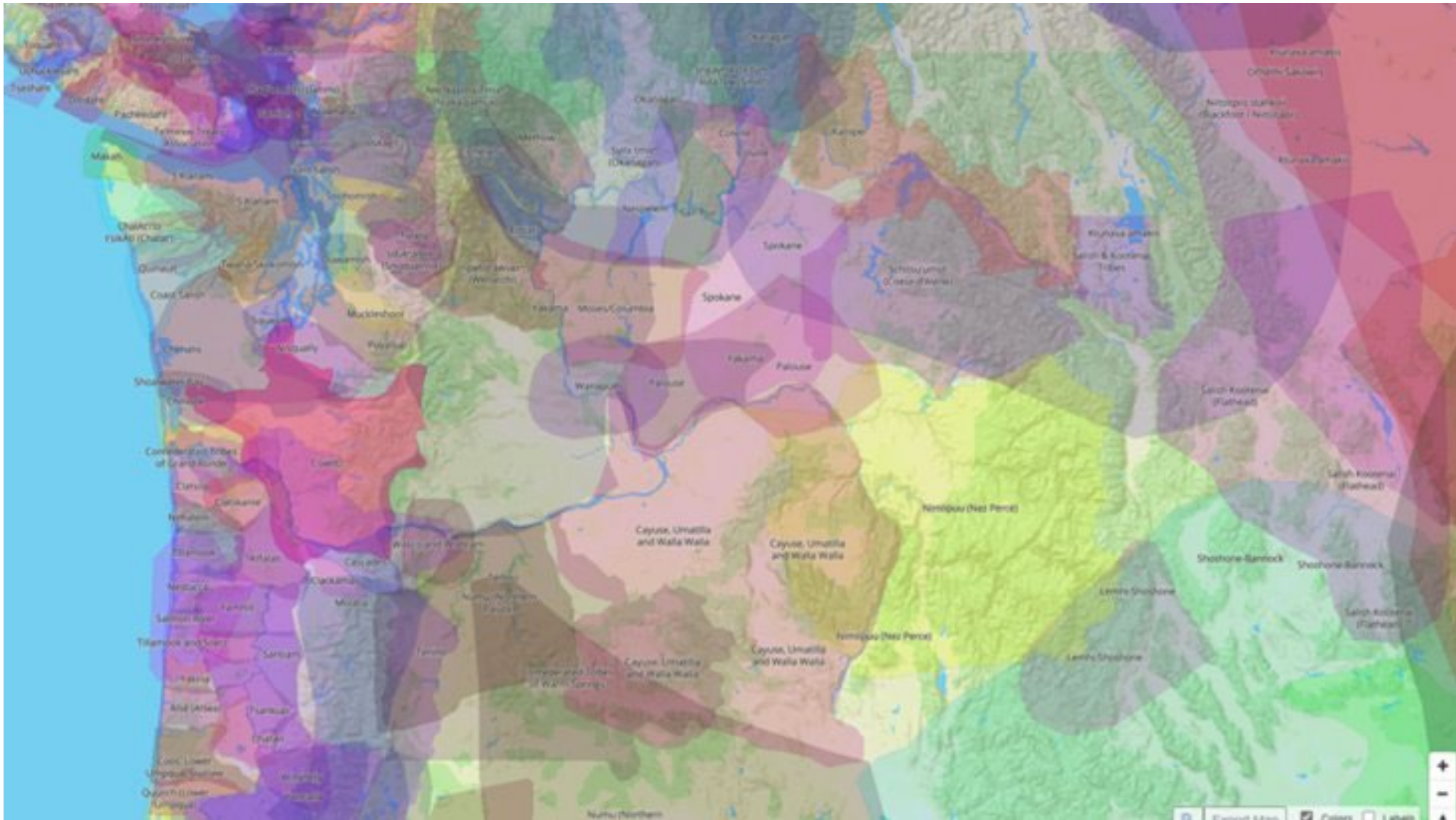
- Welcome, Introduction & Housekeeping
- Topic 1 : HPV Related Oropharyngeal Cancer Preventions
 - Rural Dental Provider Engagement for HPV Vaccination at age 9
 - UW Floss Boss Mobile Oral Cancer Screening Program
 - Oropharyngeal Cancer Survivor Story
- Topic 2: HPV Related Cervical Cancer and Self Sampling Test for Screening
 - Cervical Self Sampling Test: Implementation & Steps Guide
 - Case Studies Presentation: Cervical Self Sampling Test Implementation
 - Cervical Cancer Survivor Story
 - Q &A

Agenda (cont.)



- Topic 3: HPV Immunization Data, Tools & Resources
 - ACS Cervical Cancer & HPV Data Dashboard
 - WA State HPV Immunization Data Updates
 - Announcements: 2026 Immunize WA Awards & Dear Provider Letter
- Topic 4: Statewide Efforts for Reducing HPV-Related Cancer Burden in WA State
 - Statewide Cancer Coalition & State Cancer Plan Updates
 - WA DOH Breast, Cervical, and Colon Health Program
- Upcoming Events
- Wrap Up

Land Acknowledgement



Housekeeping



- We will be recording this webinar so you can find it and all the resources referenced today on the WithinReach website. You will receive a follow up email with links to the material covered once it is available.
- While the focus is absolutely on HPV vaccination – we are also looking at adolescent immunizations collectively as they are all significantly impacted by pandemic, too narrow a focus on just HPV can create missed opportunities and the actions steps we are going to be discussing can increase rates and protection against many vaccine preventable disease.



Code of Conduct

A friendly reminder that the HPV Taskforce invites all who attend today to help us create a safe, positive experience for everyone. Members and participants agree to support our mission and strengthen HPV prevention efforts in Washington State based on State immunization recommendations, aligned with the American Academy of Pediatrics, based on decades of research showing vaccines are effective and essential for protecting health

If you are subjected to an unacceptable behavior, notice that someone else is being subjected to unacceptable behavior, or have any other concerns, please notify any of the HPV Task Force planning team members as soon as possible. All reports will remain completely confidential.

See the chat for more details.

Leveraging Dental Providers in Rural Areas for HPV Vaccination at Age Nine

Nicole Rhodes & Heather Owens



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Leveraging Dental Providers in Rural Areas for HPV Vaccination at Age Nine

Nicole Rhodes

Heather Owens, PhD, MPH

HPV Vaccine Rates in America 13-17-year-olds, 2018-2022

- **US rate: 61.4% UTD, 17% UTD** in non-MSA***
- Mississippi: 38% UTD, 28.5% UTD in non-MSA
 - Rural population: 54%
- Kentucky: 47% UTD, 41.4% UTD in non-MSA
 - Rural population: 44%
- West Virginia: 49.8% UTD, 45.5% UTD in non-MSA
 - Rural population: 64%
- Washington: 60.7% UTD, 55.5% UTD in non-MSA
 - Rural population: 16%

*MSA: Metropolitan statistical area

**UTD: Up-to-date

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HPV-Associated Cancer Rates

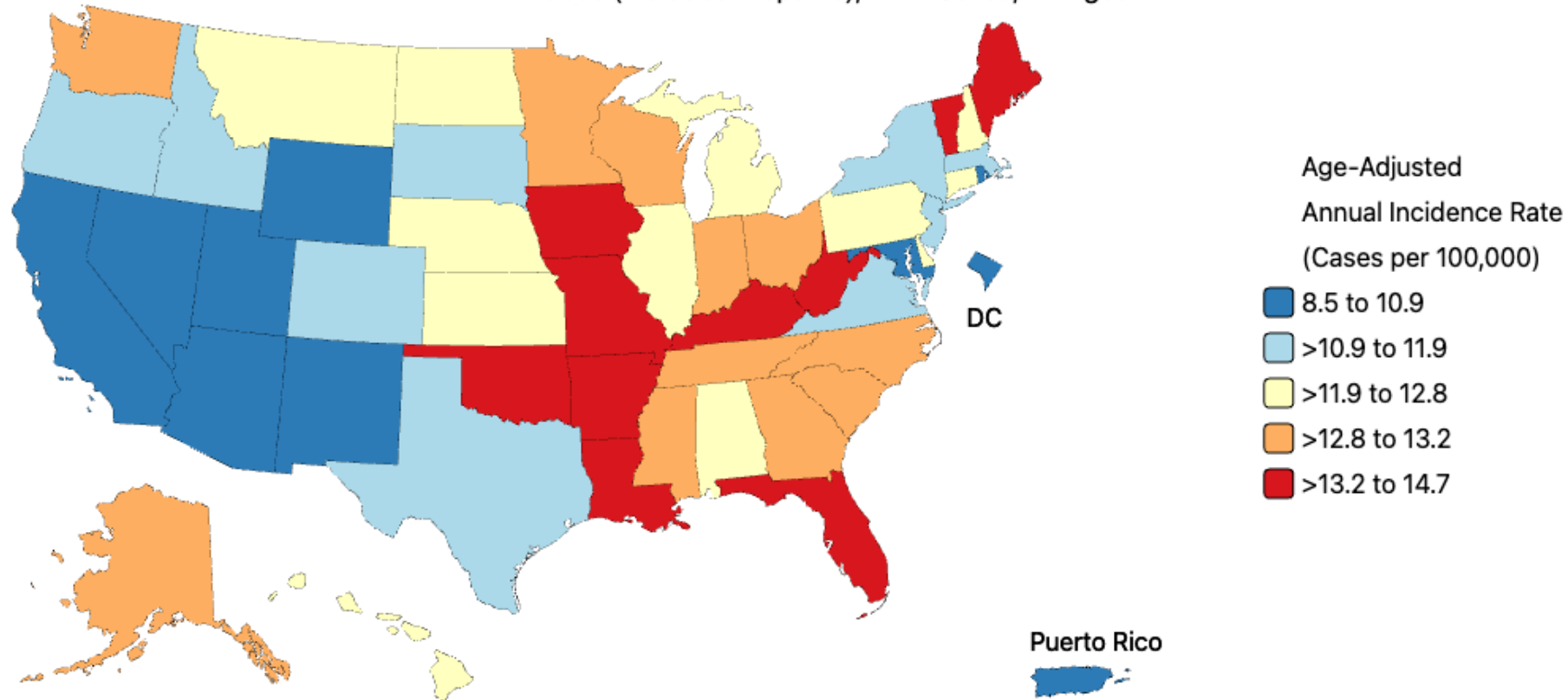
- Annual incidence:
 - 49,908 cases in parts of the body where HPV is found
 - Approximately, 39,300 of these are caused by HPV

Cancer Site	Number of cancers per year	Percent attributable to HPV	Number caused by HPV
Cervical	12,287	91%	11,100
Vaginal	889	75%	700
Vulvar	4,370	69%	3,000
Penial	1,429	63%	900
Anal	8,348	91%	7,600
Oropharyngeal	22,585	70%	16,000
Female	3,809	63%	2,400
Male	18,776	72%	13,600

Oropharyngeal Cancer Incidence Rates in the US, 2021

Incidence Rates by State

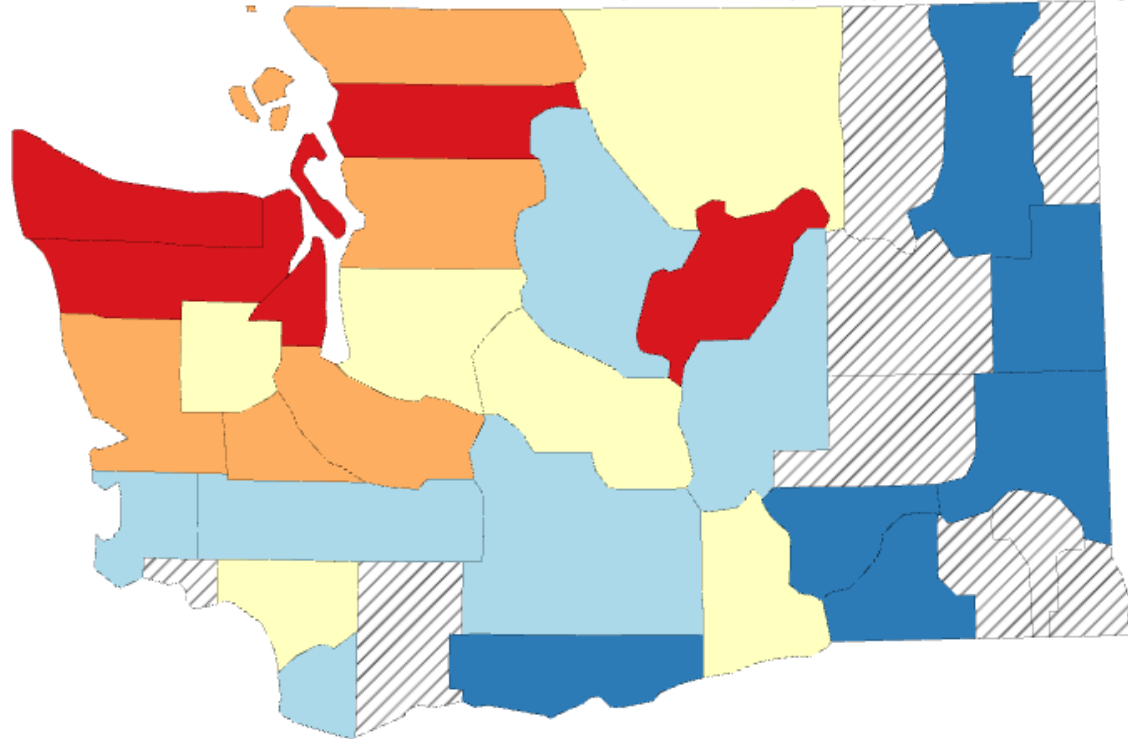
Oral Cavity & Pharynx (All Stages^), 2018-2022
All Races (includes Hispanic), Both Sexes, All Ages



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Oropharyngeal Cancer Incidence Rates in Washington, 2018-2022

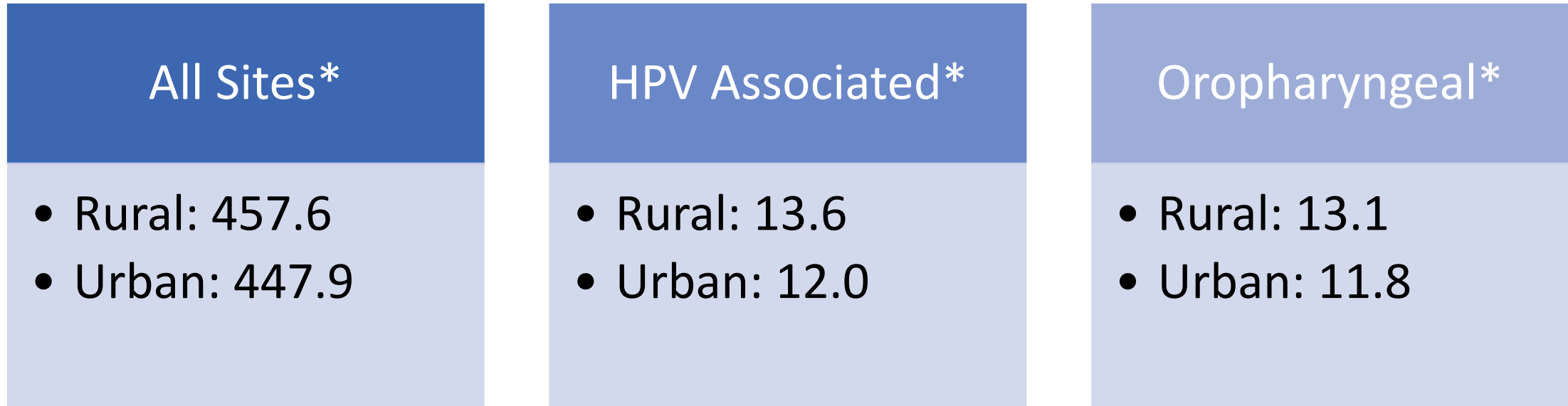
Incidence Rates for Washington by County
Oral Cavity & Pharynx (All Stages^), 2018-2022
All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

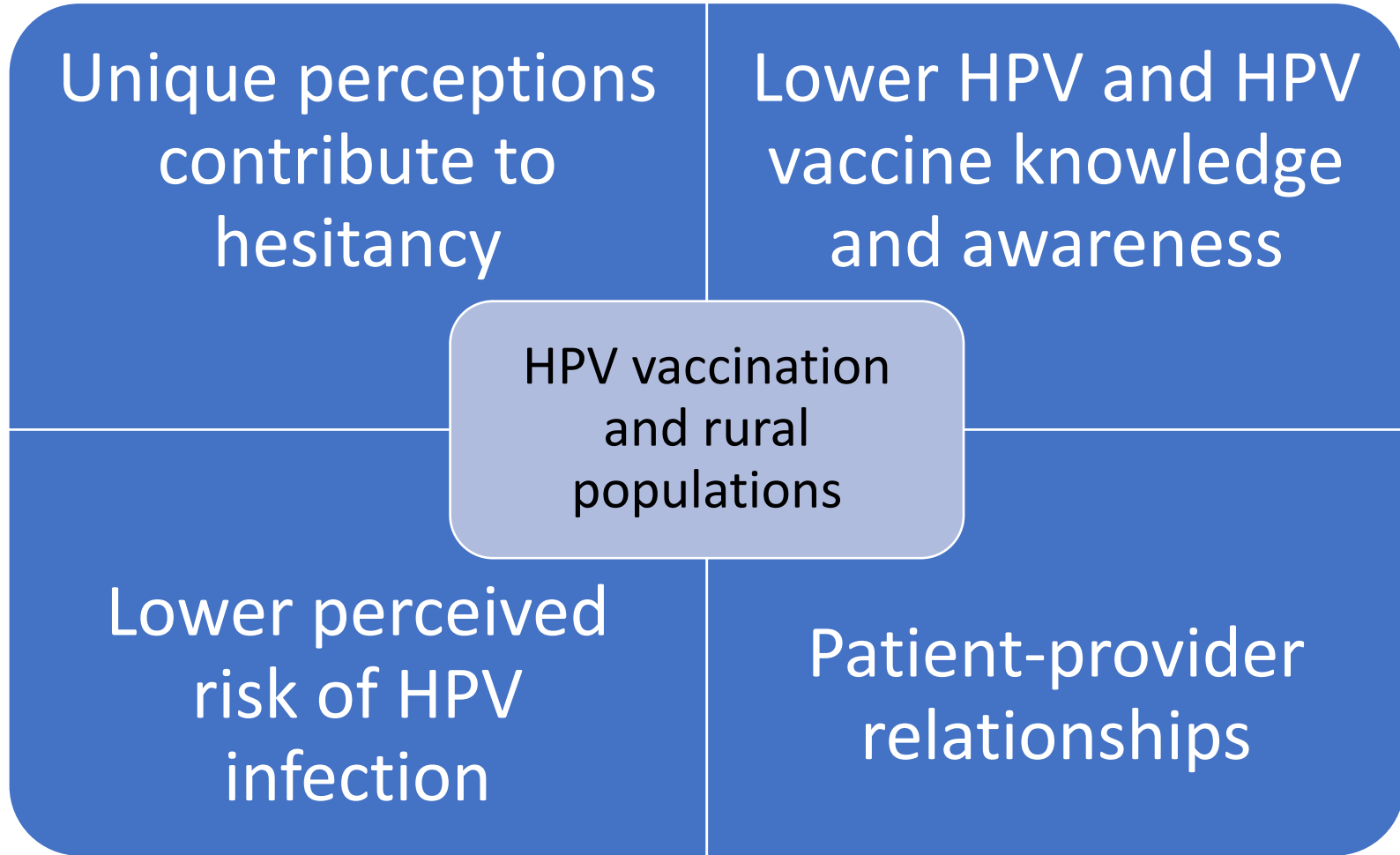
- 6.8 to 10.5
- >10.5 to 12.1
- >12.1 to 12.8
- >12.8 to 15.7
- >15.7 to 18.4
- Suppressed

Rural-Urban Cancer Disparities, 2015 to 2019



Rates per 100,000 persons. * Indicates significant difference







Dental Providers and HPV Vaccination

Patients

- Comfortable discussing the HPV vaccine with a dental provider
- Perceptions about dental providers' role in HPV education
- Those with knowledge of HPV and oral cancer link have more positive attitudes
- Few have received an HPV vaccine recommendation from a dental provider
- Rural: Patients hold a strong value of personal choice and independence in the face of authority

Dental Providers

- Believe discussing the HPV vaccine is within their scope of practice
- Willing to recommend the HPV vaccine and refer
- Request more information, training, and tools on discussing and recommending the vaccine
- Rural: Tight-knit, multi-role patient-provider relationships are both an asset and a challenge to rural providers



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Gaps

- Limited materials are available specifically for the dental setting
- Current Age 9 materials are not specific to rural or dental settings
- Additional resources surrounding rural vaccination at age nine

Capstone Materials

Community

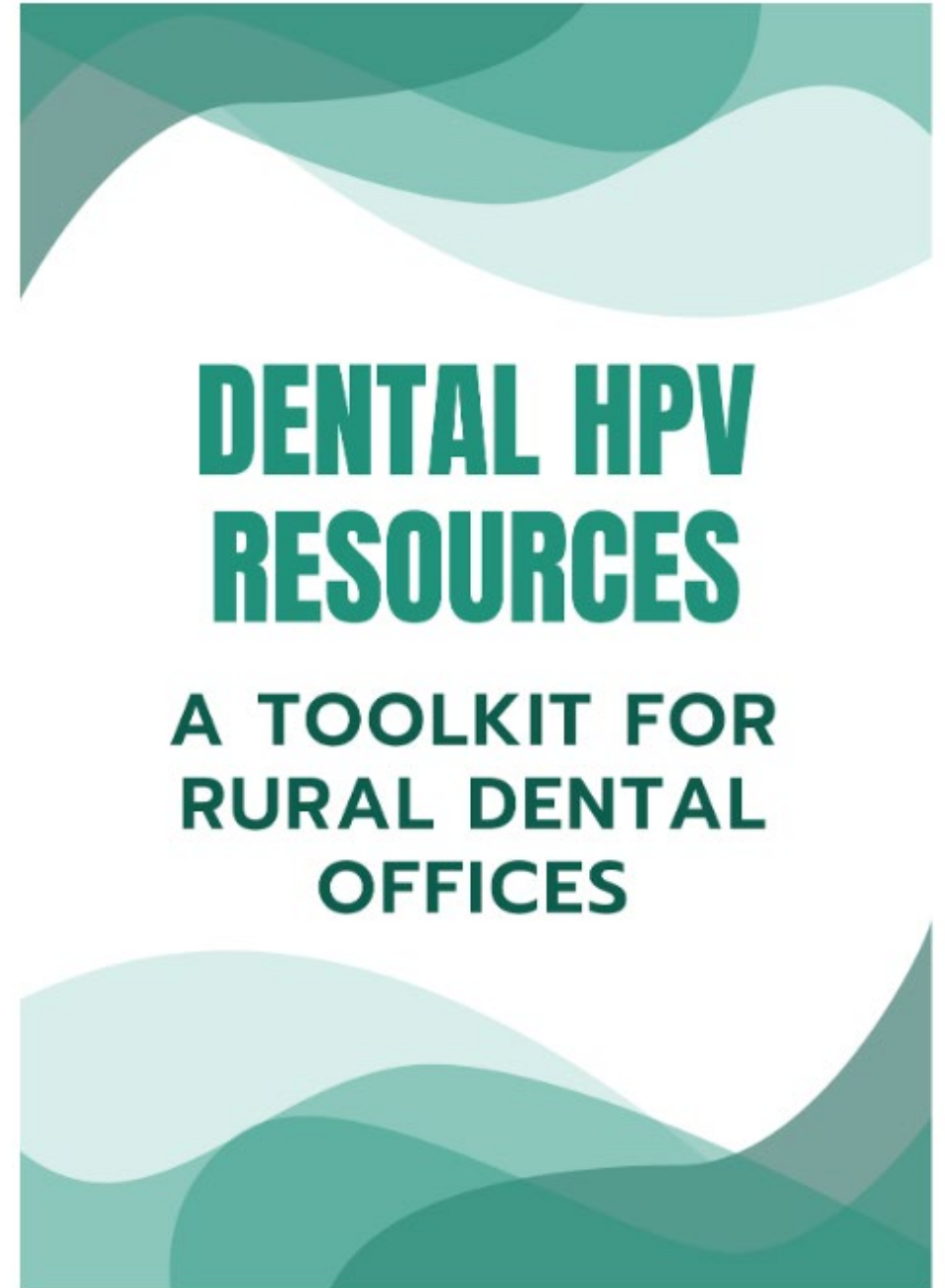
- Radio script

Clinic

- Birthday card
- Reminder script
- Guide for using materials

Guide for Toolkit

- Instructions for dental office staff and providers for each component
- Encourage implementation and sustainability in the clinics
- Includes
 - Background information
 - Common questions and responses
 - Additional resources (e.g., ACS Action Guide)



Common HPV Vaccine Myths/Perceptions in Rural Areas

Only for girls

- The vaccine is for everyone
- Oral cancers caused by HPV are more common among males, so it is very important that adolescent boys are also vaccinated

Fertility concerns

- The vaccine is very safe and has shown no impact on future fertility. In fact, the vaccine can actually help protect fertility since some of the cancers caused by HPV can have a negative impact on fertility

'My kid isn't having sex'

- The vaccine protects against cancers down the road
- The vaccine is most effective if it is given before they are exposed to HPV

Vaccine is too new and not safe

- The vaccine has been approved for almost 20 years and is shown to be very safe and effective
- The most common side effects of the vaccine are pain, swelling, and redness at the injection site

Common Vaccine Myths/Perceptions in Rural Areas



Vaccines alter DNA

- Vaccines encourage your body to create antibodies
- The materials in the vaccine do not stay in the body long term and are broken down

Freedom to choose

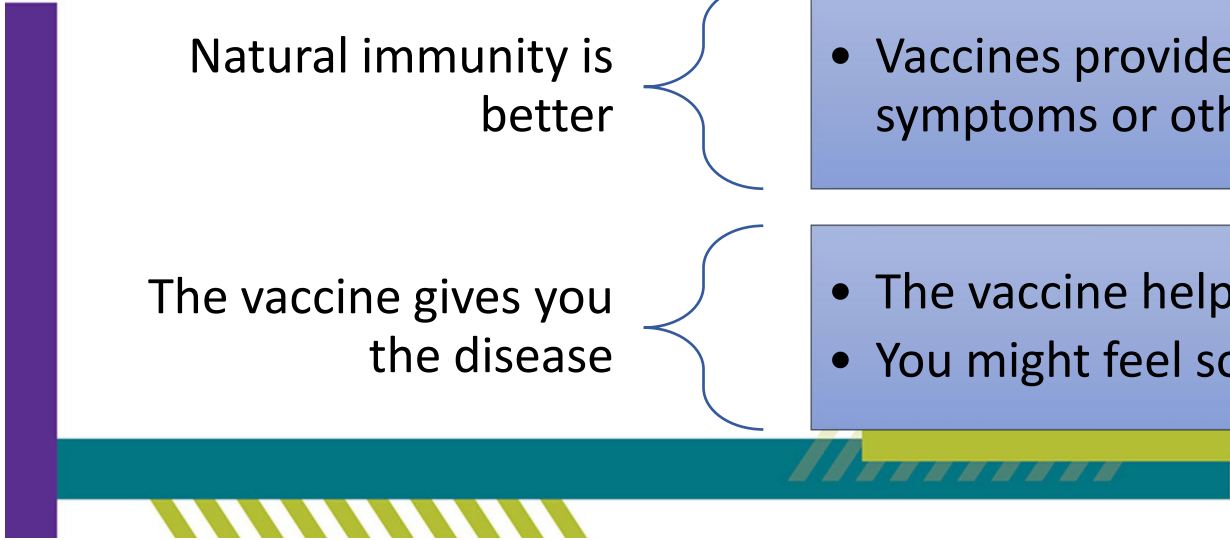
- Not a mandate
- Parents get to choose what is best for their child, while also being given a strong recommendation from a trusted health care provider

Natural immunity is better

- Vaccines provide immunity without risking potentially severe symptoms or other complications that come with getting sick

The vaccine gives you the disease

- The vaccine helps your body create an immune response
- You might feel some symptoms you would if you were sick



Birthday Card



From all of us
at Dr. _____
office,
Happy
Birthday!

Place
stamp
here



Dear _____

As your child's dentist, we care about their overall oral health, and now that they are nine years old, they are eligible for a safe, lifesaving, vaccine that protects against cancers in the mouth and throat that can develop later in life.

Make the choice to get them the HPV vaccine through their regular doctor or local health department by their next visit and (insert incentive)!

Call (+123 456 7890) today to schedule your next dental appointment!

(website url or email)



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Radio Campaign

- Can be tailored to address a common myth/perception in the community
- Scripts for states that cannot vaccinate for HPV and those that can*

Would you believe us if we said you can prevent your child from developing some cancers when they are older? Well, you can help prevent six types of cancer, including cancer of the mouth and throat, by vaccinating your child for HPV. [insert common myth/perception for community].

You can start vaccinating your child at nine years old. At [insert clinic name], we care not only about the health of your child's teeth but their whole oral health as well. We know you have many choices to make as a parent. The choice to vaccinate is an important one.

We strongly recommend that your child receive the HPV vaccine at their next doctor's appointment. You can also receive the vaccine at your local health department or pharmacy.

If you have any questions about the HPV vaccine, please reach out to us at [phone number].

*Oregon, Louisiana, Kentucky, Massachusetts, Mississippi, New Jersey

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Reminder Scripts

- Could be used as email or phone reminder
- Shortened version created for clinics with texting abilities
- Scripts for states that cannot vaccinate for HPV and those that can

Hello (parent name),

This is (your name) from (dental office name).

First, I am calling to wish (child's name) a happy birthday. Now that they are nine years old, they are eligible for the HPV vaccine, which can prevent six types of cancer, including cancer of the mouth and throat. As your child's dentist, we care not only about the health of their teeth but their whole oral health as well.

We strongly recommend your child receive the HPV vaccine series. Your child can receive the vaccine from their regular doctor, a local health department, or pharmacy.

If you have any questions, please reach out to us at (phone or email address).

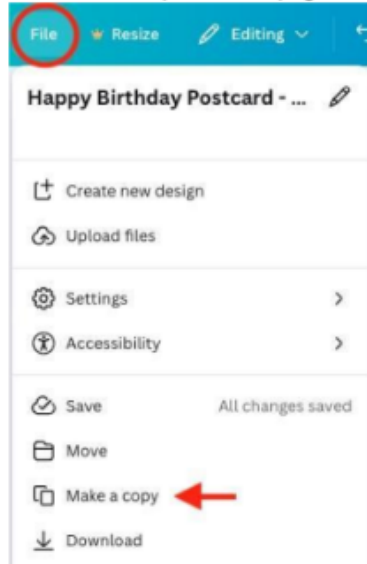
Sincerely,

The team at (dental office name)

How To Edit, Download and Print Birthday Card

Follow the [Link](#):

1. In the top left of the page click "file", select make a copy



2. In the copy, add personalized information for your clinic, anything in parentheses: doctors name, email or website, phone number, and incentive option. Do not fill out parent or address information until after printed out.
 - a. If your clinic vaccinates, you can change the language on the postcard to reflect that:

Make the choice to get them the HPV vaccine through their regular doctor or local health department by their next visit and (insert incentive)!

OR

Get vaccinated at their next visit and (insert incentive)!

Email/Phone/Text Reminder Scripts

- Edit script for your clinic
- Can be used for a reminder call, email, patient portal message
- Text message script available for offices with texting capabilities
- Call/send to parents on their child's ninth birthday

For states that cannot vaccinate or choose not to offer HPV vaccination in the dental clinic:

Email or Phone Reminder Script:

Hello ____ (parent name),

This is ____ (your name) from ____ (dental office name).

First, I am reaching out to wish ____ (child's name) a happy birthday!

Now that (child's name) is nine years old, they are eligible for the HPV vaccine, which can prevent six types of cancer, including cancer of the mouth and throat. As your child's dentist, we care not only about the health of their teeth but their whole oral health as well.

We strongly recommend your child receive the HPV vaccine series. Your child can receive the vaccine from their regular doctor or local health department.

If you have any questions, please reach out to us at ____ (phone or email address for questions)

Sincerely,

The team at ____ (Dental office name).

Text Reminder Script (63 words; ~375 characters w/ spaces):

Hello ____ (parent's name). Now that ____ (child's name) is nine years old, they are eligible for the HPV vaccine, which can prevent cancer in the mouth and throat. At ____ (dental office name), we strongly recommend that your child receive the HPV vaccine series from their regular doctor or local health department. Please call us if you have any questions at (phone number).



Call for Evaluation and Feedback

Initial Feedback Included:

- Emphasize preteens and teens see dentist more often than their doctor
- Changing the birthday card picture to reflect 9–10-year-olds
- Link the AAP 2026 vaccine schedule in toolkit
- Consistent terminology

Next Steps:

- Seek additional feedback
- Find dental offices willing to test materials
- Increase awareness and outreach efforts for the toolkit
- Present in Dallas at ACS National Meeting! (June 9,10)



Thank you!

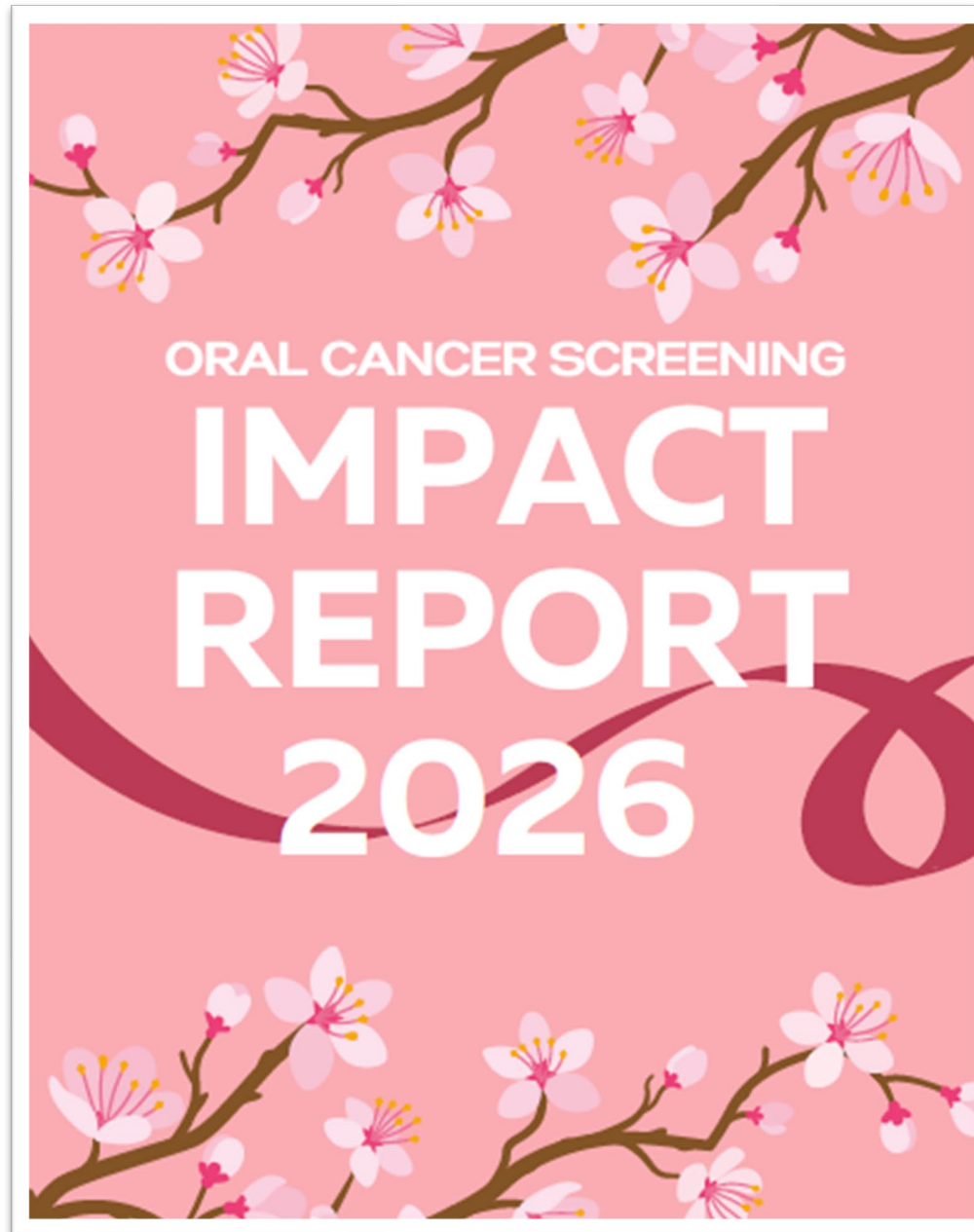


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Floss Boss Mobile Oral Cancer Screening Impact Report

Devi Bharani, University of Washington
School of Dentistry

***2026 Oral
Cancer
Screening Event
Floss Boss***





BY THE NUMBERS



266

PEOPLE
SCREENED FOR
ORAL CANCER



3

PATIENTS
REFERRED TO
UWSOD OM



59

TOTAL EVENT
AND STUDENT
VOLUNTEERS



Questions?

Oropharyngeal Cancer Survivor Story

Jeff White,
Head & Neck Cancer Alliance

When the Cancer Communicator Becomes the Cancer Patient

Patient Perspective: Jeff White
May 8, 2026



X: @PRJeffWhite
LinkedIn: Jeff White



ASTRO 2026
Data to Dialogue: Communicating Radiotherapy's Value to Advance Care
SEPTEMBER 26-30, 2026 | BOSTON

Jeff White
@PRJeffWhite

PR & Comms @ASTRO.org: American Society for Radiation Oncology 🇺🇸 Opinions mine. #DEInRO H&N cancer patient. @RTAnswers_org

📍 Washington, DC 🌐 astro.org 📅 Joined October 2008 >

1,588 Following 2,097 Followers





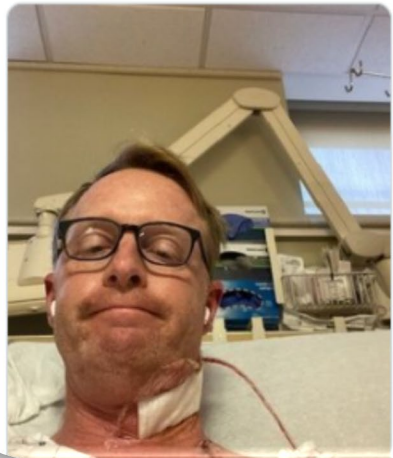


Jeff White @PRJeffWhite · Aug 29, 2023
My summer didn't go as planned & I've been quiet on X. Want my @ASTRO.org @ARRO.org pals to know what's up as we all know there is no shame in a cancer diagnosis. 2/8



1 33 3.2K

Jeff White @PRJeffWhite · Aug 29, 2023
Suspicious cyst on my lymph turned out to be caused by cancer on my tonsil. So. Many. Scans.
First up 2 surgeries at @MedStarGUM





Dr's Appointments

2022: 4

2023: 75+



RING IN HOPE



Things I Told the Doctors



- Be repetitive on the good news
- Meet your patient where they are
- Side effects are more challenging than you know
- Encourage mental health support
- Anxiety & scanxiety are real

Patient Stories



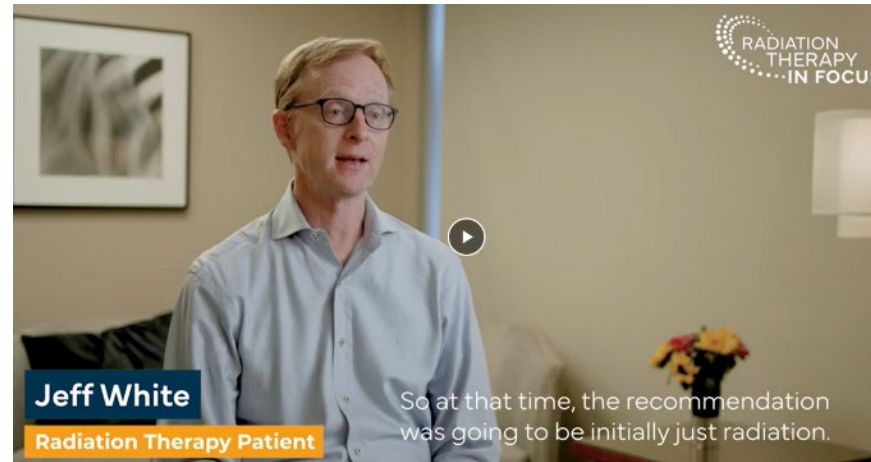
Jeff White

One single, swollen lymph node on my neck was the start of my unexpected cancer journey. Ironically, I am immersed in cancer care and treatment every day as I work in communications for the ASTRO, the American Society for Radiation Oncology. Cancer has not been an issue in my family so the idea that I could get cancer never entered my mind.



Fumiko L. Chino and Jeff White

Fumiko L. Chino and Jeff White
Discuss Patient-Centered
Survivorship Oncology on ASCO
Podcast



X: @PRJeffWhite
LinkedIn: Jeff White



We'll be back at: 9:00 AM

Cervical Self Sampling Test: Implementation & Steps Guide

John Lin

University of Washington

Practical Tips For Implementing HPV Self-Collection For Cervical Cancer Screening

May 8, 2026

Presenters

John Lin

University of Washington

Carolyn Halley

HealthPoint CHC, WA

Jane Montealegre

The University of Texas MD Anderson Cancer Center

Bev Green

Kaiser Permanente WA Health Research Institute

Claudia Favela Perez Cervivor

Presentation Objectives

- Understand key considerations for implementing HPV self-collection
- Feel ready to begin or refine HPV self-collection implementation at your health system

You can do it!

- You already provide cervical cancer screening
- It is an additional option for specimen collection

Keep it simple!

- Leverage existing CCS and other care processes/workflows
- More changes means...
 - more complexity and things to break
 - more training
 - more monitoring
 - more work!

Overview

- Current & future landscape
- Implementation tips
- Case studies

Current landscape

- Accuracy
 - Literature¹
 - International: WHO², other countries^{3,4}
- FDA approved for healthcare setting and at-home (unsupervised)
- Regulatory
 - Healthcare setting: BD, Roche, Abbott
 - Unsupervised: BD, Teal Wand (Roche and Abbott in-progress)
 - NOT Hologic Aptima

Future landscape

- At-home (unsupervised) collect considerations
 - Reimbursement/costs
 - Laboratory
 - Distribution
- Lessons learned from FIT testing⁵

Implementation Guide⁶

A GUIDE FOR IMPLEMENTING

HPV Self-Collection

FOR CERVICAL CANCER SCREENING

Lin J, Montealegre JR, Tiro JA. (2025). *A guide for implementing HPV self-collection for cervical cancer screening*. University of Washington.

<https://sites.uw.edu/hpvselfcollect>

Overview

- Step 0:** Readiness
- Step 1:** Convene a team
- Step 2:** Assess your current workflow
- Step 3:** Modify your workflow
- Step 4:** Train clinic staff
- Step 5:** Implement your new workflow
- Step 6:** Monitor your progress

Step 0: Readiness

- Laboratory capacity
- Reimbursement
- Metrics

Step 0: Readiness > Laboratory

- Does your laboratory offer HPV self-collection?^{7,8}
- Sell sheet: CPT, LOINC, collection instructions, stability
- Build sheet: if programming interface
- Supplies: kits, collection device, ThinPrep, instructions



Step 0: Readiness > Reimbursement

- Self-collect = CPT-87626 (\$56.16)^{9,10}
- CPT-87624/87625 still in use for Hologic Aptima HPV
- Some states besides WA and OR have not adopted the new code

Step 0: Readiness › Metrics

- HEDIS
 - "Member-collected samples" explicitly covered since 2025¹¹
- UDS
 - HRSA supported WPSI guidelines included since Jan 5, 2026^{12,13}
 - BCCP is at the state level and covered in WA/OR

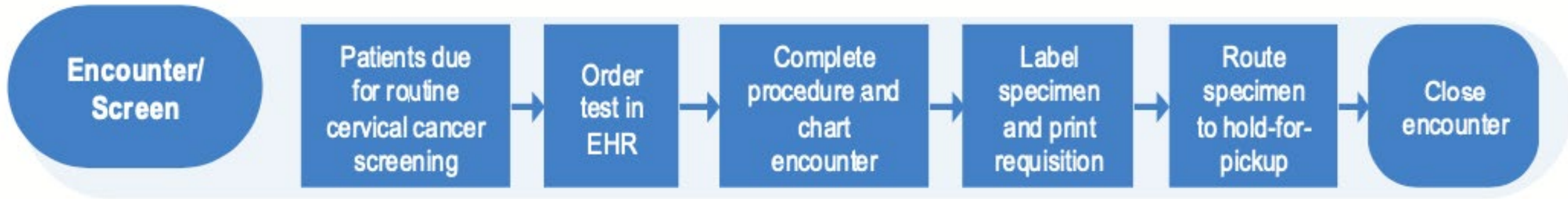
Step 0: Readiness > Metrics

younger than 30 years. Women aged 30 to 65 years should be screened with primary hrHPV testing every 5 years (preferred) or cytology and hrHPV testing (co-testing) every 5 years. If hrHPV testing is not available, continue screening with cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years. Patient-collected hrHPV testing is an appropriate method and should be offered as an option for cervical cancer screening in women aged 30 to 65 years at average risk. Additional testing may be required to complete the screening process and follow-up findings on the initial screening. If additional testing (e.g., cytology, biopsy, colposcopy, extended genotyping, dual stain) and pathologic evaluation are indicated, these services also are recommended to complete the screening process for malignancies.

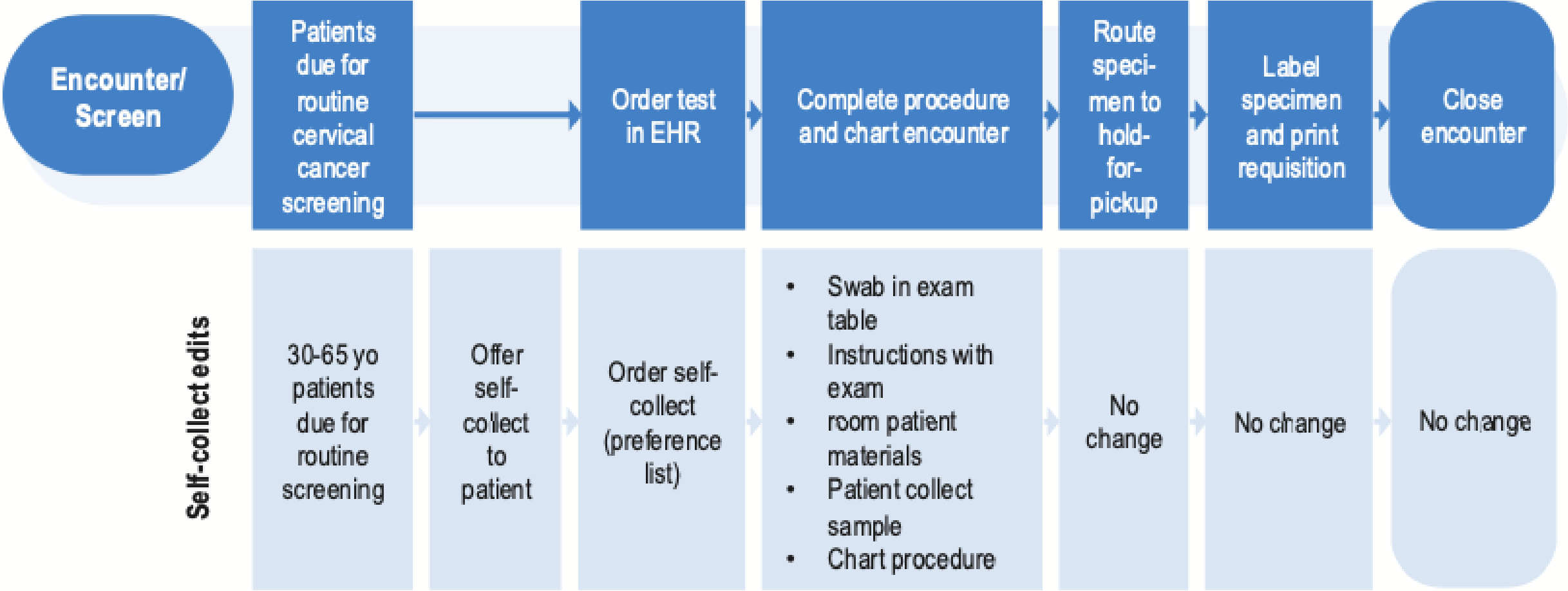
Step 1: Convene a Team

- All stakeholders
- Women's health
- EHR

Step 2: Assess Your Current Workflow



Step 3: Modify Your Workflow



Step 3: Modify Your Workflow

- Get your EHR set up
 - Ordering
 - Macros
- Get your billing and ordering team set up
- Modify your results communication and reports
- Identify resources your patients might need

Step 3: Modify Your Workflow

- Screening guidelines -- age, test, interval
 - HRSA-WPSI^{12,13}, draft USPSTF¹⁴
 - Enduring Guidelines/ASCCCP¹⁵, ACS¹⁶
 - ACOG¹⁷
- Abnormal management guidelines
 - Enduring Guidelines/ASCCCP^{15,18}

Step 4: Train Clinic Staff

- Identify tools to promote and educate ALL clinic staff

Step 5: Implement Your New Workflow

- Perform an end-to-end test of your ENTIRE workflow
- Start offering it!

Step 6: Monitor Your Progress

- Cervical cancer screening rate
- HPV self-collect results
 - Abnormal rate
 - Other HR-HPV positive
 - Unsatisfactory
 - HPV 16 or 18 positive

References

1. Arbyn M, Smith SB, Temin S, Sultana F, Castle P, Collaboration on Self-Sampling and HPV Testing. Detecting cervical precancer and reaching underscreened women by using HPV testing on self samples: updated meta-analyses. *BMJ*. 2018 Dec 5;363:k4823. PMID: [PMC6278587](#)
2. World Health Organization. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition [Internet]. Geneva: World Health Organization; 2021 [cited 2021 Dec 20]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK572317/> PMID: 34314129
3. Serrano B, Ibáñez R, Robles C, Peremiquel-Trillas P, de Sanjosé S, Bruni L. Worldwide use of HPV self-sampling for cervical cancer screening. *Preventive Medicine*. 2022 Jan 1;154:106900. PMID: [34861338](#)
4. Provincial Health Services Authority. BC Cancer Screening: Cervix [Internet]. [cited 2026 Apr 30]. Available from: <https://www.bccancer.bc.ca:443/screening/cervix>
5. Hohl SD, Maxwell AE, Sharma KP, Sun J, Vu TT, DeGroff A, Escoffery C, Schlueter D, Hannon PA. Implementing Mailed Colorectal Cancer Fecal Screening Tests in Real-World Primary Care Settings: Promising Implementation Practices and Opportunities for Improvement. *Prev Sci*. 2024 Apr;25(Suppl 1):124–135. PMID: [PMC10034905](#)
6. Lin J, Montealegre JR, Tiro JA. (2025). *A guide for implementing HPV self-collection for cervical cancer screening*. University of Washington. Available from: <https://sites.uw.edu/hpvselfcollect>
7. Quest Diagnostics Test Menu [Internet]. Quest Diagnostics. [cited 2026 Jan 5]. Available from: <https://testdirectory.questdiagnostics.com/test/home>
8. Labcorp Test Menu [Internet]. Labcorp. [cited 2026 Jan 50]. Available from: <https://oncology.labcorp.com/test-menu/search>

References

9. Washington State Health Care Authority. Provider billing guides and fee schedules [Internet]. [cited 2026 Apr 30]. Available from: <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>
10. Oregon Health Authority, State of Oregon. Oregon Health Plan (OHP) Fee-for-Service Fee Schedule [Internet]. [cited 2026 Apr 30]. Available from: <https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>
11. National Committee for Quality Assurance. 2025 Quality Rating System Measure Technical Specifications [Internet]. 2024. Available from: <https://www.cms.gov/files/document/2025-quality-rating-system-measure-technical-specifications.pdf>
12. Women's Preventive Services Guidelines [Internet]. HRSA. [cited 2026 Jan 5]. Available from: <https://www.hrsa.gov/womens-guidelines>
13. Update to the Women's Preventive Services Guidelines [Internet]. Federal Register. 2026 [cited 2026 Jan 5]. Available from: <https://www.federalregister.gov/documents/2026/01/05/2025-24235/update-to-the-womens-preventive-services-guidelines>
14. United States Preventive Services Taskforce. Draft Recommendation: Cervical Cancer: Screening [Internet]. 2024 [cited 2024 Dec 10]. Available from: <https://www.uspreventiveservicestaskforce.org/uspstf/index.php/draft-recommendation/cervical-cancer-screening-adults-adolescents#fullrecommendationstart>
15. Wentzensen N, Massad LS, Clarke MA, Garcia F, Smith R, Murphy J, Guido R, Reyes A, Phillips S, Berman N, Quinlan J, Lind E, Perkins RB, Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee. Self-Collected Vaginal Specimens for HPV Testing: Recommendations From the Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee. J Low Genit Tract Dis. 2025 Feb 21; PMID: [PMCID: PMC11939108](https://pubmed.ncbi.nlm.nih.gov/40119391/)

References

16. Perkins RB, Wolf AMD, Church TR, Elkin EB, Skates SJ, Etzioni RD, Guerra CE, Herzig A, Hoffman RM, Oeffinger KC, Raoof S, Shih YCT, Walter LC, Zeigler-Johnson C, Manassaram-Baptiste D, Smith RA. Self-collected vaginal specimens for human papillomavirus testing and guidance on screening exit: An update to the American Cancer Society cervical cancer screening guideline. *CA Cancer J Clin.* 2026;76(1):e70041. PMID: [PMCID: PMC12677112](#)
17. ACOG Committee Statement: Screening for Cervical Cancer. *Obstetrics & Gynecology.* 2026 Apr 24;10.1097/AOG.0000000000006257. PMID: [42024877](#)
18. Perkins RB, Guido RS, Castle PE, Chelmow D, Einstein MH, Garcia F, Huh WK, Kim JJ, Moscicki AB, Nayar R, Saraiya M, Sawaya GF, Wentzensen N, Schiffman M, Committee for the 2019 ARBMCG. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. *Journal of Lower Genital Tract Disease.* 2020 Apr;24(2):102–131. PMID: [PMCID: PMC7147428](#)

Case Study #1

- **Carolyn Halley, Medical Director**
 - HealthPoint CHC
(Greater Seattle, Washington)



HealthPoint

May 8, 2026



HealthPoint HPV Self-Collect Rollout

Carolyn Halley, Medical Director

HealthPoint – Who We Are:

- HealthPoint was founded in 1971
- FQHC – Federally Qualified Health Center
- Community Health Organization that is in King, WA.
- 12 health clinics and 6 school-based across King County

WHO WE SERVE

HealthPoint serves over 100,000 patients annually.



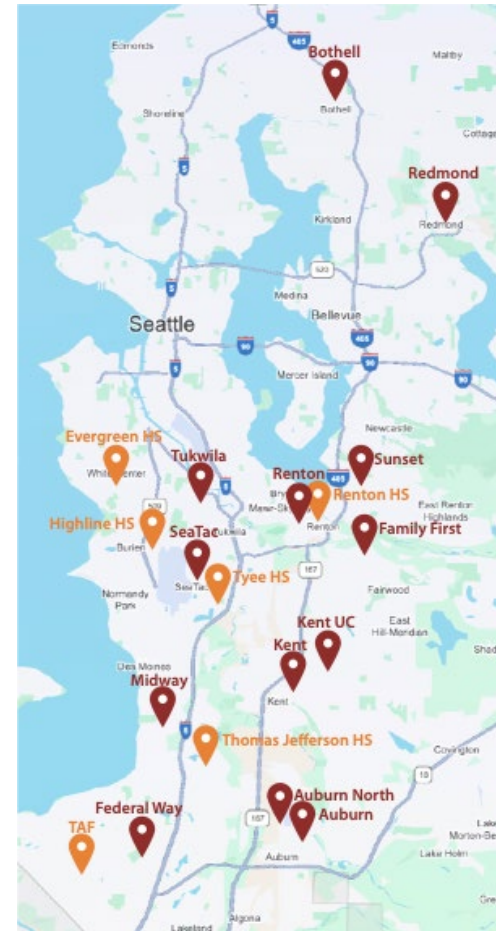
99%
of patients are
low income

Care provided
in **70+**
languages

70%
of patients identify
as an ethnic or racial
minority

1/3
of patients are
children and
adolescents

67%
of patients
are enrolled in
Medicaid



HealthPoint's Mission Statement:

To strengthen communities and improve people's health by delivering quality health care services, breaking down barriers, and providing access to all."

HealthPoint is a community-based, community-supported, and community-governed network of non-profit health centers dedicated to providing expert, high-quality care to all who need it, regardless of circumstances. We serve approximately 70% of newly arrived refugees in King County.

HealthPoint HPV Self-Collect Rollout

STEP-2 Trial

- August-November 2025
- 2 HealthPoint primary care clinics – in clinic self-collect
- 2 healthplans – mailed HPV self-collection kits to patients
- Kits processed at UW Lab rather than Labcorp
- STEP-2 metrics

Full HealthPoint Rollout

- November-December 2025
- 10 additional HealthPoint primary care clinics
- Tests sent to Labcorp
- HealthPoint designed our own metrics

HealthPoint HPV Self-Collect Rollout



Wins!

Enthusiastic Providers

Ordering made easy using CCS Care Gap

Education modules at each provider and MA site meetings

Including medical assistants in workflow

Cervical cancer screening added to acute or chronic condition visit (similar to FIT and mammo)

Increased access through opening of visits that would have been scheduled for pap

FAQ

"I see you are due for cervical cancer screening. There is a new option now which is doing a vaginal self-swab that checks for HPV, the virus that causes cervical cancer. We could do that today. We can also make another appointment for you to come back for a regular pap, it's up to you. Here is some information about that new test. Your provider will talk with you more about this when they come in."



Get screened for cervical cancer today!

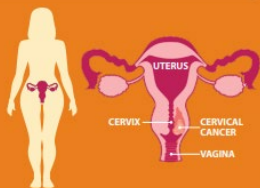
Human Papillomavirus (HPV) is a common virus that can cause cervical cancer. The HPV self-test looks for HPV in cells collected from your vagina. **Early treatment can prevent or stop cancer.**

What is the HPV self test?

The HPV self-test is for women ages 30-65 years old. You take your own sample from the vagina.

Your medical provider can do a pap test with a speculum, or you can do the HPV self-test.

The HPV self-test works just as well as when a doctor does the test.



Why should I do the HPV self-test?

The test can prevent cervical cancer!

It's fast, easy and doesn't hurt.

No need for a pelvic exam.

It's private. You can do it in the clinic bathroom.

It takes only 20 seconds.

Your doctor can do a regular pap test if you prefer.

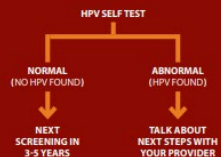


What happens after I do the self-test?

Your test will go to the lab and you will get your results within 1-2 weeks.

An abnormal (positive) test doesn't mean you have cancer, but HPV may be causing harmful changes to the cells of your cervix.

If your test is positive, follow up with your doctor to discuss next steps.



HPV Self-Test Instructions

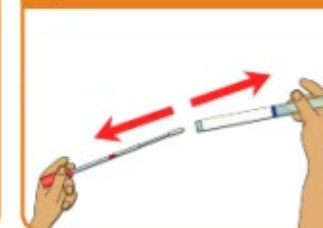
1. Wash hands



2. Twist and...



... pull out swab



3. Get comfortable



4. Insert swab to RED MARK and rotate

This won't hurt. You don't need to reach your cervix. You'll gently swab the walls of your vagina.



5. Close the swab

6. Put the swab inside the metal door

HealthPoint HPV Self-Collect Rollout



Challenges

Switching to primary HPV and vaginal self-collect at the same time

Starting vaginal self-collect at same time as Labcorp

Mixed messages about when to offer vaginal self-collect

Mixed messages about self-collect follow up interval

Labcorp "kits"

No mechanism to track patients returning for colpo or cytology

HealthPoint HPV Self-Collect Metrics

Overall

- CCS screening rate before/after self-collect rollout
- % CCS that were self/vaginal collect vs cervical collect

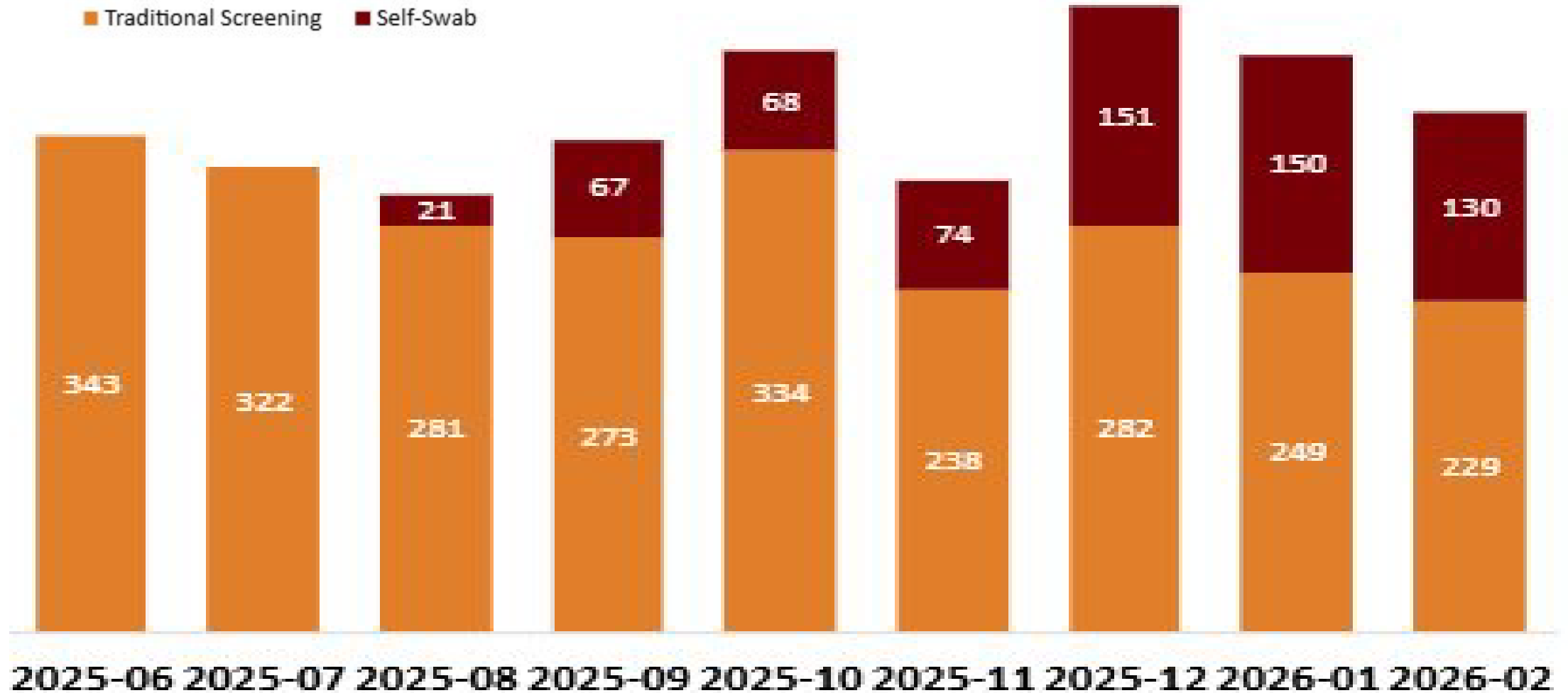
Vaginal vs cervical-collect

- Refugee rates
- Non-English speaking patient rates
- Gender diverse/F64 rates

Abnormal result follow up

- % Vaginal-collect requiring follow up: cytology and colpo
- Rate of return for cytology (hrHPV non-16/18)
- Rates of return for colposcopy - vaginal vs cervical (hrHPV 16/18)

Cervical Cancer Screening - Traditional vs Self-Swab



HealthPoint HPV Self-Collect Rollout

Preferred Language	Self-Swab	Total	Self-Swab %
English	270	782	35%
Spanish	64	321	20%
Dari	56	128	44%
Pashto	15	39	38%
Amharic	11	26	42%
Somali	16	23	70%
Punjabi	9	17	53%
French	8	17	47%
Portuguese	3	14	21%
Arabic	5	13	38%
Others	48	123	38%
Total	505	1503	34%

The highest rates of choosing self-collect were patients who speak non-English languages, including Somali, Punjabi, French, Dari, Pashto and Arabic

Spanish speakers chose self-collect the least often of all language groups

Case Study #2

- **Jane Montealegre, Associate Professor**
 - The University of Texas MD Anderson Cancer Center (Houston, Texas)

Case Study: Implementing Self- Collection in a South Texas FQHC

Jane R. Montealegre, PhD MSPH
Associate Professor, Behavioral Science
The University of Texas MD Anderson Cancer Center

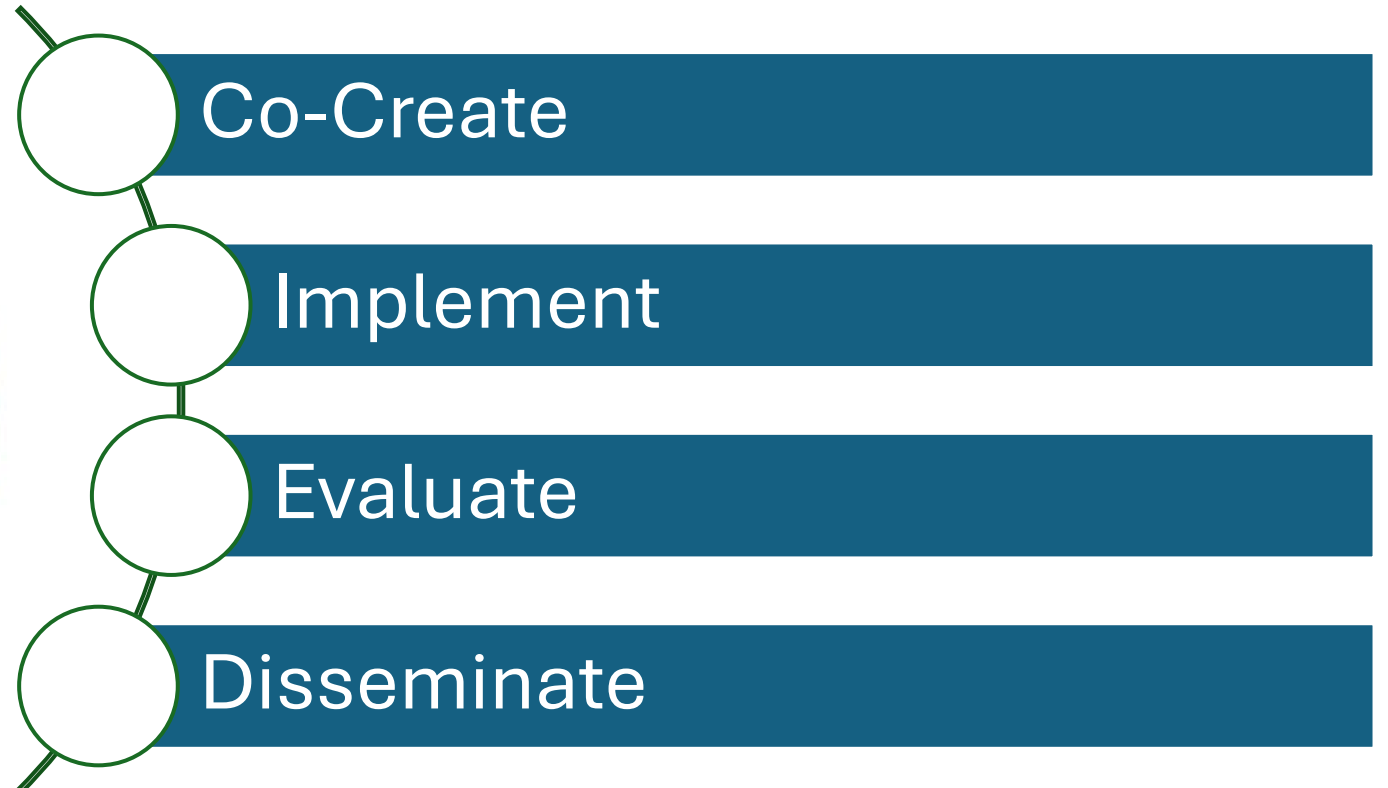


Disclosures

No conflicts of interest to disclose.

Goal: Develop a model for the integration of self-collection into the workflow of safety net health settings

Project ACCESS



Project ACCESS: Expanding **ACC**ess to
Cervical Cancer Screening with **Self-S**ampling
Cancer Prevention and Research Institute of Texas
(CPRIT): Grant PP240017 (mPIs: Montealegre, Schmeler)

Building on robust academic-community partnerships

Su Clínica



FQHC
Texas-Mexico border area
4 community health centers

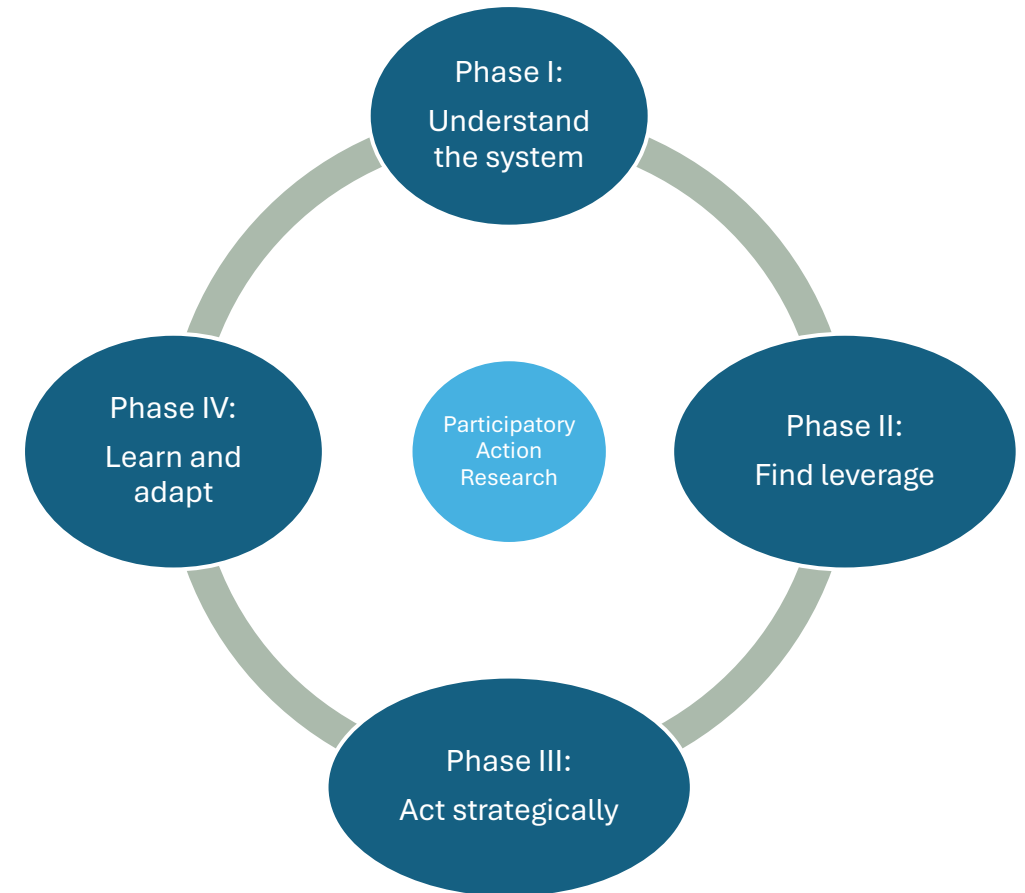
HARRIS HEALTH SYSTEM



County-funded health system
Houston, Texas
16 community health centers

Co-creating an Implementation Program

- Co-creation: synergistic approach to goal attainment
- INSPIRE Framework: Integrative Systems Praxis for Implementation Research



Perez Jolles et al Frontiers Health Serv, 2022
Gravitt et al, Cancer Epi Biomarkers Prev, 2020

Understanding the System: Su Clínica



A Federally Qualified Health Center located at the southernmost tip of Texas



Serves predominantly Hispanic persistent poverty communities across two counties



Provides comprehensive, person-centered healthcare, including:

Primary Care

Dental

Pediatrics

Behavioral Health

Women's Health



Finding Leverage: Why HPV Self-Collection at Su Clinica?

Evidence-based, patient-centered approach

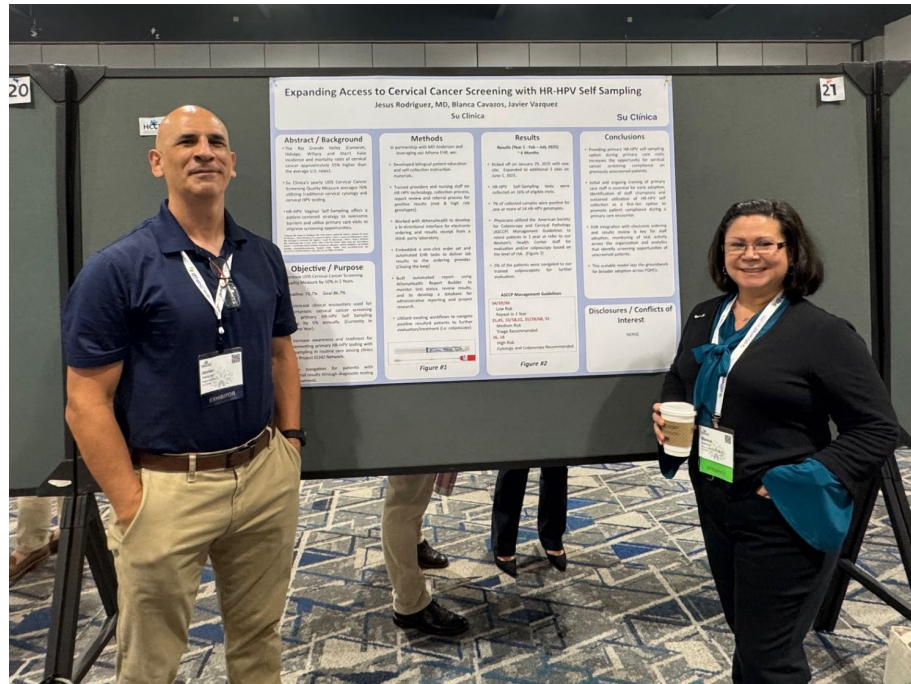
Addresses barriers:

- Cultural stigma or embarrassment
- Fear and/or anxiety
- Awareness
- Disabilities
- Sexual trauma
- Transportation and scheduling issues

Improves screening and early detection rates and respective quality indicators

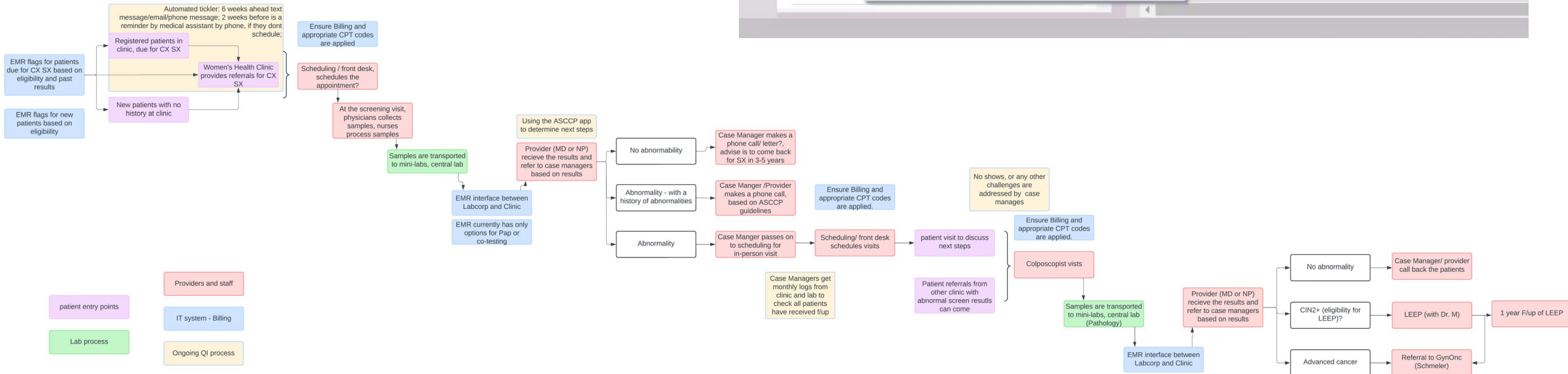
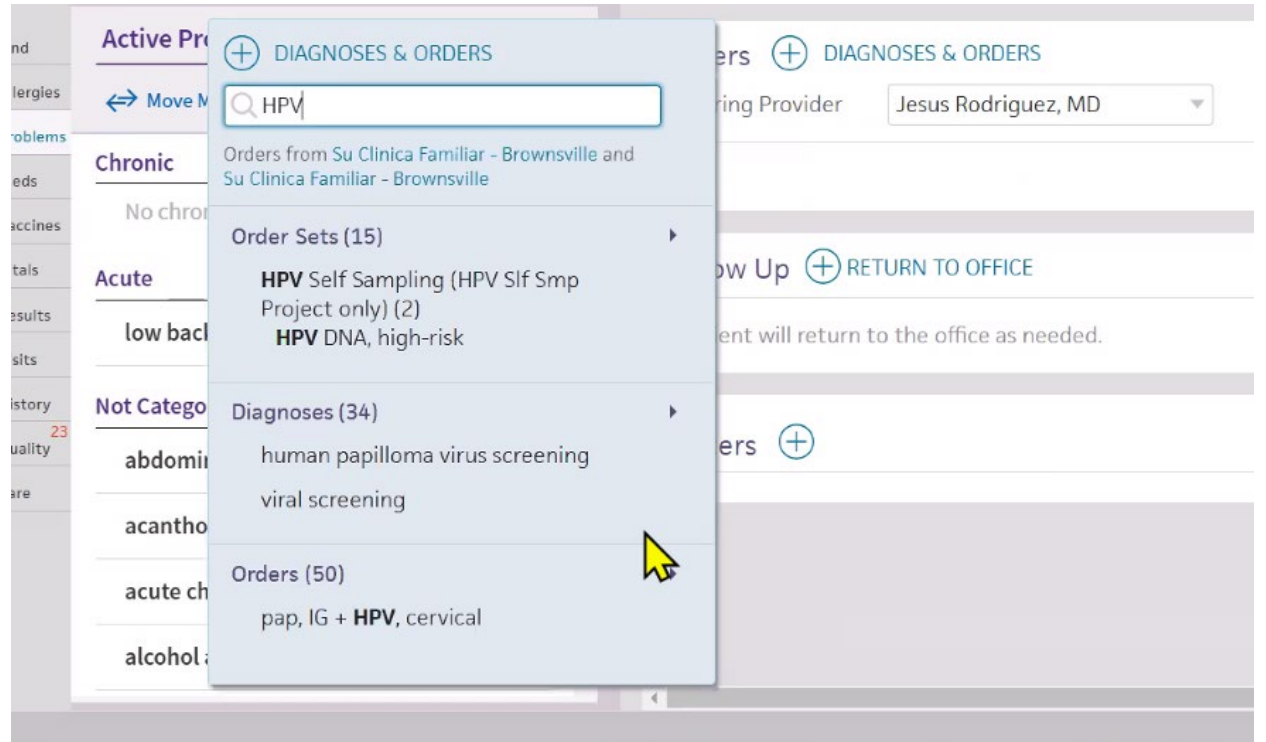
Acting Strategically

- Convening a team
 - Women's Health Clinic Administrator
 - Quality Improvement Lead
 - Clinic Administrator for 1 of the clinics



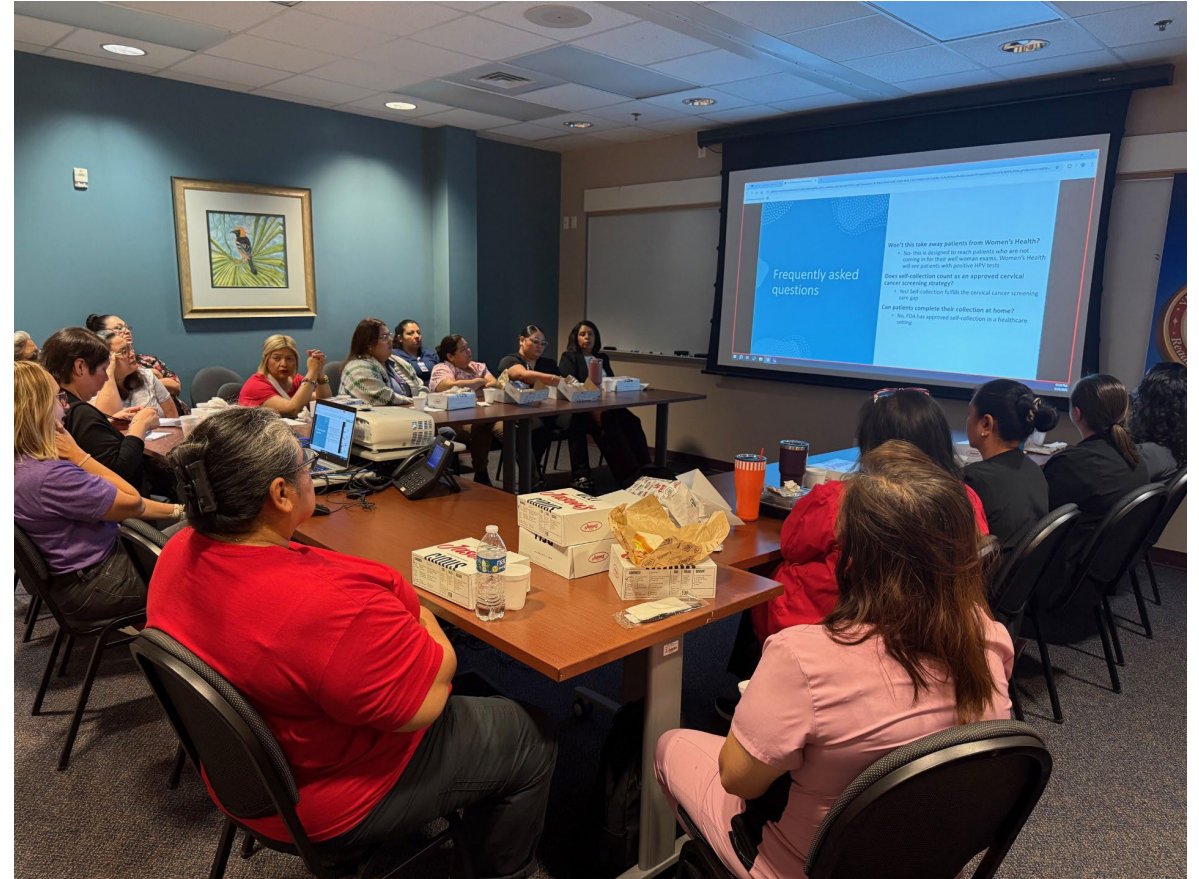
Acting Strategically

- Understanding current Adult Medicine clinical workflow
- Modifying the workflow
- Implementing EHR changes



Acting Strategically

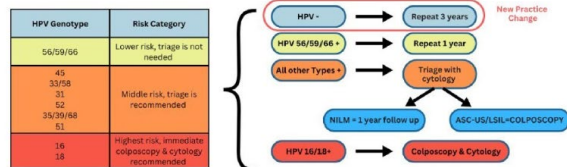
- Staff/provider training
 - Providers
 - Nursing Staff
 - (Later) Front Desk Staff, Rooming Staff



TIP SHEET

Post-Visit

- Manage with ASCCP management guidelines for primary HPV.
 - Note that a Reflex Pap cannot be run off the self-collect swab. The patient must promptly return for cytology.



- Update patient's Health Maintenance record

Patient Results

- Use .XXXXXXXXXXRESULTS for patient results letters.



Acting Strategically

- Patient awareness and education



How to use the kit

- 1** Wash your hands with soap and water
- 2** Remove your underwear
Put yourself into a comfortable position
- 3** Twist cap to break seal, carefully pull cap off the tube to remove the swab
Hold swab at the red mark with your fingers
Do not touch the white tip with your hand or any surface
- 4** With your fingers at the red line, place the swab tip inside your vagina
Gently push the swab into your vagina until your fingers are at your skin
- 5** Turn the swab for 15 seconds
Pull the swab out of your vagina
- 6** Place the swab back into the tube and twist the cap back on
- 7** Return the tube to the healthcare provider

Learning and Adapting

- Monitor utilization
- Regular data collection (observation, informal interviews) and rapid analysis to identify challenges
- Weekly team huddles
- QI cycles to implement changes



Learning and Adapting

Cervical cancer screening
just got easier

Instead of a Pap, you can now
self-collect!



Self-collection – a simple, private, and
effective way to protect your health.

AVAILABLE AT SU CLINICA

Su Clinica Harlingen
1706 Treasure Hills Blvd
Harlingen, TX 78550
956-365-6000

Su Clinica Brownsville
105 East Alton Gloor
Brownsville, TX 78526
956-831-8338

Su Clinica Santa Rosa
Highway 107 & La Feria AVE
Santa Rosa, TX 78593
956-636-2676

Su Clinica Raymondville
131 FM 3168
Raymondville, TX 78580
956-689-2196

Su Clínica

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®

Waiting room flyers and posters

Su Clínica

**AUTO-TOMA DE MUESTRAS
PARA EL VPH**

Sabemos que tu tiempo es importante.



**Puedes hacer tu prueba de cáncer cervical en
solo unos minutos mientras estás en Su Clínica
por otra visita ¡No es necesario hacer otra cita!**

Social media posts

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®

Successes

Reaching patients who have declined or delayed a Pap test

Enables cervical cancer screening outside of Women's Health

Positive feedback from patients with prior trauma, disabilities, or cultural barriers

Provider champions are emerging

Challenges

Misconceptions about eligibility for self-collection among providers

Reluctance among providers to offer a new test that patients with which patients were not familiar

Differential uptake across the four clinics

Need for ongoing staff education and refreshers

Lessons Learned



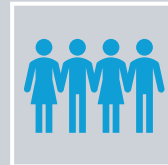
Importance of early staff buy-in and training



Patient awareness and education is key to acceptance



Integration into multiple points of care



Leveraging nursing staff increases participation

Case Study #3

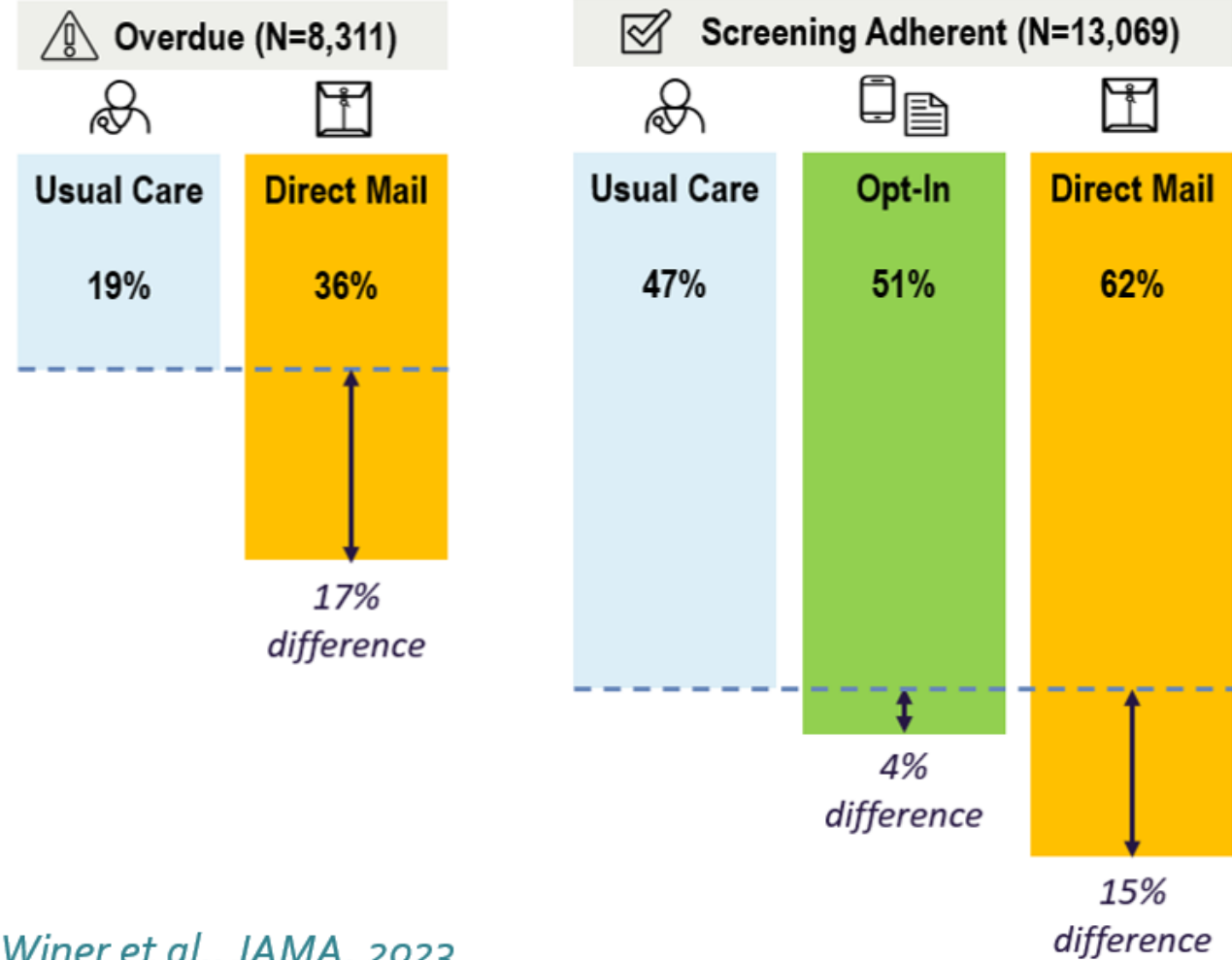
- **Bev Green, senior investigator**
 - Kaiser Permanente Washington Health Research Institute
(Seattle, Washington)



- **Self-Testing Options in the Era of Primary HPV Screening for Cervical Cancer (STEP 1)**
- **Kaiser Permanente Washington HPV Self-Collect program evaluation**
- **Self-Testing HPV Cervical Cancer Screening in Priority Populations (STEP 2)**

Kaiser Permanente Washington Step Trial

(2020 -2022)

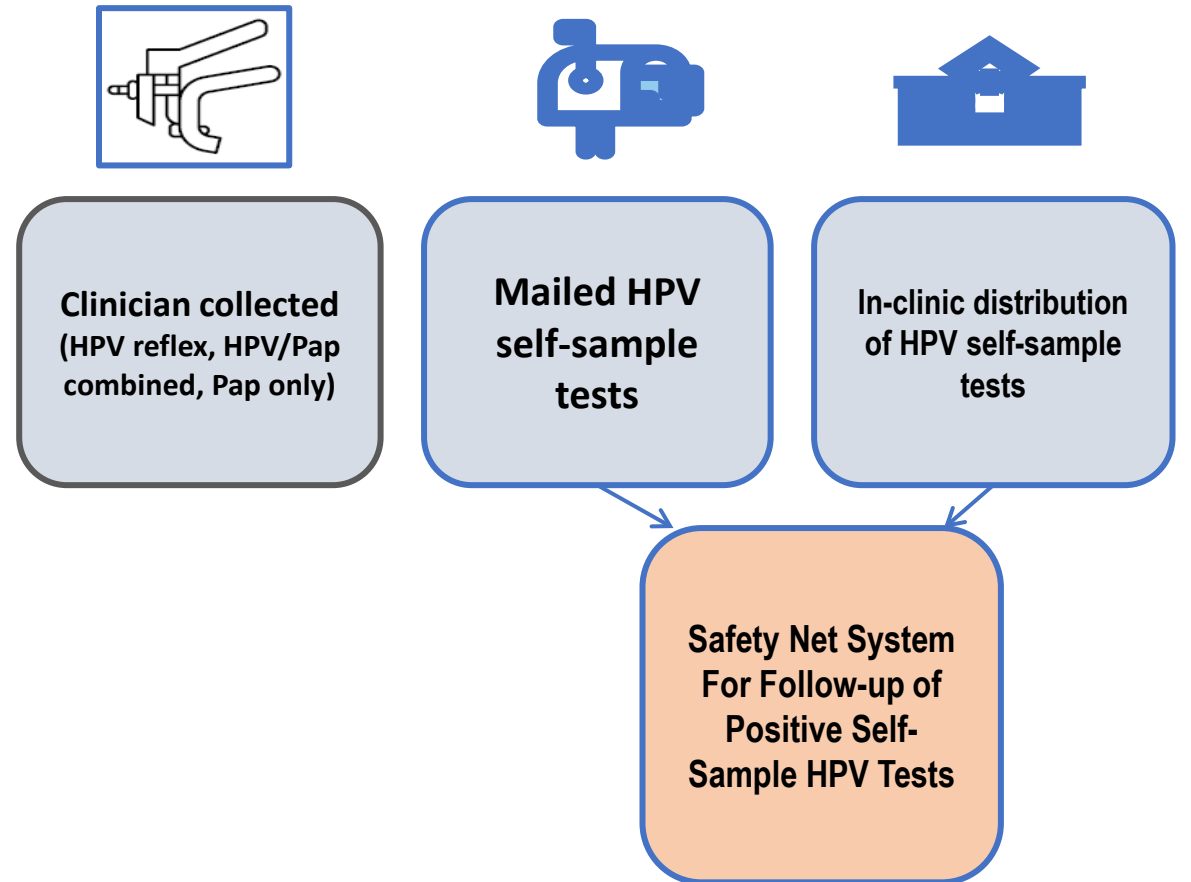


Winer et al., JAMA, 2023

Meenan et al. JAMA Open 2025, mailed kits were cost saving

Rolled out to the KPWA Health Delivery System in June of 2023

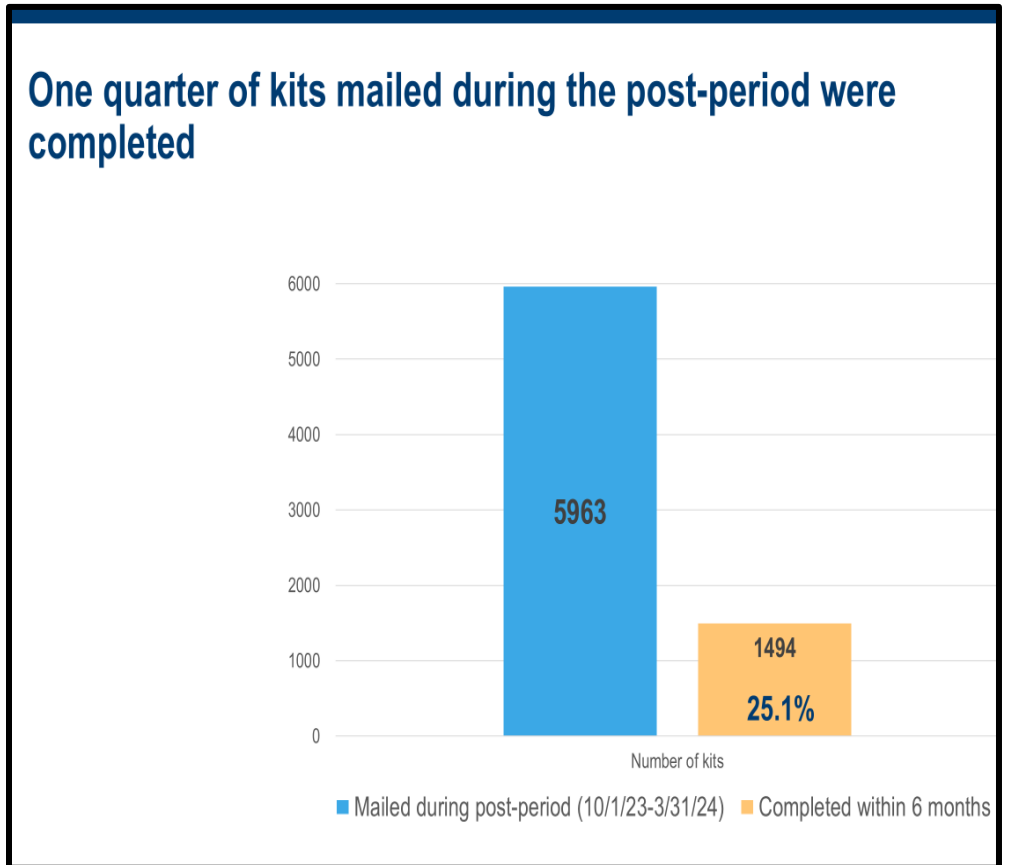
- Rolled out to all clinics in June of 2023
- Includes both a mailed and in-clinic HPV self-collect at the point of care
- We conducted a pre-post evaluation compared 6 months prior (7/1/22 -12/31/22) to 6 months after (10/1/23 – 3/31/24)



Average Risk Individuals Ages 30–64 Years Old with a Cervix		
	Pre-Launch N=48511	Post-Launch N=47333
Age		
30–39 years	22%	23%
40–49 years	25%	26%
Race		
White	61%	59%
Asian	11%	11%
Black or African American	5%	6%
More than one race	9%	9%
Ethnicity		
Hispanic	6%	6%
Primary care visit in the last 12 months		
Yes	58%	58%
Cervical cancer screening status		
Due in the next 12 months	20%	19%
Overdue	34%	36%
No screening history	38%	36%

Screening Completion Overall and Among Those Mailed HPV Self-collect Kits

Screening Outcomes Before and After the HPV Self-Collect Program Launch				
	Pre-Launch	Post-Launch	Absolute difference	P Value
	N=48511	N=47333		
Screening Completion	14.8%	17.0%%	2.2%	<0.001



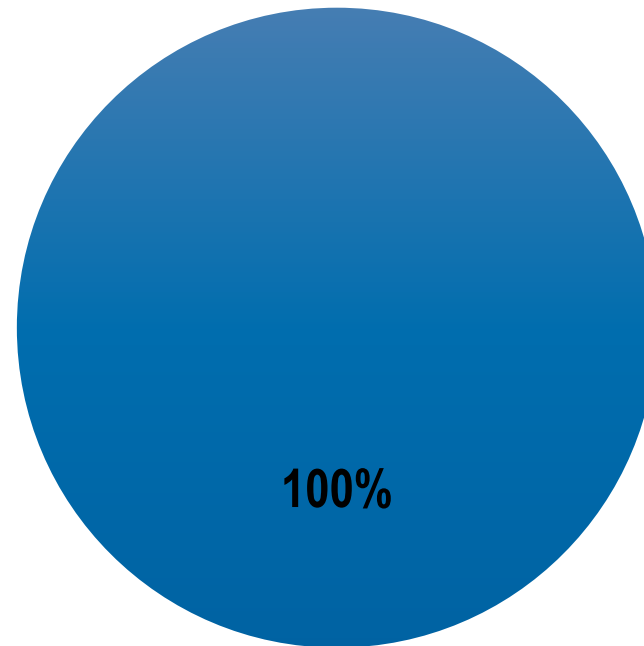
Comparison of Screening Tests Types Before and After Launch				
	Pre-Launch	Post-Launch	Absolute difference	P Value
Screening Completion	N= 7200	N=8067		
Clinician Collected	7200	5063 (63%)	-2147 tests	<0.0001
HPV Self-collect	NA	3014 (37%)		
Source of HPV Self-collect				
Clinician initiated	NA	1276 (42%)		NA
Mailing	NA	1738 (48%)		

NA = not applicable

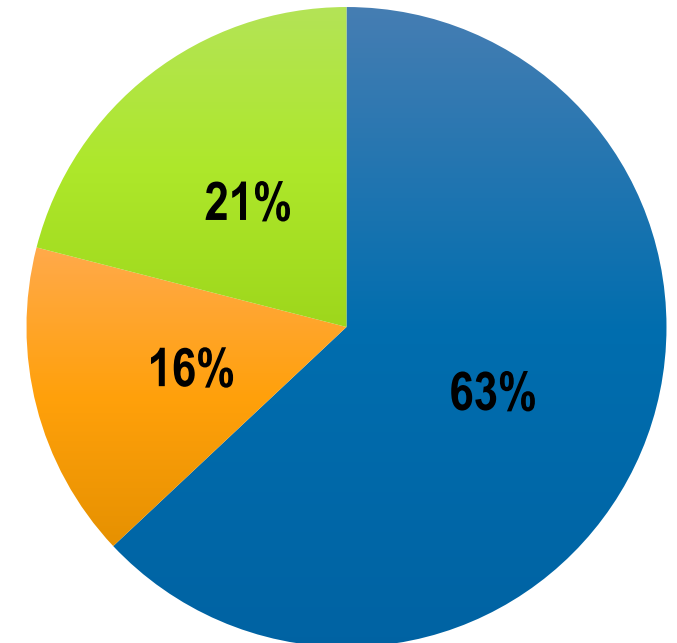
The source of cervical cancer screening changed dramatically

Cervical cancer screening rates by modality, before and after implementation of the self-collect HPV program

Pre-period (n=7,200)



Post-period (n=8,067)



Key message

- The number of cervical clinician-collected screenings decreased from 7,200 to 5,053 (while screening completion increased by 2%)

■ Cervical clinician-collected ■ Clinician-initiated self-collect ■ Program-initiated self-collect

Follow-Up Testing for Positive Tests

	Pre-period	Post-period
Total screened	7,200	8,067
HPV positive 16/18 (%)	36 (0.5%)	62 (0.8%)*
Colposcopy completed n(%)	18 (50%)	47 (76%)
HPV positive other subtypes n(%)	114 (1.6%)	350 (4.3%)*
Pap completed n(%)	114 (100%)	287 (82.0%)

Key message

- Follow-up for 16/18 was higher after program implementation, likely due to the presence of a safety net nurse.

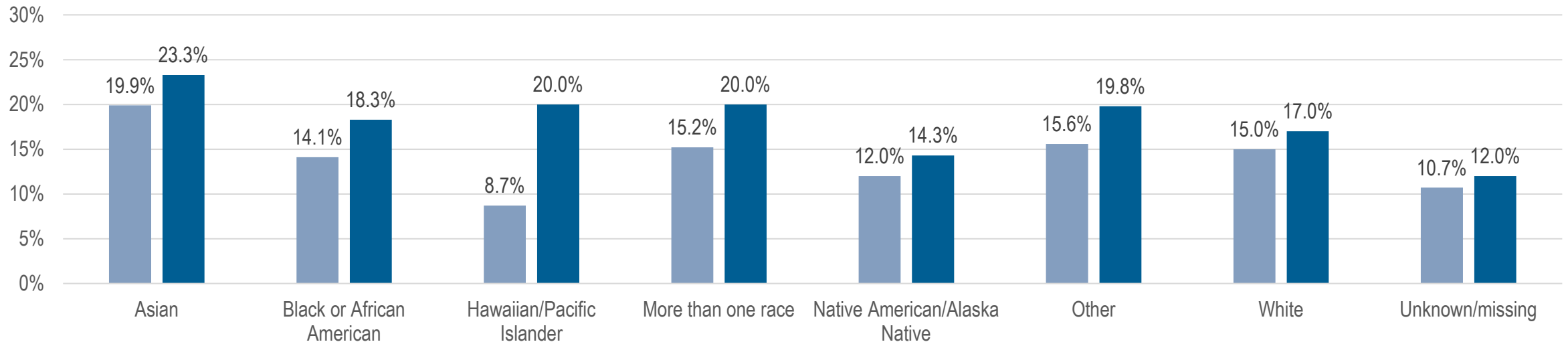
Screening rates increased for patients of all races

Key messages

- Screening rates went up for all race categories, and some groups with the lowest baseline screening rates had the largest increases in screening
- These results suggest self-collect HPV may help minimize racial disparities in cervical cancer screening

Change in completion rate by race

■ Pre-period: July 1 - Dec 31, 2022 ■ Post-period: Oct 1 - March 31, 2024



Clinician Acceptability

THEME Clinician Acceptability	
Subthemes	Illustrative Quotes
<i>Opportunities</i>	
Most clinicians view the program favorably	<i>"Best thing ever," "the HPV self-collect program changed my practice," "I hand them out like candy"</i>
Male clinicians appreciate the test	<i>"There's more likelihood that women would rather do self-collection than a male provider doing an exam, so I think it's easier to for me to sell it because, otherwise they would have booked an appointment with another provider."</i>
Saves time, is efficient	<i>"People can do it at home or at the end of a visit that has nothing to do with their cervix, and it doesn't require a lot of extra time"</i> <i>"It also saves appointments for other sicker patients to be managed."</i>

Key message

- In clinic distribution was highly acceptable

Clinician Knowledge, Attitudes, and Practices with HPV Self-Sample Program

Interviews with Clinic Medical Directors and Site Visits

Theme – Clinician Acceptability	
Subthemes	Illustrative Quotes
<i>Challenges</i>	
Concerns about accuracy	<i>That's a question I am unclear on, is it as sensitive as cervical collection in the clinic?"</i>
Worry about missing something	<i>"Never examining with eyes can cause us to miss other concerns: lichen sclerosis, skin cancer, etc. and doesn't give women a sense of reassurance. I don't want women to feel a pelvic exam is a bad thing!"</i>
Non-adoption because of lack of information	<i>"Using kits in clinic- didn't know that was an option. Should put the kits in the drawer with the FIT kits. There's just no workflow for this."</i>

Conclusion

- Implementation of HPV self-collect by Mail and in-clinic are feasible in real world settings
- The program increase cervical cancer screening rates
- A centralized safety-net system improved follow up testing
- Standardized workflows could increase the reach of the program
- EHR and laboratory integration are integral and require ongoing monitoring
- Clinicians (and patients) need additional education
- Collaborative partnership between clinicians, researchers, and health system leaders was instrumental in improving the program

Thanks to the village of people that made this work possible!

Cervical Cancer Survivor Story

- **Claudia Perez- Favela, Cervical Cancer Survivor and Advocate**

- Cervivor



Claudia Perez-Favela

Cervical Cancer Survivor

Immigrant • Mother • Advocate

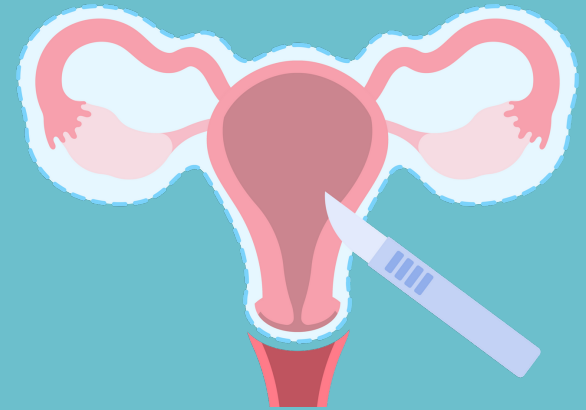


When Everything Changed

- No U.S. insurance until 2017
- Routine Pap tests in Mexico
- Lost my mom in 2013
(Ovarian Cancer)
- Diagnosed in the U.S. (2018)

The Impact of Survival

- Aggressive HPV type
- Stigma & assumptions
- Radical hysterectomy with ovaries removed (2018)
- Self-Advocacy





From Silence to Voice

- Isolation during and after treatment
- Finding Cervivor
- Breaking stigma



Closing the Health Equity Gap

- 8 Years NED
- Cervivor Ambassador
- Community Health Worker for EWC
- ACS CAN Act Lead, (CA-25)
- Cancer Research Patient Advocate



SEASON 4 EPISODE 9

CERVIVOR PODCAST



JOSLYN
CHAIPRASERT
PAGUIO

*Cervical Cancer
Survivor & Host*



CLAUDIA
PEREZ
FAVELA

*Cervical Cancer
Survivor &
Patient Advocate*



GILMA
PEREDA

*Cervical Cancer
Survivor &
Patient Advocate*



the MANY FACES OF CANCER

Episode 56:
Sharing Your Story
to Help Others
with
Claudia Perez-Favela

hosted by:
MELISSA GRSBOLL



cervivor[®]
informed. empowered. alive.



LET'S CONNECT



INSTAGRAM

<https://www.instagram.com/iamcervivor/>



FACEBOOK

<https://www.facebook.com/cervivor/>



PINTEREST

<https://www.pinterest.com/IamCervivor>



TIKTOK

<https://www.tiktok.com/@wearecervivor>



TWITTER

<https://twitter.com/IamCervivor>



WEBSITE

<https://www.cervivor.org>

YOU ARE NOT ALONE!


cervivor[®]
informed. empowered. alive.

claudia@cervivor.org



SPREAD THE WORD, FUND THE MISSION TO
#ENDCERVICALCANCER



<https://bit.ly/4i7w8hf>

Questions & Answers

Thank you!

ACS Cervical Cancer & HPV Data Dashboard

Liora Sahar & V. Lisa Douangchari Wills
American Cancer Society

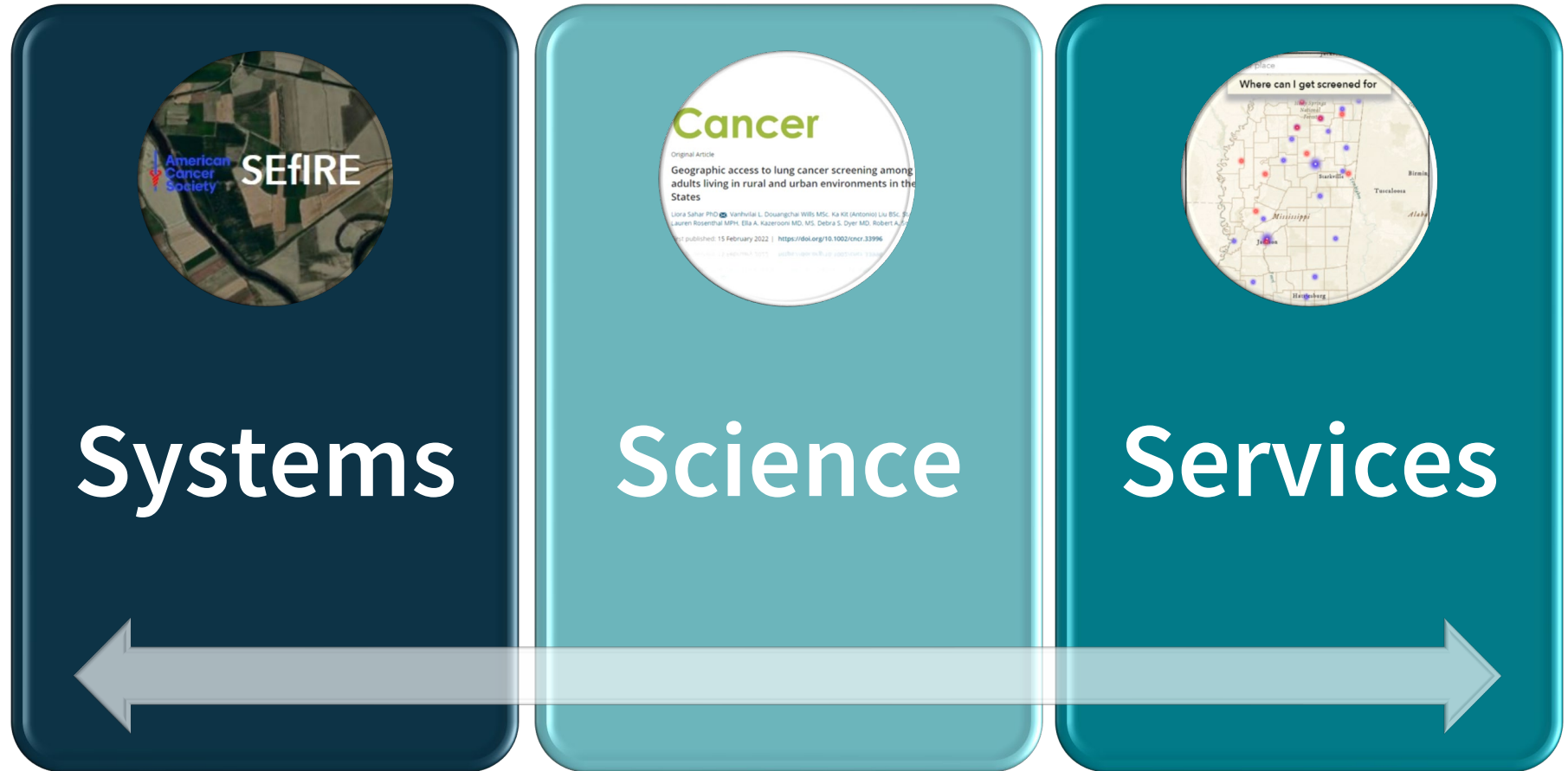
NRTCC Geospatial Dashboard

A special thank you to the Geospatial Solutions Team (GST) at the ACS

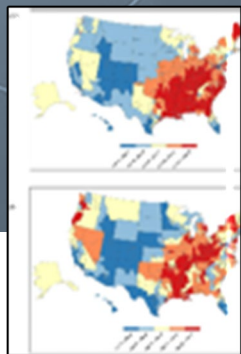
Liora Sahar, PhD, GISP
Senior Director, Geospatial Solutions Team
American Cancer Society



Geospatial Solutions Team (GST) Geographic Information SSS



The Role of GIS: Answer the “WHERE”



CANCER

- Mortality rates, incidence rates.
- Identify geographic patterns and trends – both space and time.



STAFF & VOLUNTEER RESOURCES



PEOPLE WITH CANCER & SURVIVORS SERVED

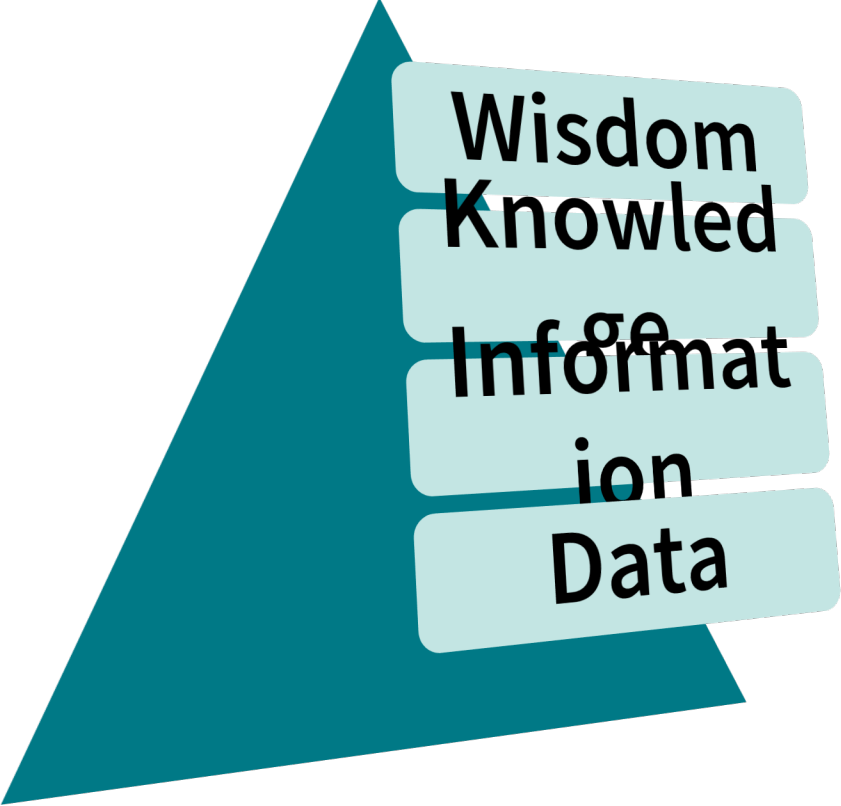
- Where and what services are requested? Transportation, lodging, etc.
- Which population should we focus on today?



HEALTH SYSTEM PARTNERS & COLLABORATORS

- ⑩ Commission on Cancer certified hospitals
- ⑩ Federally Qualified Health Centers

The Power of Data – Power of Maps



Wisdom
Knowledge
Information
Data

Evidence-based Decision Making

GIS has an important role in translating
Research and Analysis Into **ACTION**

Geospatial science, systems, tools, and products
inform decision-making at all levels of the organization.

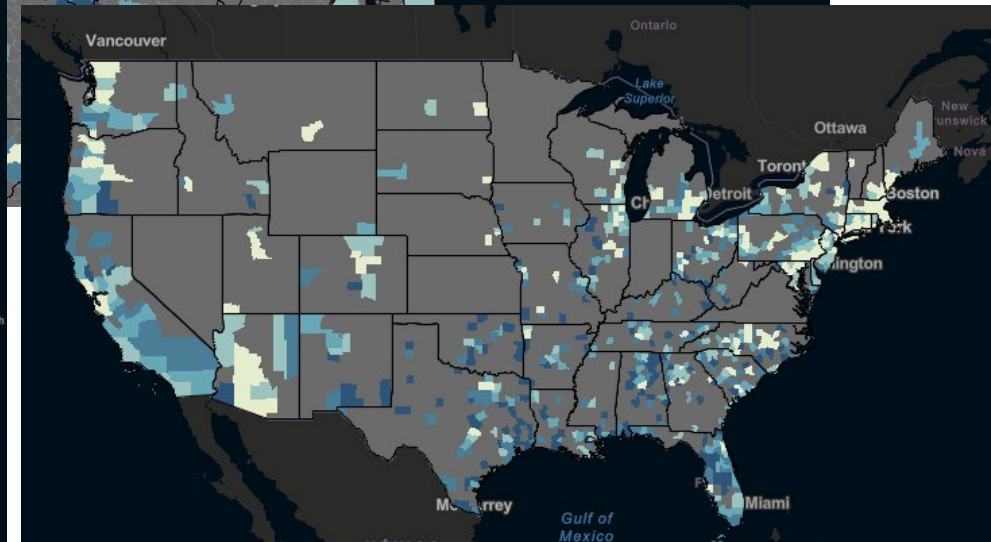
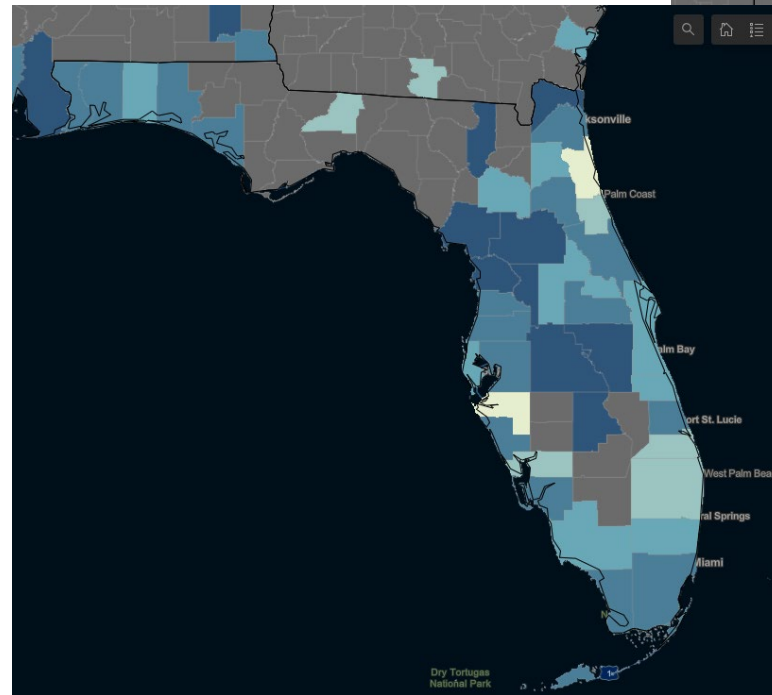
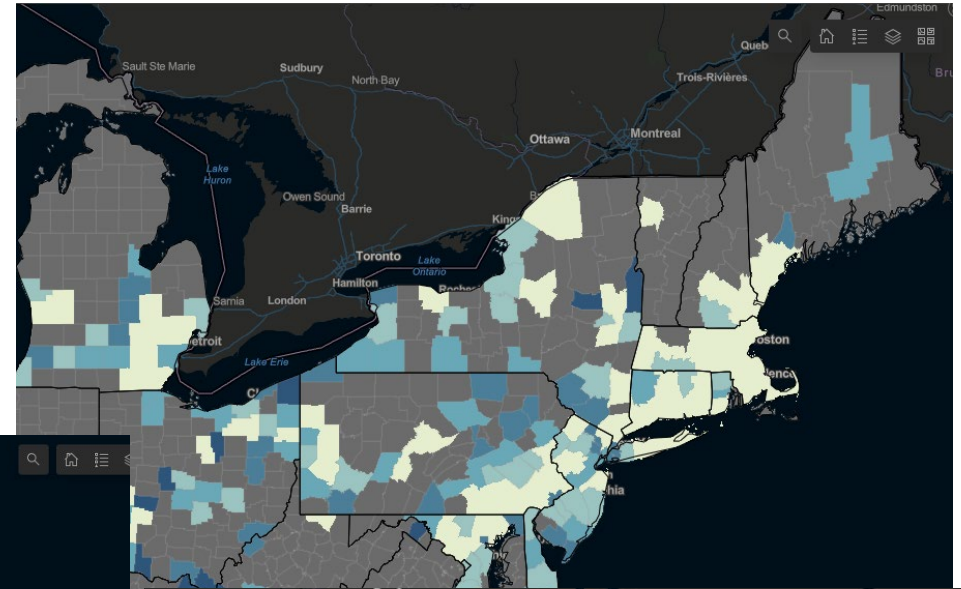
- Data Completeness –
- Data Integrity –
- Standards –

“KNOW YOUR STATE”

Dr. Robert Smith, SVP Cancer Screening
Know Your Region or Have National View

GIS techniques allow us to overlay disease burden data, screening data, and health services data to create a *picture of circumstances across the region/state*.

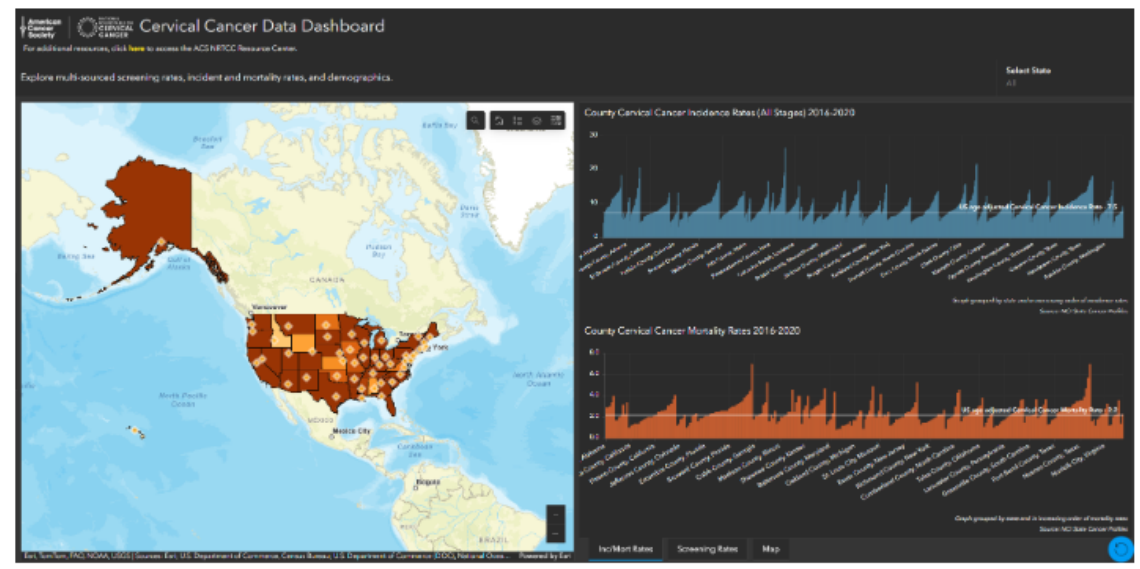
The Dashboard provides a view of selected state/s in comparison to other states.



Cervical Cancer Data Dashboard

The American Cancer Society National Roundtable on Cervical Cancer's Cancer Data Dashboard offers an interactive geospatial view of data pertaining to cervical cancer in the United States. Learn more about the Dashboard below.

[Explore the Cervical Cancer Data Dashboard](#)



Cancer Facts and Figures

The screenshot shows the American Cancer Society website. The navigation bar includes 'All About Cancer', 'Programs & Services', 'Ways to Give', 'Get Involved', 'Our Research', and 'About Us'. The breadcrumb trail is 'All About Cancer > Cancer Types > Cervical Cancer > About Cervical Cancer >'. The main heading is 'Key Statistics for Cervical Cancer'. A sidebar menu on the left lists 'About Cervical Cancer' (expanded), 'What Is Cervical Cancer?', 'Key Statistics for Cervical Cancer' (selected), 'What's New in Cervical Cancer Research?', and 'Causes, Risk Factors, and Prevention'. A 'show' link is visible at the bottom of the main content area.

Cervical Cancer Prevention and Screening: Financial Issues

On this page [[show](#)]

Financial issues can play an important role in whether or not women are screened for cervical cancer. Women with lower incomes and those without health insurance are less likely to be screened.

Incidence rates for cervical cancer

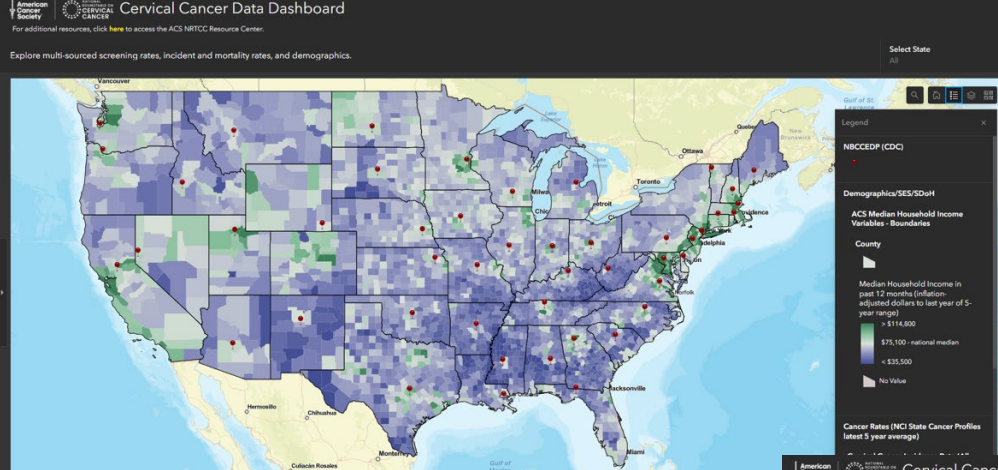
Cervical cancer incidence rates decreased by more than half from the mid-1970s to the mid-2000s, largely because of the increased use of screening, but they have stabilized over the past decade. However, in women ages 30-44, rates have increased 1.7% each year from 2012 to 2019.

In contrast, rates declined 11% each year for women ages 20-24, probably reflecting the first signs of cancer prevention from HPV vaccination.

Thank you Rebecca Siegel, Senior Scientific Director, Surveillance Research

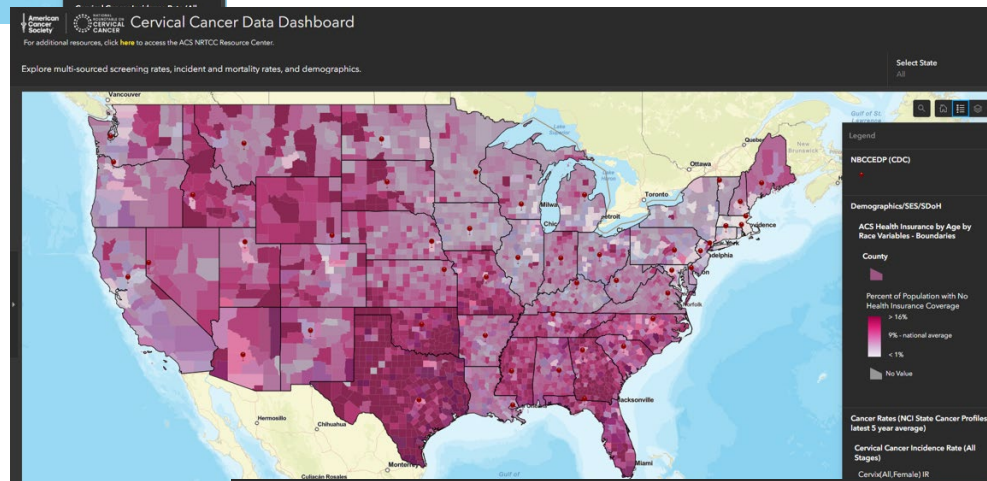
Data Layers

- Cervical cancer surveillance data (incidence rates, mortality rates, Trend)
 - State Cancer Profiles
- Cervical cancer screening rates – variables at the state, county, and census tracts levels
 - BRFSS; CDC PLACES
 - State-level Estimates, based on BRFSS, provided by the American Cancer Society Risk Factors and Screening Research
- NBCCEDP (CDC) program locations
 - National Breast and Cervical Cancer Early Detection Program, CDC
- Demographics, socioeconomic status and SDoH including (Census ACS; ESRI Demographics)
 - Gender identity and sexual orientation
 - Median household income
 - Health insurance
 - Educational attainment
 - Females aged 25-64

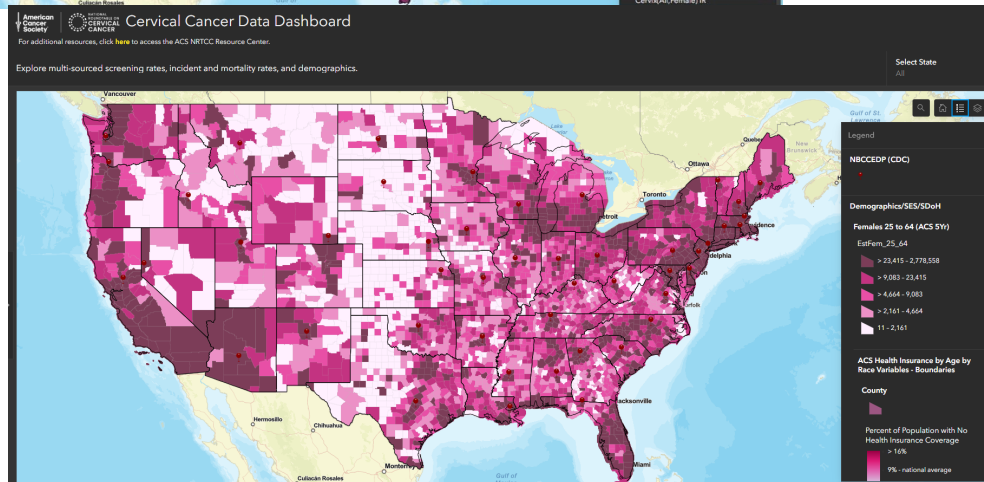


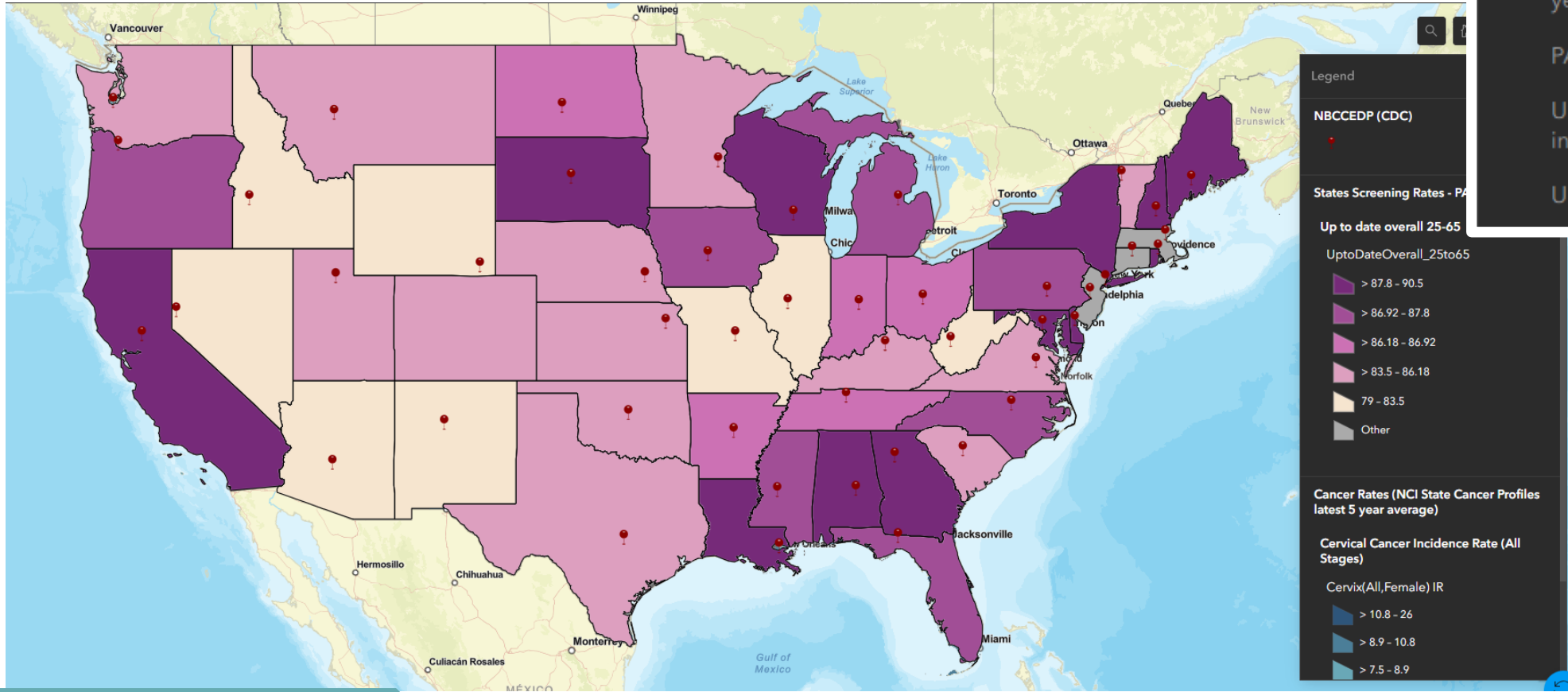
Median HH Income

Health Insurance



Females 25-64





States Screening Rates - PAP HPV

- PAP and HPV within last 5 years (25-65)
- PAP within last 3 years (25-65)
- Up to date overall no insurance 25-64
- Up to date overall 25-65

Legend

NBCCEDP (CDC)

States Screening Rates - PAP HPV

Up to date overall 25-65

UptoDateOverall_25to65

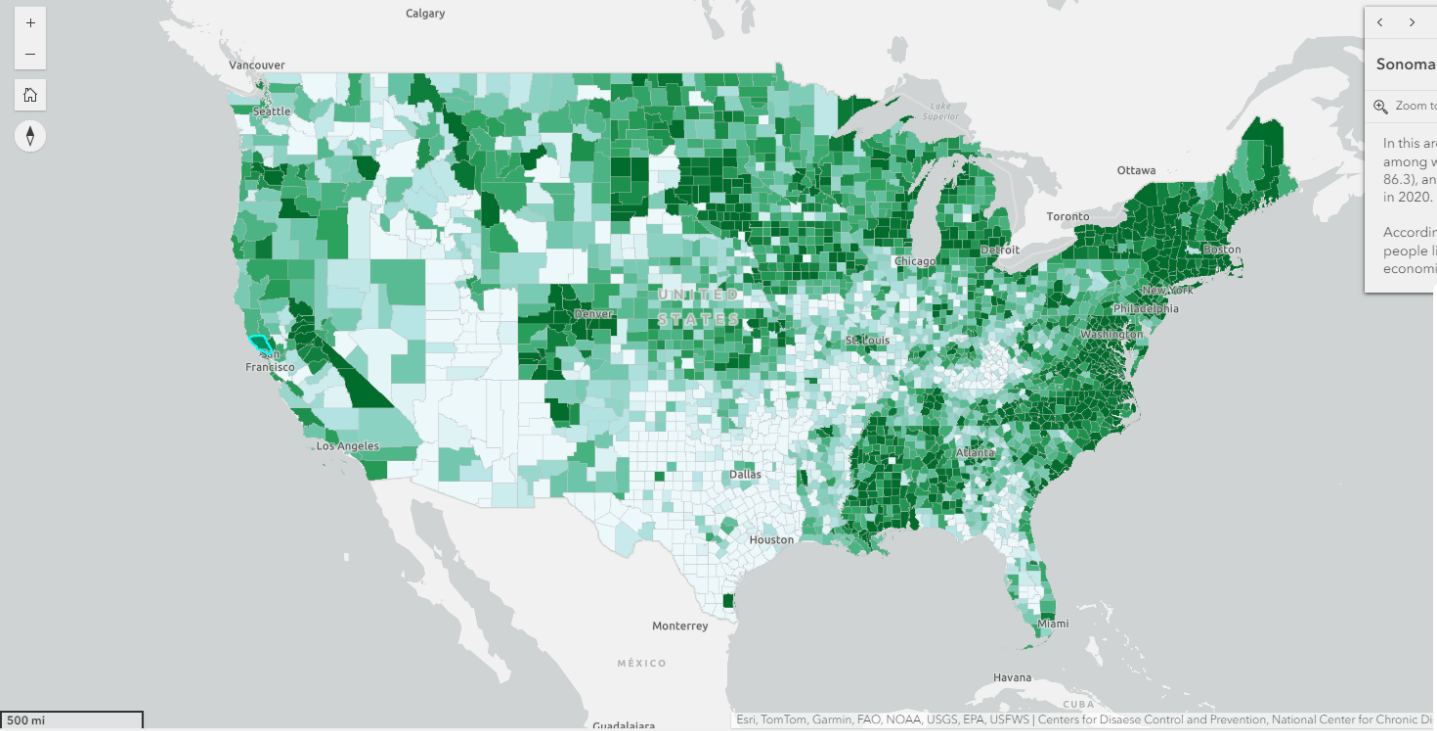
- > 87.8 - 90.5
- > 86.92 - 87.8
- > 86.18 - 86.92
- > 83.5 - 86.18
- 79 - 83.5
- Other

Cancer Rates (NCI State Cancer Profiles latest 5 year average)

Cervical Cancer Incidence Rate (All Stages)

Cervix(All,Female) IR

- > 10.8 - 26
- > 8.9 - 10.8
- > 7.5 - 8.9



Sonoma (06097), CA

Zoom to

In this area, the estimated prevalence of cervical cancer screening among women aged 21-65 years (%) was **84.4** with 95% CI (82.3, 86.3), and the age-adjusted prevalence (%) was **84.7** (82.8, 86.5) in 2020.

According to the Census 2021 population estimates, **485,887** people live in this area. For more demographic, social, and economic data, visit Census County Profile.

Cervical Cancer Screening Among Adult Women Aged 21-65 Years

Demographic group	Resident females aged 21-65 years without a hysterectomy.
Numerator	Female respondents aged 21-65 years who do not report having had a hysterectomy and who report having had recommended cervical cancer screening test. For female respondents aged 21-29 years, the recommended screening test is Pap test alone. For female respondents aged 30-65 years, there are three recommended screening tests with varying frequencies: (1) Pap test alone, (2) human papillomavirus (HPV) test alone, or (3) Pap test in combination with HPV test (otherwise known as co-test) (1).
Denominator	Female respondents aged 21-65 years who do not report having had a hysterectomy and who report ever having or never having had a Pap smear (excluding unknowns and refusals)

Data sources: The model-based estimates were generated using BRFSS 2021 or 2020, Census 2010 population counts or census county population estimates of 2021 or 2020, and ACS 2015-2019 or ACS 2016-2020, ACS 2017-2021.
 The Note: Estimates are not available for areas shaded in gray. For more information visit <https://www.cdc.gov/places>.
 Credit: Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA.



Source: CDC PLACES (BRFSS 2020) <https://www.cdc.gov/places/index.html>
Cervical Cancer Screening Among Adults Aged 21-65 Years

What Can You Do With the Dashboard?

- View two maps at the same time – each depicting a different variable
- View graphs of mortality and incidence rates of geographies in the map
- Select state/s
- View additional information about a state/ county/ Census Tract using pop-ups
- Create custom visualizations to know your area of interest using the following:
- CDC NBCCEDP
- Cancer Surveillance
- Mortality and Incidence rates and counts
- Late Stage
- Screening – State, County, Census tracts
- Demographics/SDoH- Females by age (25-65), Race/Ethnicity, Income, Education, Gender Identity, Health

General

This dashboard is brought to you by the American Cancer Society National Roundtable on Cervical Cancer (NRTCC). It was compiled in June 2024 by the Geospatial Solutions Team (GST), Digital Solutions, at the American Cancer Society. It offers an interactive geospatial view of data pertaining to cervical cancer in the USA. Please send your questions and comments to acsgis@cancer.org.

User Interface Notes

Visit the [tutorial video](#) to learn more about using the Cervical Cancer Data Dashboard.

Some layers (i.e., County Screening Rates or the Demographics data) contain information at different geographic levels (state, county, or census tract). These layers are scale-dependent and will appear or disappear automatically as you zoom in or out of the map.

Screening Data Limitations

The ACS [guidelines for cervical cancer screening](#) recommend Primary HPV Screening; however, current data sources for this method are lacking. Available cervical cancer screening data include Pap tests with reflex HPV testing or co-testing. Estimates from the American Cancer Society Risk Factors and Screening Research were based on self-reported sex of respondents. Comparability of estimates for 2022 with prior years is compromised due to changes in the questionnaire. Estimates for Primary HPV testing are unavailable due to limitations in the questionnaire.

Data Sources

1. NBCCEDP (CDC) program locations

Locations where the CDC has provided grants for [early detection of Breast and Cervical Cancer](#).

2. State Screening Rates - PAP and reflex or co-test HPV

2022 State screening rates from the [CDC's Behavioral Risk Factor Surveillance System](#).

Estimates provided by the American Cancer Society Risk Factors and Screening Research - Respondents' sex was self-reported. *Estimates for 2022 are not comparable to prior years because of questionnaire changes.* Primary HPV testing estimates are not available due to questionnaire limitations.

Estimates are among females who have not had a hysterectomy. **ACS up-to-date** is defined as

- a Pap test in the past 3 years OR
- Pap test and HPV test within the past 5 years among females 25-65 years.

Pap test, combined HPV and Pap and ACS estimates are age-adjusted to the year 2000 US standard population using four age groups: 25-29, 30-39, 40-49, and 50-65 years.

Uninsured estimates are age adjusted using three age groups: 25-29, 30-39, 40-49, and 50-64 years. Estimates that are statistically unstable are not shown and appear as <null> in the feature attributes.

3. County Screening Rates - CDC Places Data

Cervical cancer screening age-adjusted prevalence rates were consumed from REST services published by CDC PLACES. The PLACES project is a collaboration between the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, and the CDC Foundation. Find more information on the [Cervical Cancer screening measure source](#).

4. Cancer Rates

All information pertaining to Cervical Cancer Incidence and Mortality were sourced from the [NCI State Cancer Profiles](#).

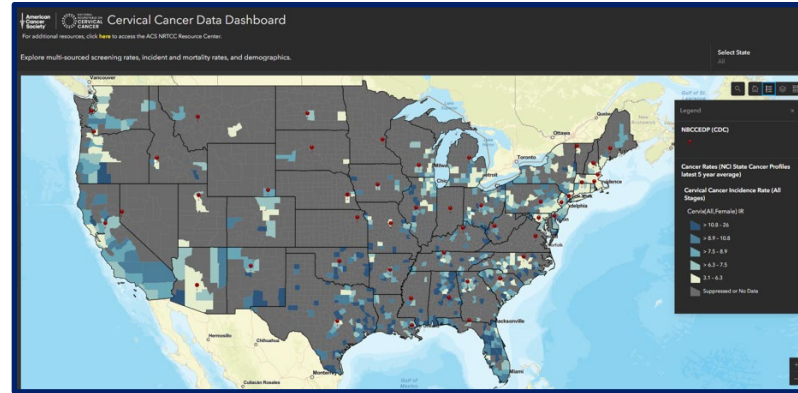
5. Demographics

Demographic information in this dashboard was sourced from the Esri Demographics team that creates ArcGIS Online content with ready-to-use demographic web maps and map layers - visit [ESRI demographics](#) for more detail. Additionally, demographic profiles of census geography were sourced from the [US Census Bureau](#).

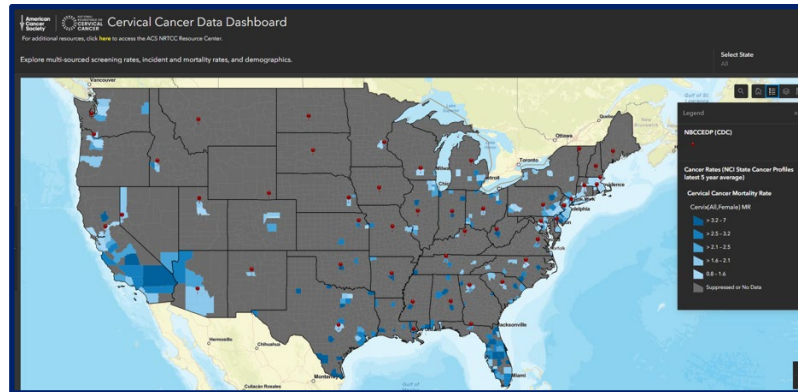
What Can You Do With the Dashboard?

Know Your State

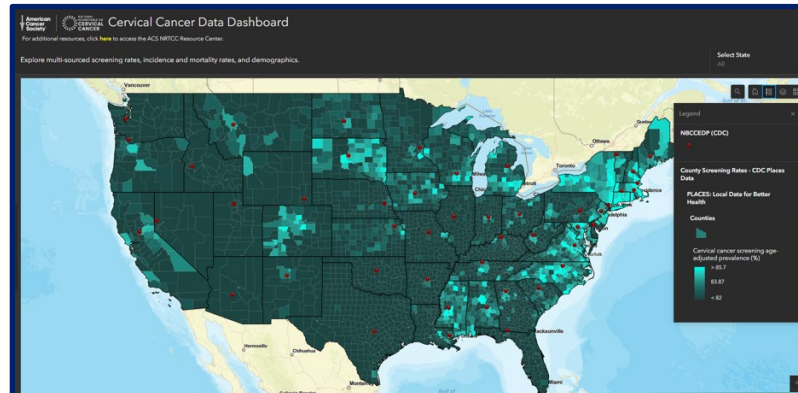
- Explore
- Ask Questions
- Custom Visualization
- Dive Deep
 - Additional Data?
 - More Granular?
- Gaps & Opportunities



Incidence

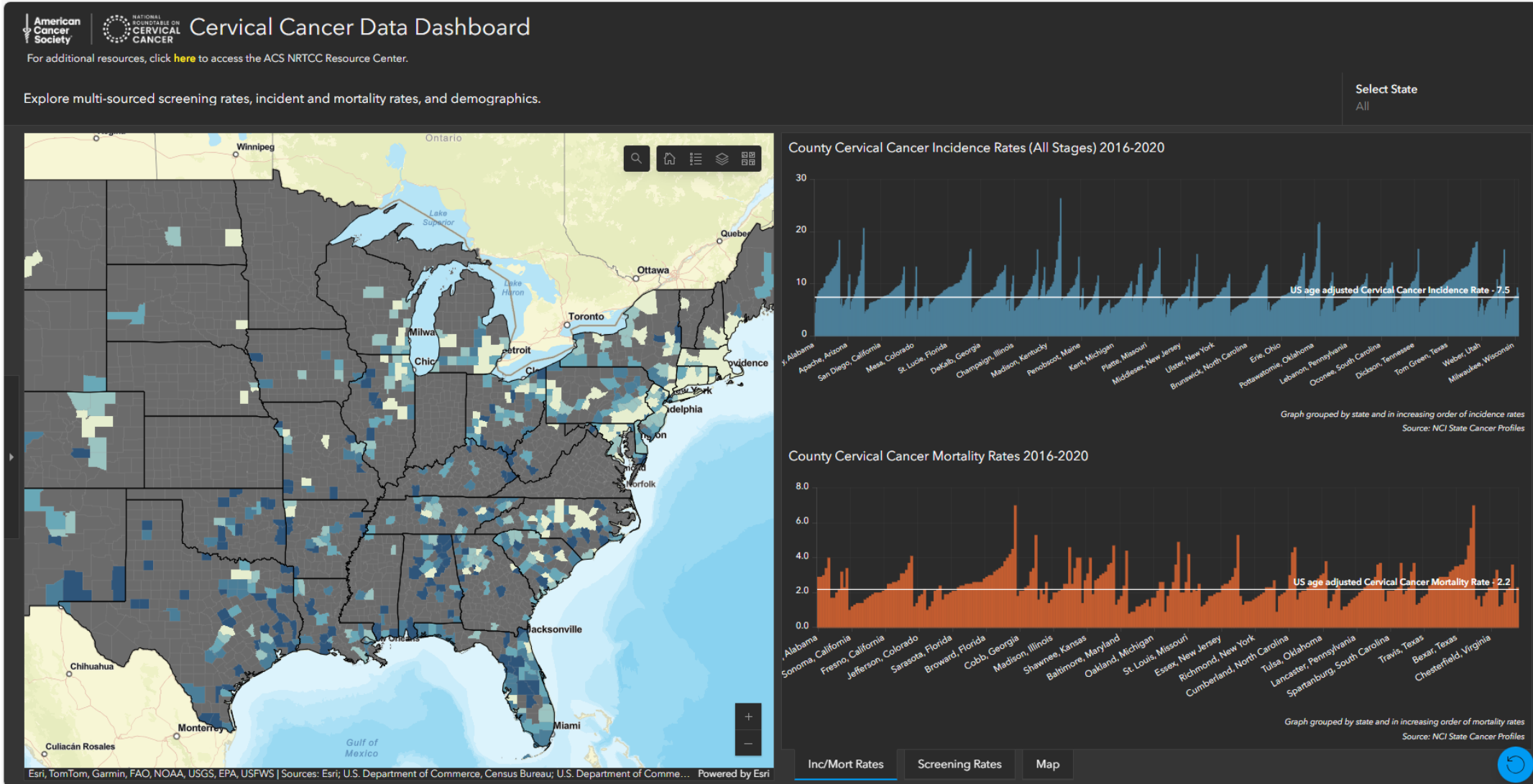


Mortality

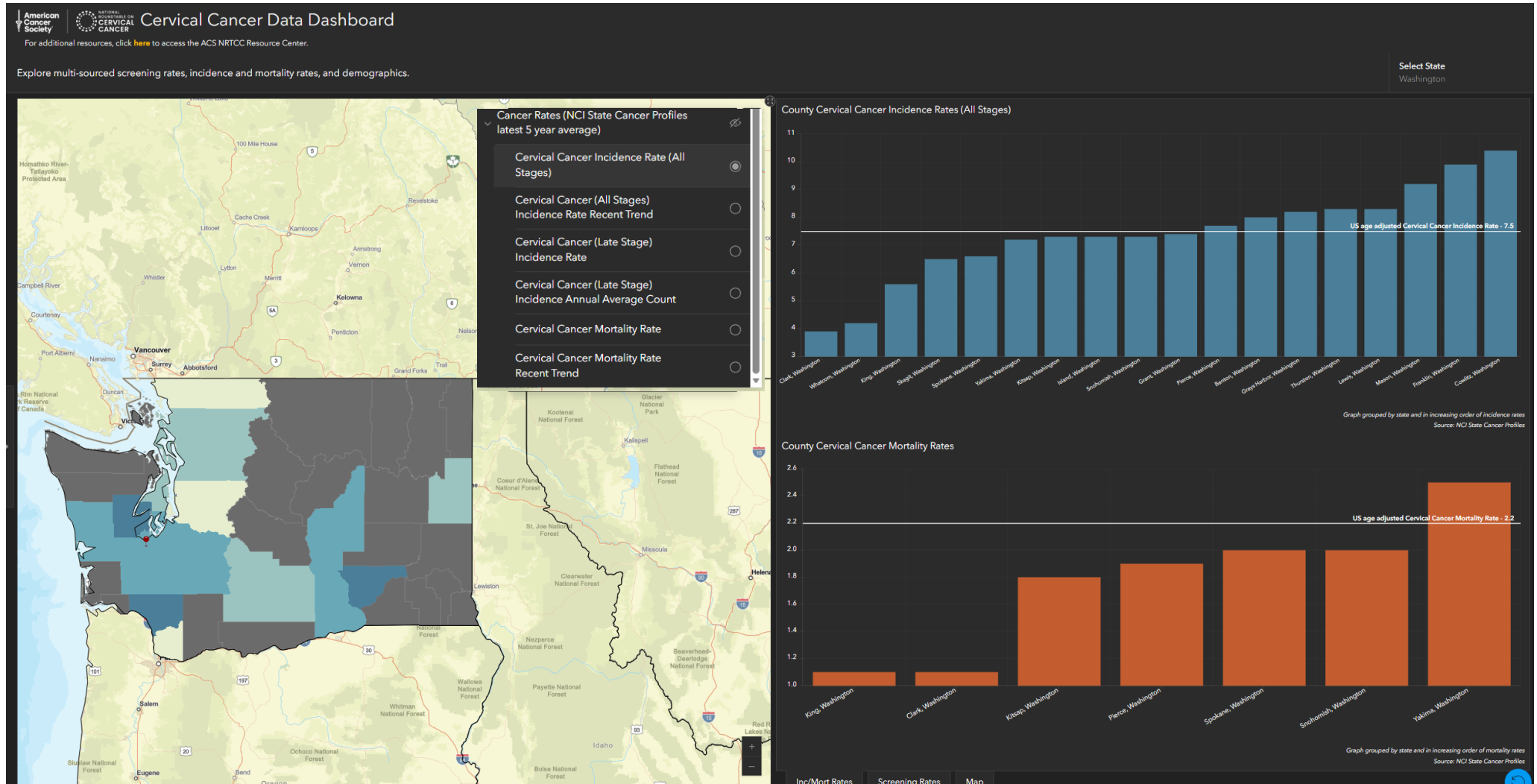


Screening

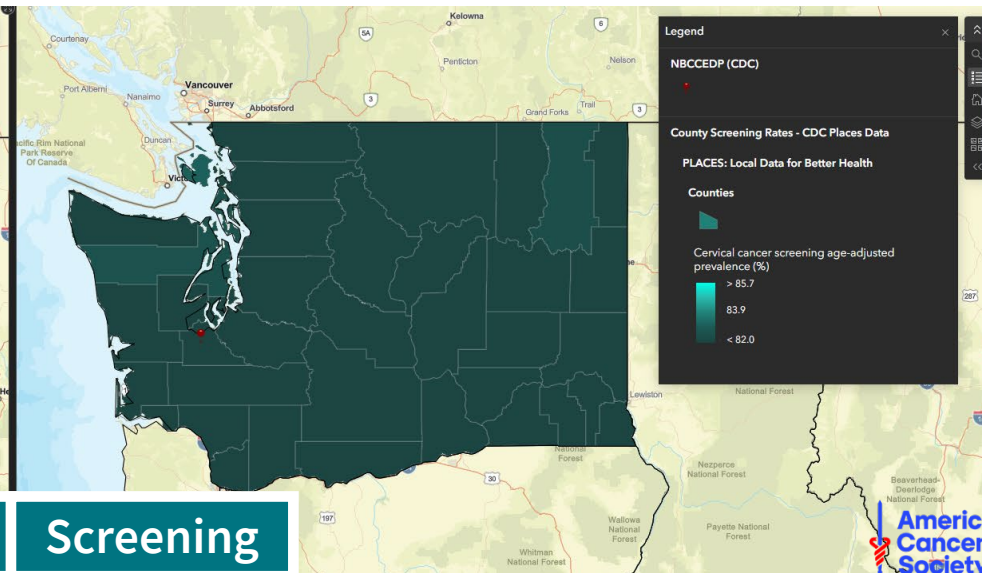
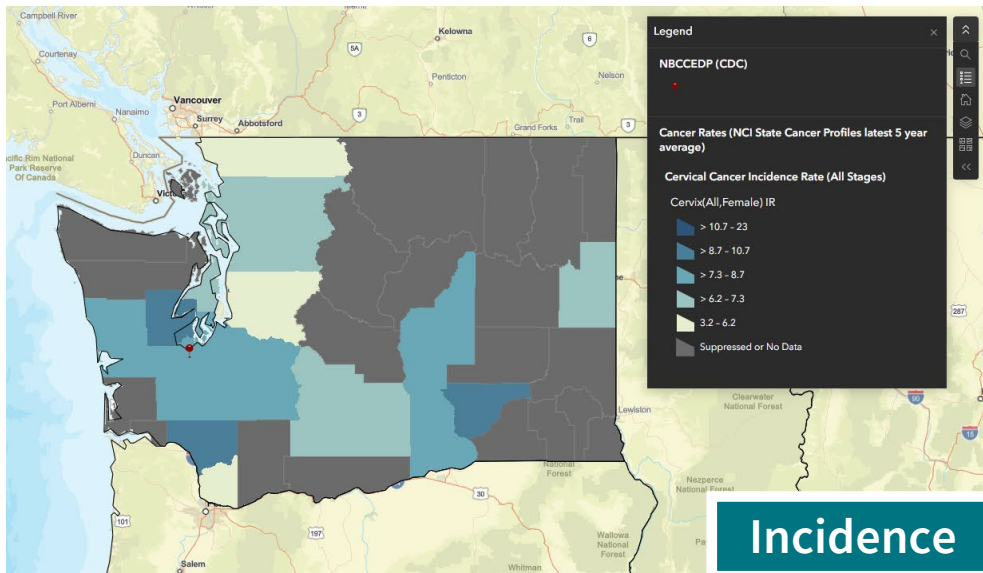
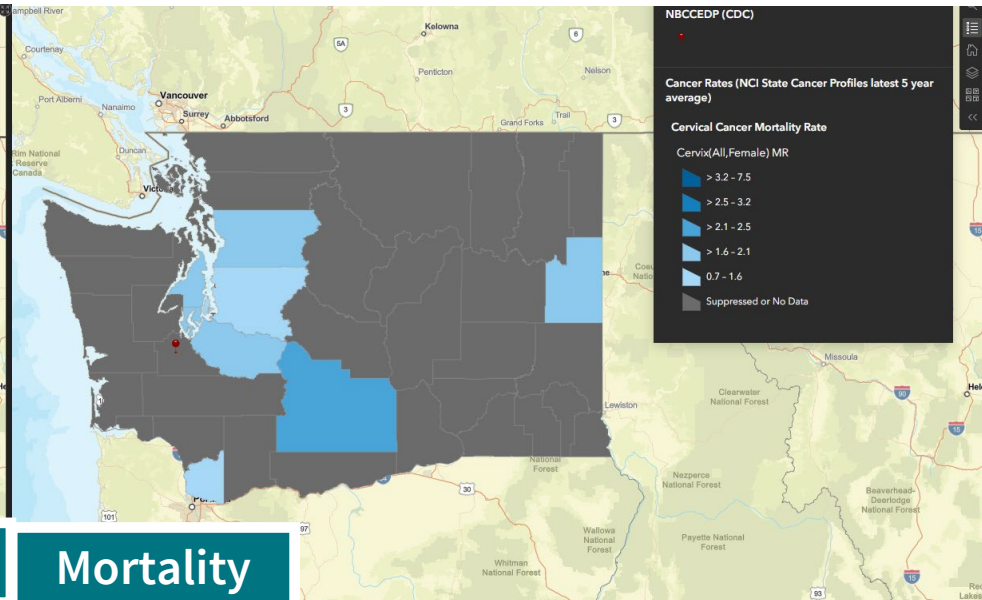
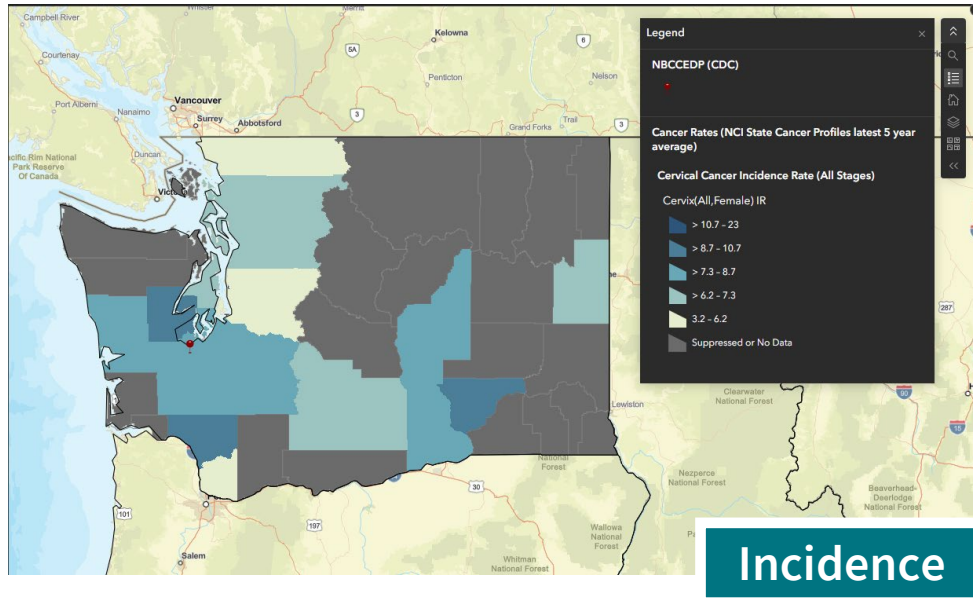
What Can You Do With the Dashboard?



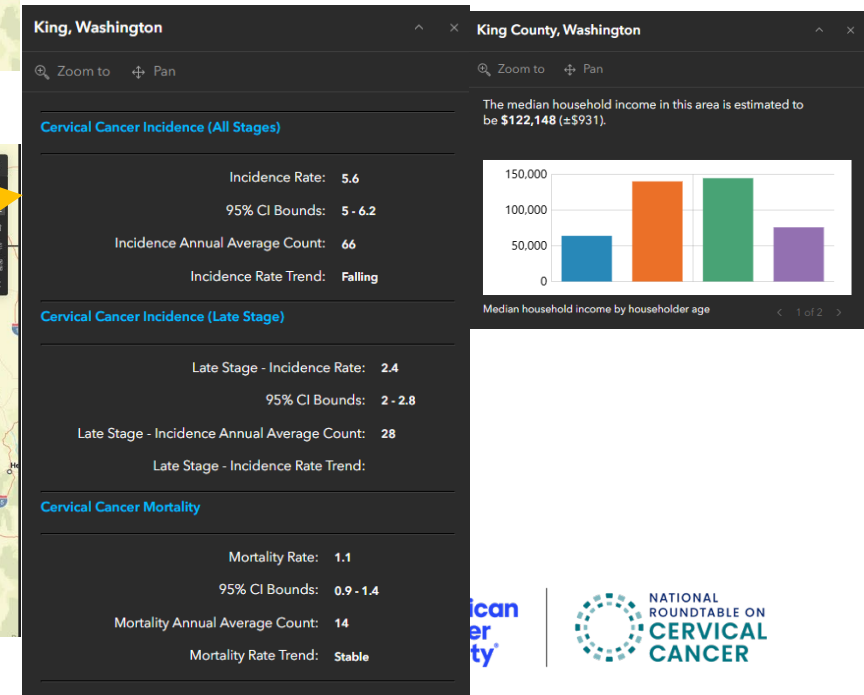
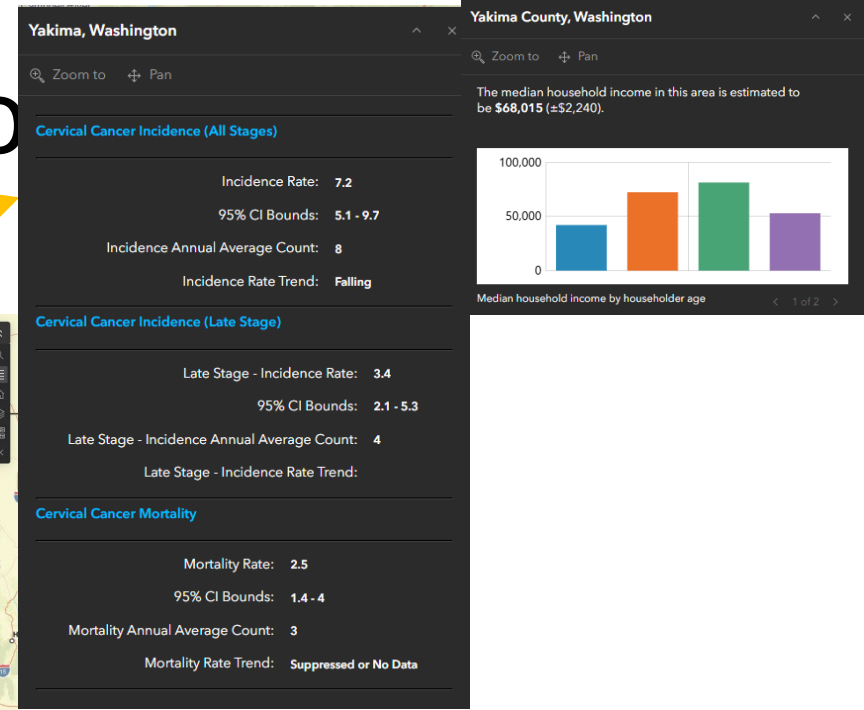
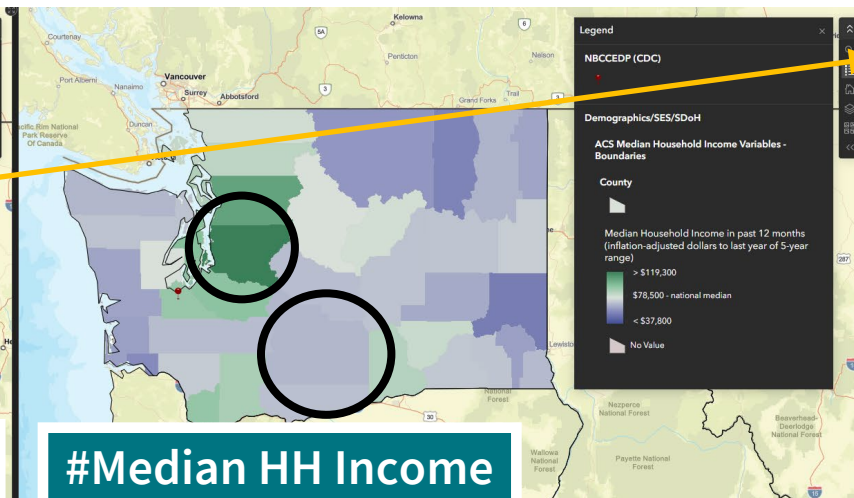
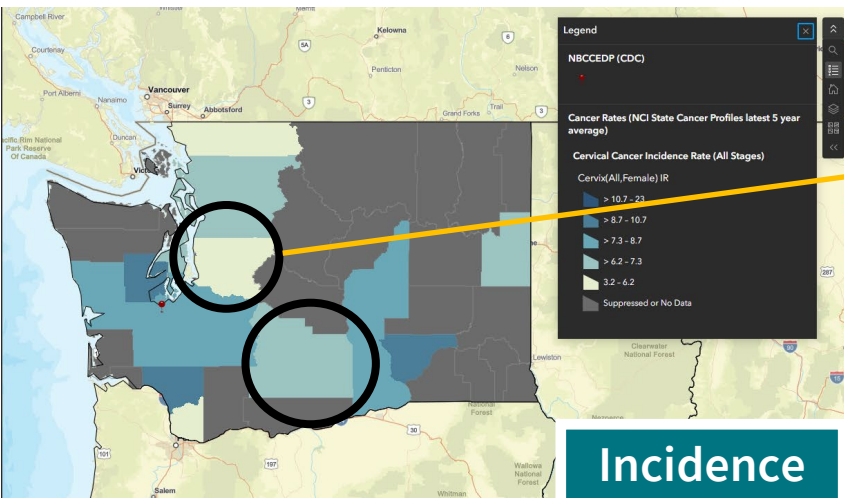
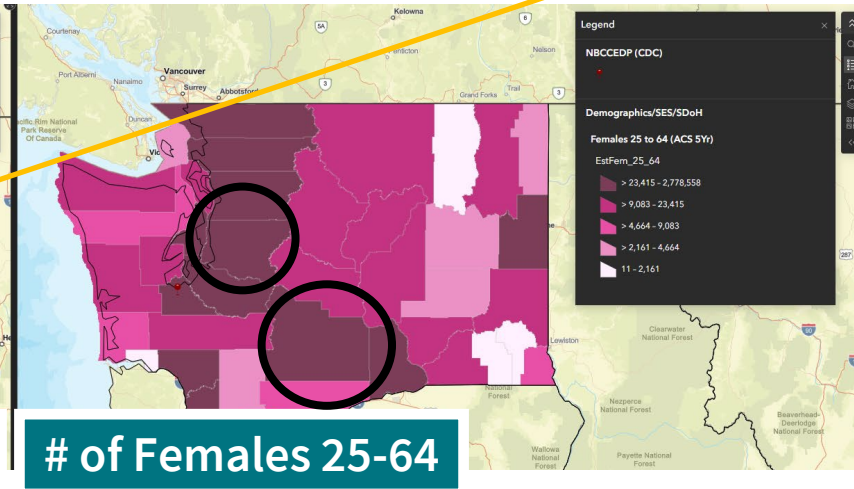
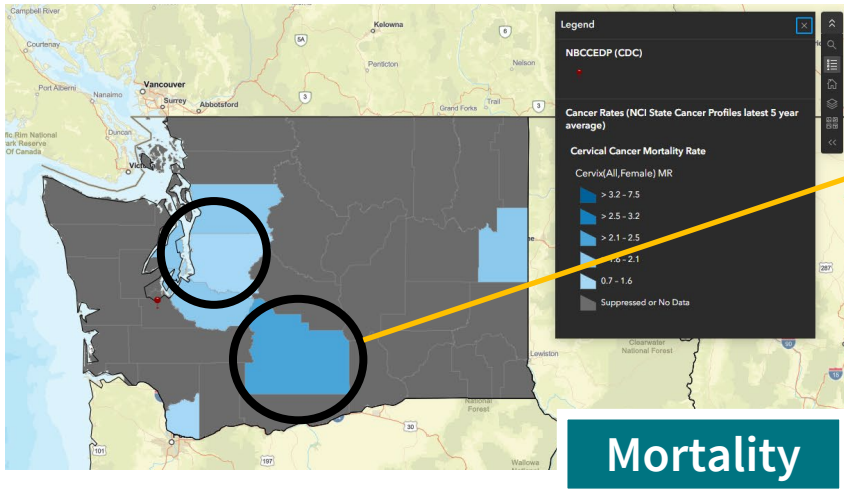
What Can You Do With the Dashboard?



What Can You Do With the Dashboard?

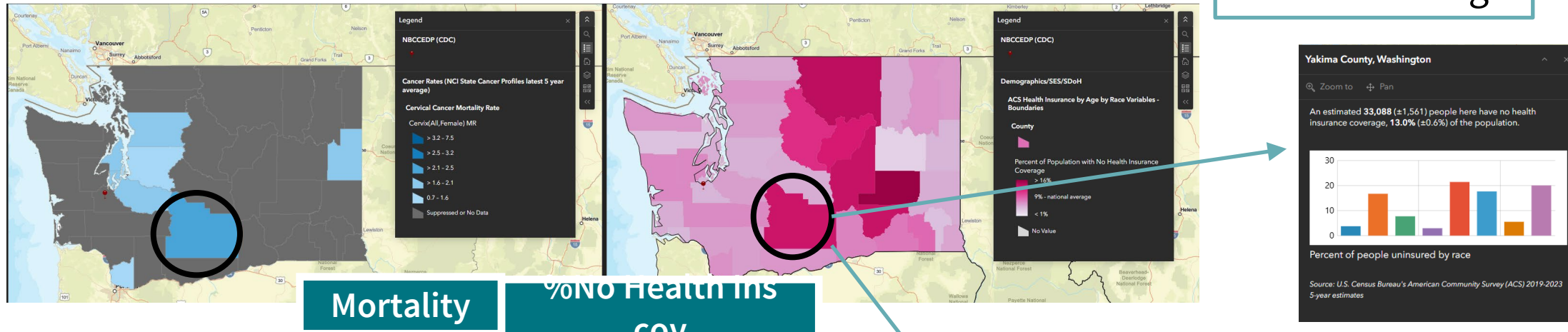


What Can You Do With the Dashboard

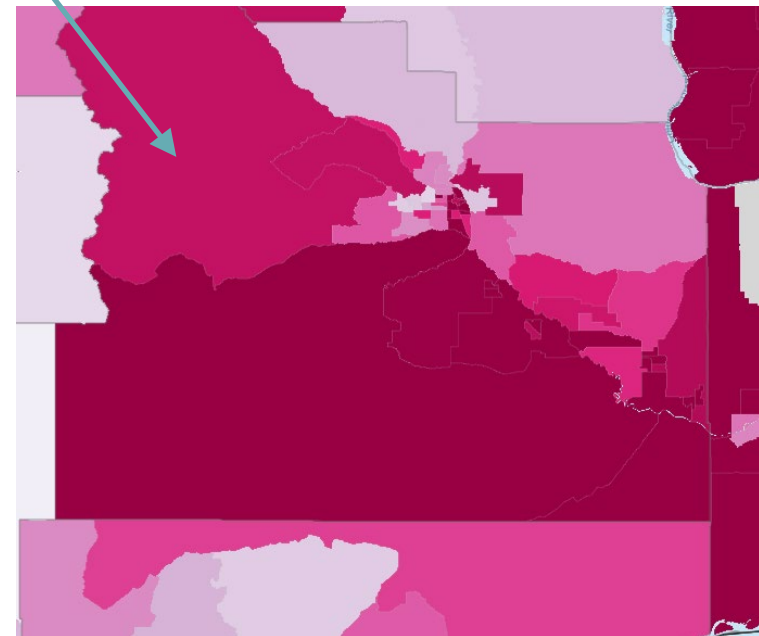


What Can You Do With the Dashboard?

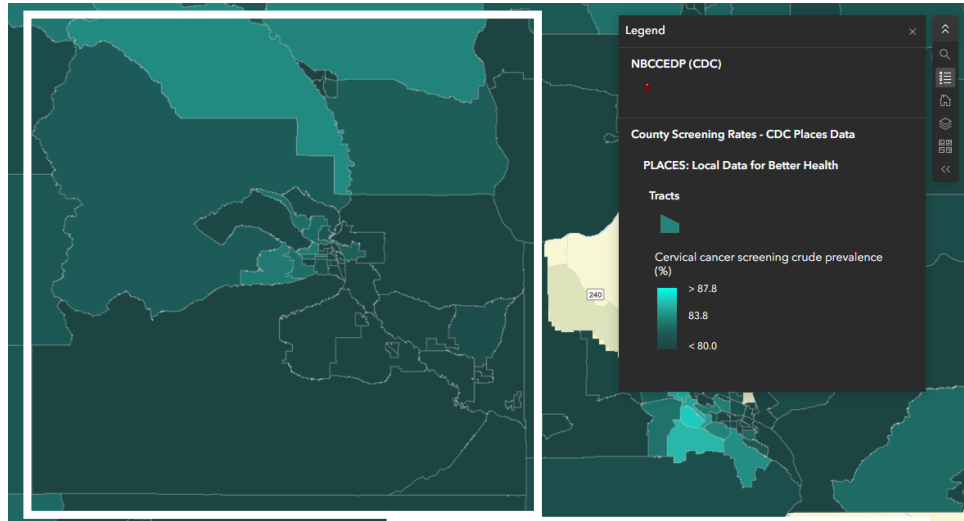
Above the national average



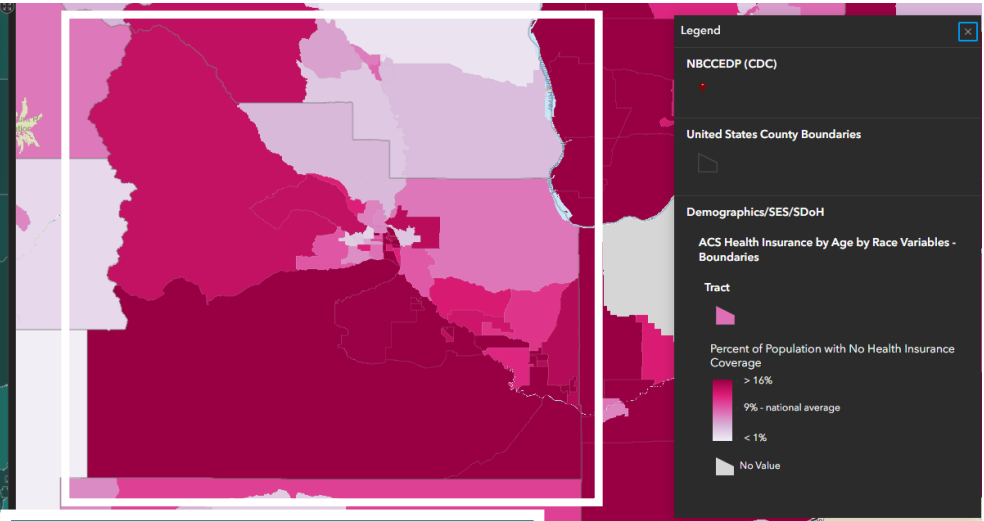
Using the dashboard, you can dive deeper using more geographically granular data at the census tract level



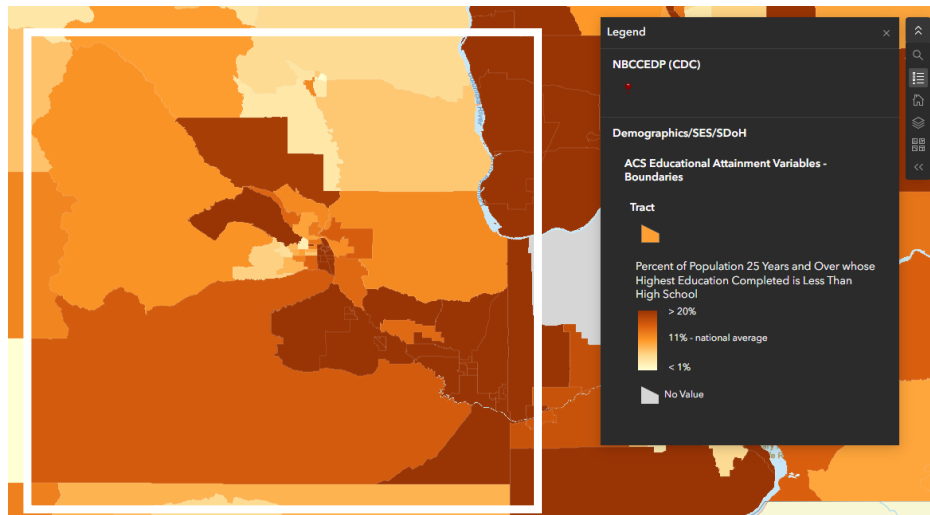
What Can You Do With the Dashboard?



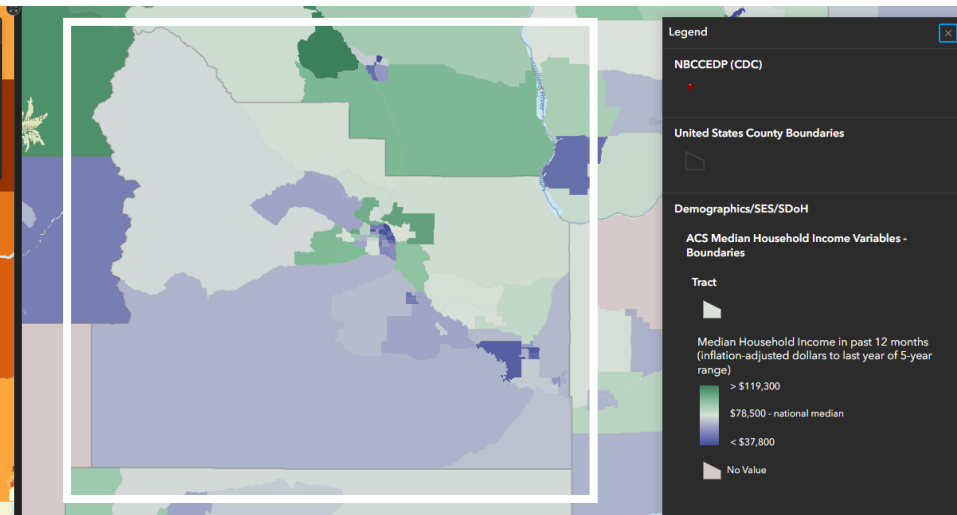
Screening



Health Insurance



Educational Attainment



Median HH Income

Video

https://cervicalroundtable.org/datadashboard/

nrccc@ cancer.org



Who We Are

Learn About Cervical Cancer

Data Dashboard

Events And Webinars

Resource Center

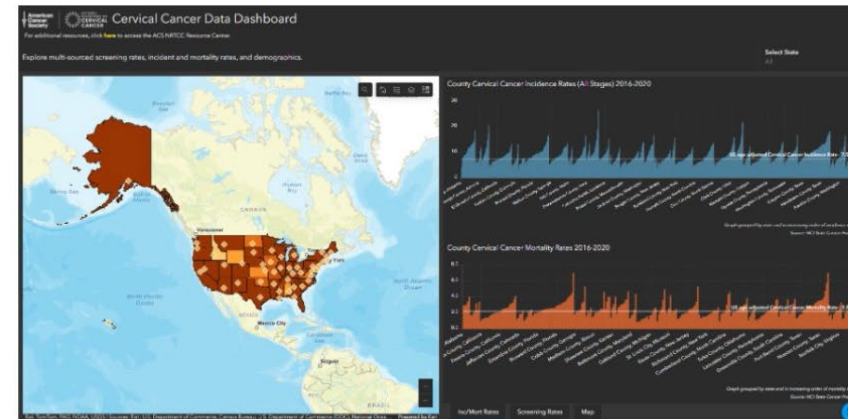
Get Involved

Search

Cervical Cancer Data Dashboard

The American Cancer Society National Roundtable on Cervical Cancer's Cancer Data Dashboard offers an interactive geospatial view of data pertaining to cervical cancer in the United States. Learn more about the Dashboard below.

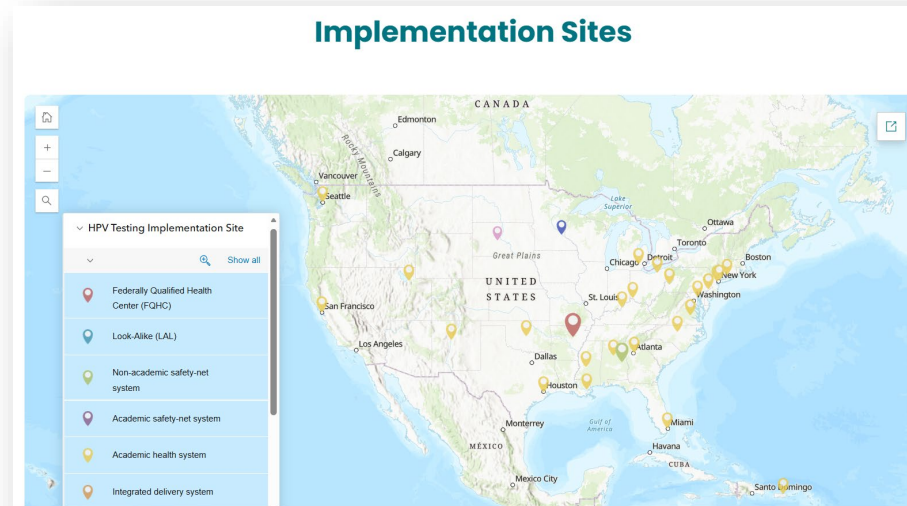
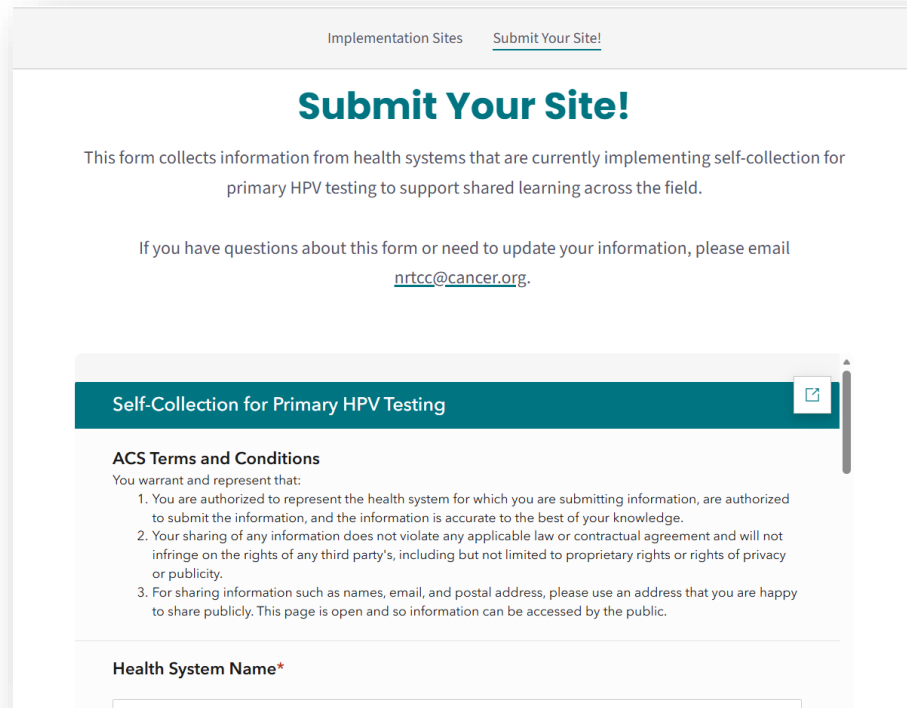
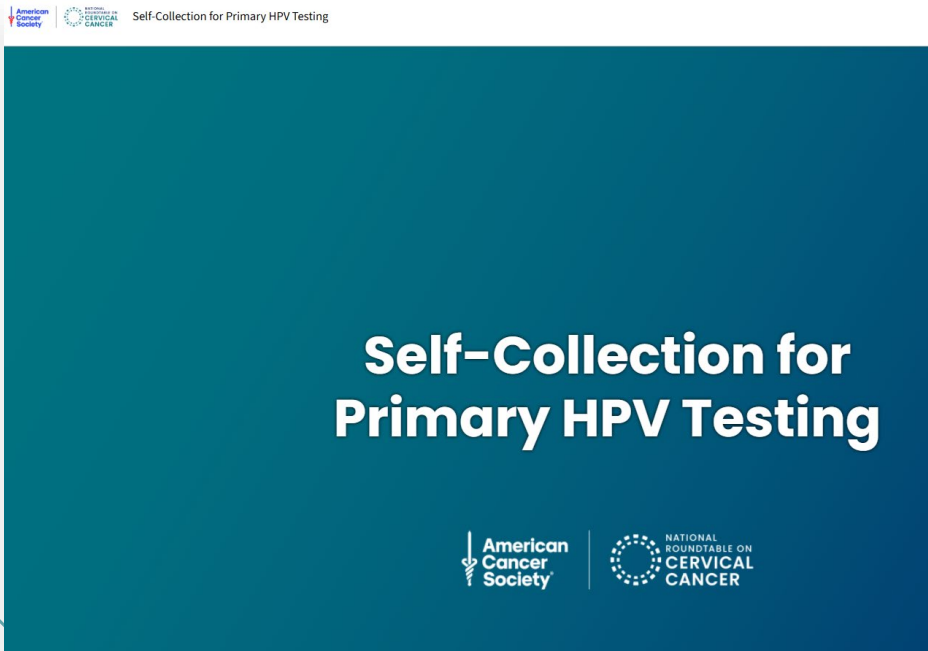
Explore the Cervical Cancer Data Dashboard



Coming Soon

Crowd-sourcing map that enables submission of self-collection sites

- Adding locations directly to a map
- Locations will also be shared via the Dashboard



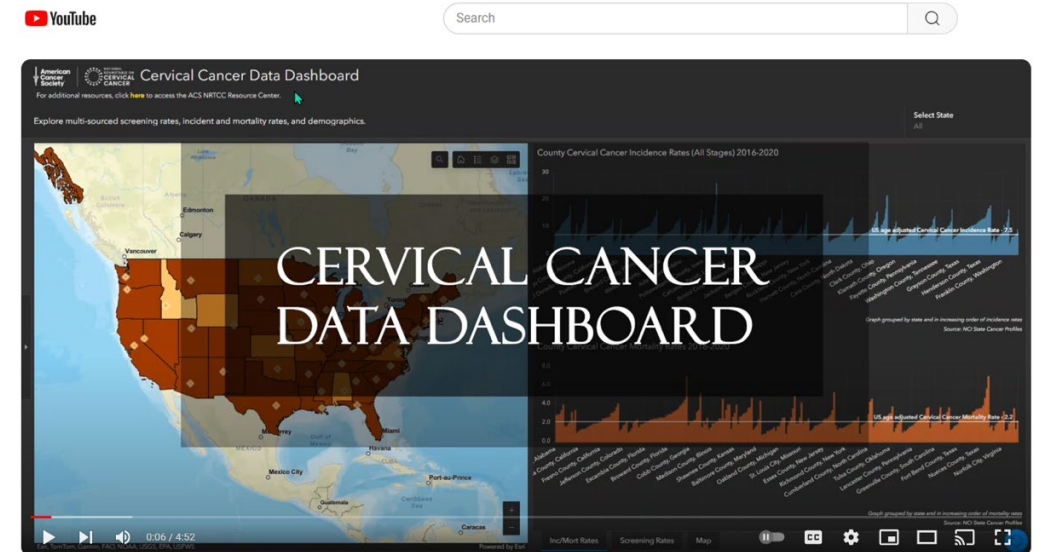
*Locations on the map are for testing and are not representing actual self-collection sites

Next Steps



We want to hear from you!!!

- Please send your questions and comments about the Dashboard to acsgis@cancer.org
- Please log into the Dashboard – <https://cervicalroundtable.org/datadashboard/>
- Check out the tutorial video – link in resource
- Tell us what you think



NRTCC dashboard demo

GIS Team ACS
2 subscribers

Subscribe

0 likes, 0 comments, Share, Download, Save

[NRTCC dashboard demo \(youtube.com\)](https://www.youtube.com/watch?v=...)



What Can GIS Do for You?



Liora Sahar
Sr. Director,
GST



**V. Lisa
Douangchai
Wills**
Sr. GIS Data
Scientist



Antonio Liu
GIS Solutions
Developer



**Nathan
Holman**
GIS
Administrator



Sara Sampt
GIS Analyst

GST Geospatial
Solutions
Team

Information Technology | acsgis@cancer.org



Questions?



BREAK

We'll be back at 10:45 am

Washington State HPV Immunization Data Updates

Leigh Wallis

Washington State Department of Health

A future that's free from HPV cancers!



WA STATE HPV IMMUNIZATION DATA UPDATE

Washington State Department of Health



Leigh Wallis, MPH

She/Her

Immunization Health Educator

leigh.wallis@doh.wa.gov

Health Promotion and Education (HPE)

Office of Communications and Health Education (OCHE)*

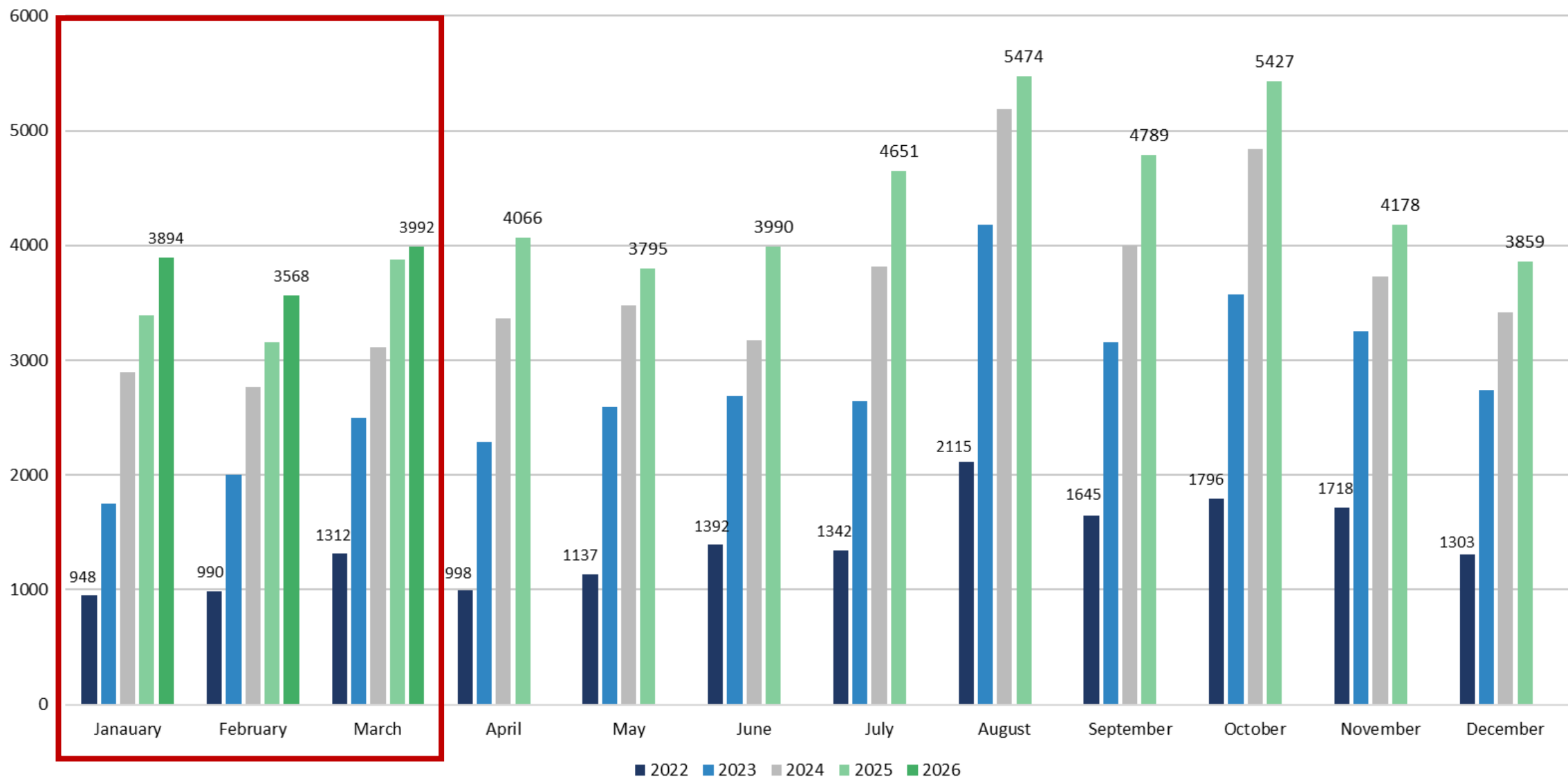
Washington State Department of Health

**Please note, our office name is changing. Formerly the
Office of Public Affairs and Equity (OPAE).*

Data: HPV Doses Administered

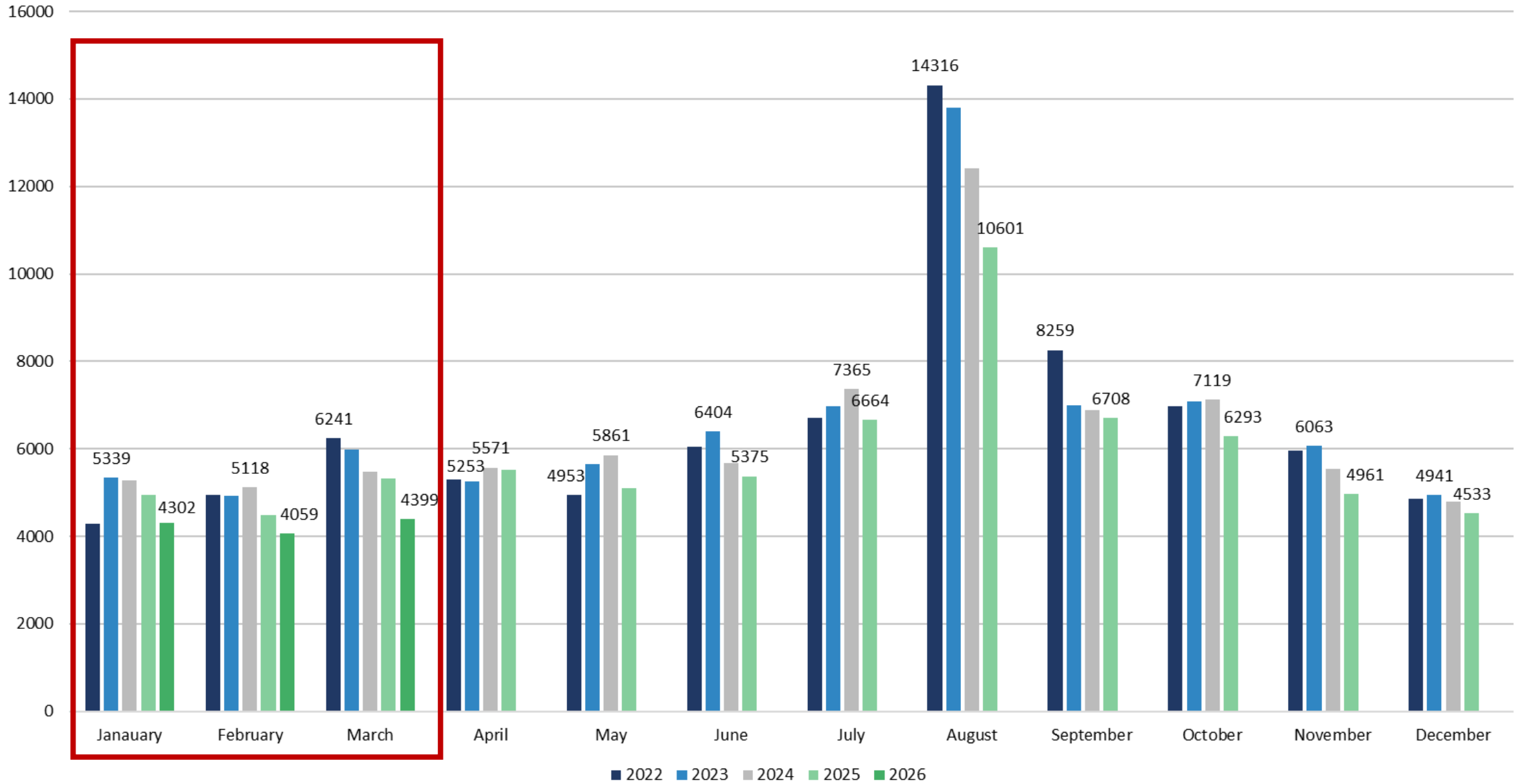
Note: First quarter data are available for 2026.

HPV Administrations among 9-10 year olds by calendar year, Washington state



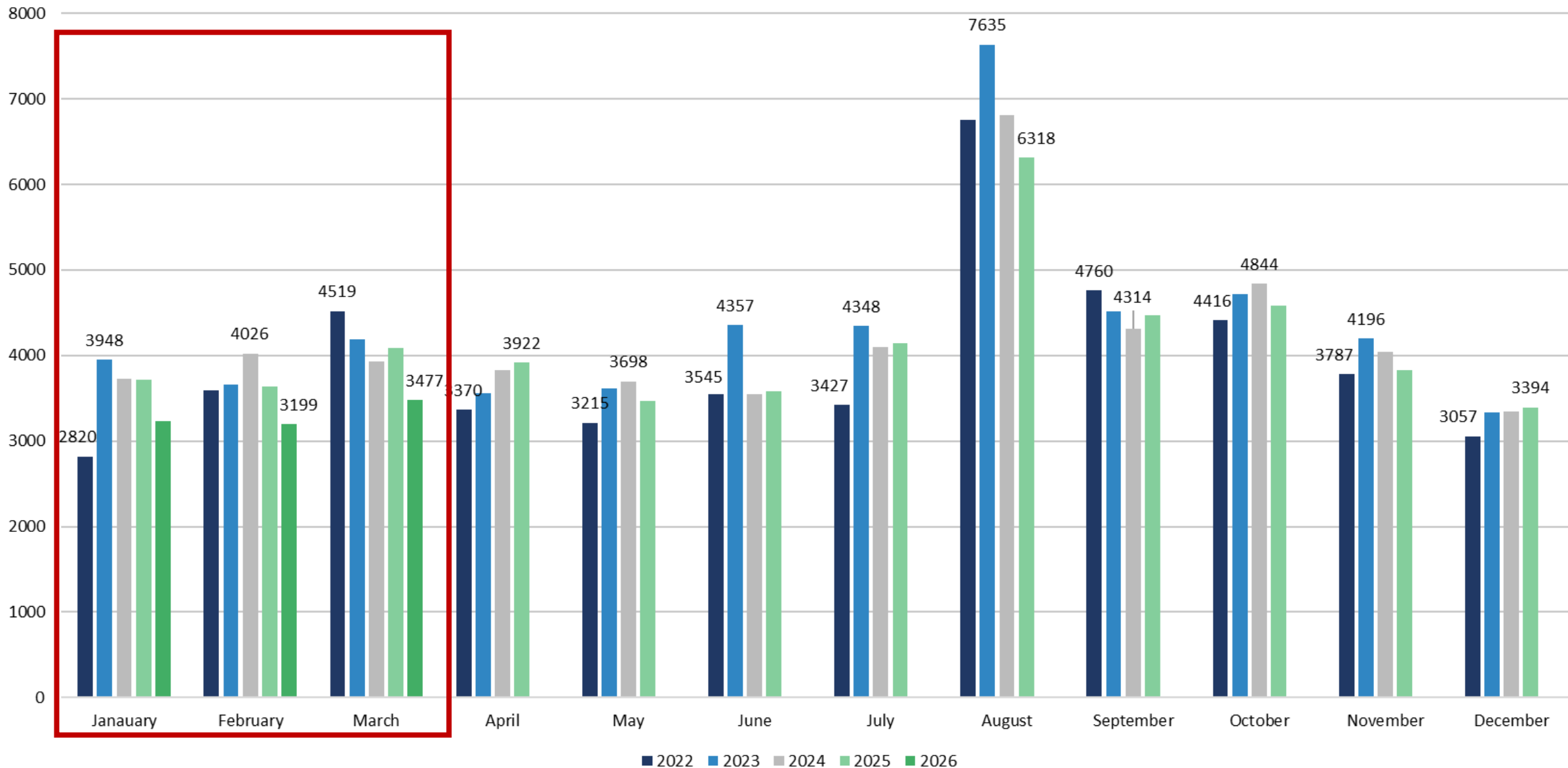
Calculated using WAIS vintage 03/31/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

HPV Administrations among 11-12 year olds by calendar year, Washington state



Calculated using WAIS vintage 03/31/2026.
Excludes records with a date of registry entry after the as-of-date.
May not be comparable to prior estimates.

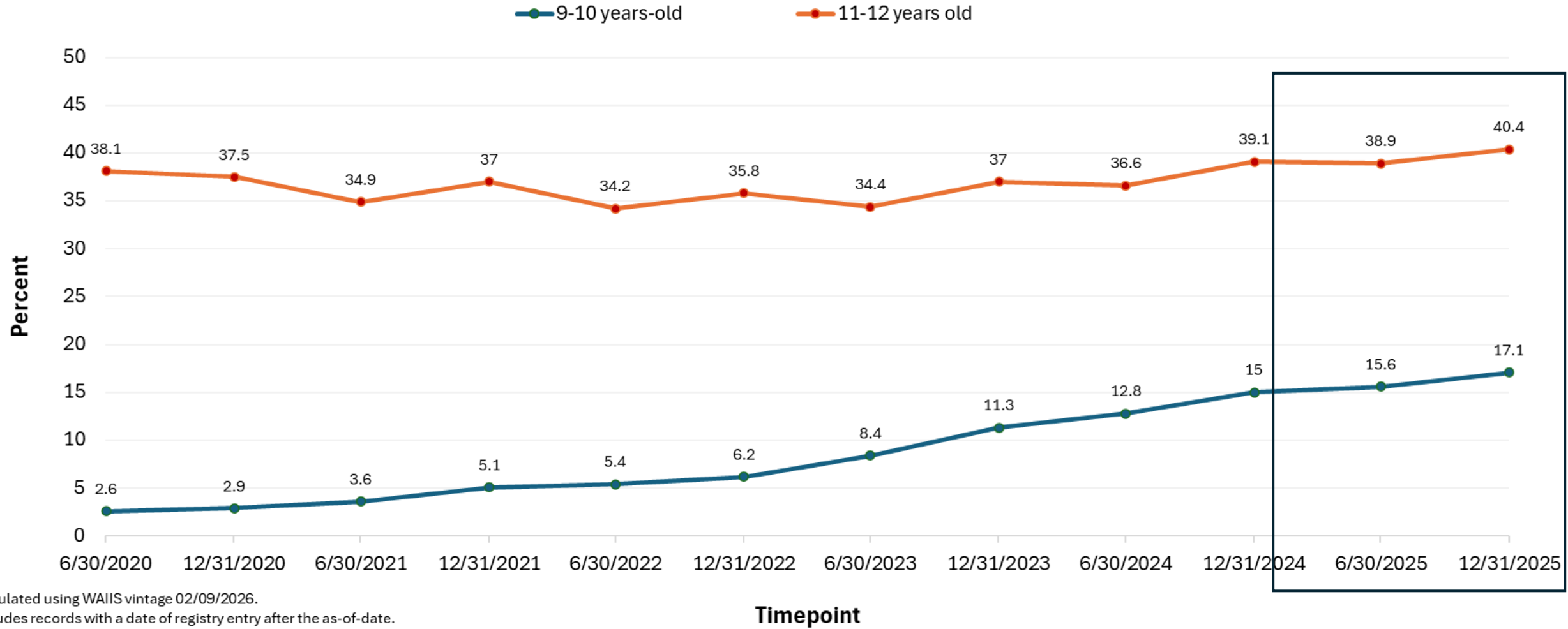
HPV Administrations among 13-17 year olds by calendar year, Washington state



Calculated using WAIS vintage 03/31/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

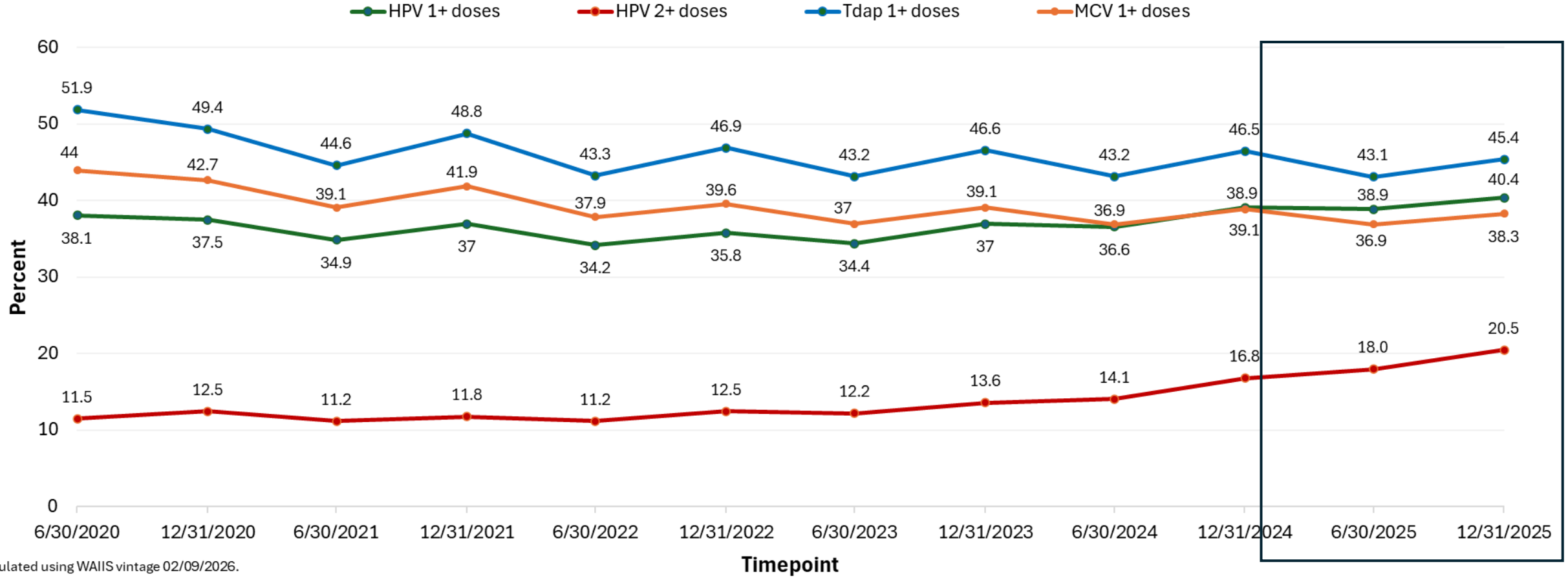
Data: HPV Coverage Rates

Percent of HPV-initiated (1+ dose) adolescents by age group, June 2020 - December 2025



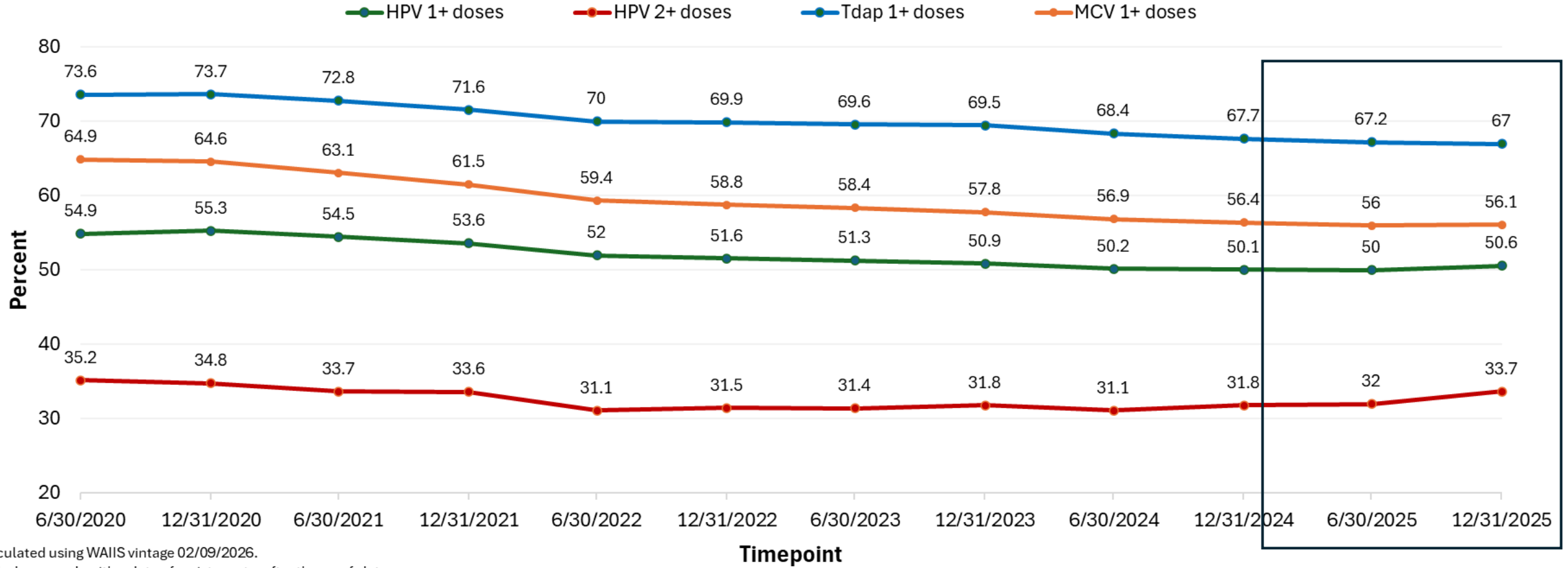
Calculated using WAIS vintage 02/09/2026.
Excludes records with a date of registry entry after the as-of-date.
May not be comparable to prior estimates.

Percent of 11-12 year olds with 1+ doses HPV, 2+ doses HPV, 1+ doses Tdap, and 1+ doses MCV, June 2020 to December 2025



Calculated using WAIS vintage 02/09/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

Percent of 13 year olds with 1+ doses HPV, 2+ doses HPV, 1+ doses Tdap, and 1+ doses MCV, June 2020 to December 2025



Calculated using WAIS vintage 02/09/2026.
 Excludes records with a date of registry entry after the as-of-date.
 May not be comparable to prior estimates.

HPV at Age 9 Updates

New HPV at Age 9 Materials

Getting the HPV vaccine prevents cancer!

- HPV vaccine helps protect against six types of cancer.
- HPV vaccine protects people from over 90% of HPV cancers when given at the recommended ages.
- More than 75% of US parents have chosen to protect their children from HPV cancer with the HPV vaccine. Will you, too?

HPV vaccination between ages 9 and 12 will prevent more HPV cancers than vaccination at older ages. Why?


- Pre-teens produce more antibodies after HPV vaccination than older teens.
- It's important for children to be vaccinated BEFORE possible exposure to HPV infection.

Resources

- aap.org/hpv
- cancer.org/hpv
- doh.wa.gov/hpv
- doh.wa.gov/hpv-at-nine
- nidd.nih.gov/hpv

HEALTH HPV FREE

Information in this publication is current as of the date noted. For updates, visit doh.wa.gov/hpv-at-nine. DOH 348-514 January 2024, CS, English. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.



Prevent HPV Cancer Starting at Age 9

You are the key to protecting your child from HPV cancers later in life.

Talk with your child's health care provider about the HPV vaccine and make an appointment today. Your child can get the HPV vaccine at the same time as other vaccines.

- In Washington, HPV vaccine is free for every child under age 19.
- Most health insurance plans cover it at no cost for those age 19 to 26.
- Need a doctor? Call the Help Me Grow Washington Hotline at 1-800-322-2588 or visit helpmego.wa.org.

Recommended HPV Vaccination Schedule

- On time: Age 9-12**
2 Doses
• 6-12 months apart
- Late: Age 13-14**
2 Doses
• 6-12 months apart
- Critical: Age 15-26**
3 Doses
• 1st dose at visit one
• 2nd dose 1-2 months later
• 3rd dose 6 months after 1st

What is HPV?

Human papillomavirus (HPV) is a common virus that spreads easily and often when an infected person has no signs or symptoms. In fact, it is so common that most adults are infected at least once in their life. Most of the time, our bodies can clear HPV. When a person gets infected with the virus, there is no way to know who will develop cancer or other health problems. It can take years or decades before cancer from HPV infection develops.

How does HPV spread?

HPV is spread through intimate skin-to-skin contact. It can spread without having sex. Three out of every four adults will have at least one HPV infection before age 30.

How can you prevent HPV cancers?



With the HPV vaccine! The HPV vaccine protects against certain types of HPV infection, HPV cancers, and prevents most cases of genital warts. The HPV vaccine is recommended for all boys and girls between the ages of 9 and 12.

- It helps protect boys from cancers of the mouth and throat, penis, and anus later in life.
- It helps protect girls from cancers of the cervix, mouth and throat, anus, vagina, and vulva later in life.

Is the HPV vaccine safe and effective?

Yes, hundreds of millions of doses of HPV vaccine have been given around the world since 2006. Its safety is monitored in over 80 countries.

- Studies show that this vaccine provides almost 100% protection against the types of HPV it targets, and it protects kids from cancer caused by HPV for a lifetime.
- The HPV vaccine does not cause fertility issues, in fact, the opposite is true. HPV vaccine helps protect against cervical cancer and can help ensure a woman's ability to get pregnant and have healthy babies.

HPV Vaccine Brochure

Protect Your Child from Cancers Caused by HPV

HPV vaccination starts at age 9!

Age 9 to 12 Years | Safe | Effective



- Protects both boys and girls
- Stronger protection at younger ages
- Only 2 doses needed

HPV vaccine prevents most cases of:

Boys	Girls
<ul style="list-style-type: none"> • Mouth and throat cancer • Penis cancer • Anus cancer • Genital warts 	<ul style="list-style-type: none"> • Cervical cancer • Mouth and throat cancer • Anus, vagina, & vulva cancer • Genital warts

VACCINATE AT 9-12
Give your child long-lasting protection from HPV cancers.

The HPV vaccine is part of the Washington State Childhood Vaccine Program. This program pays for the HPV vaccine for youth under 19 years of age.

HPV Vaccine Flyer Co-brandable

Do it for their future.

HPV vaccination starts at age 9!



A future that's free from HPV cancers!

The best age for the HPV vaccine is 9-12.


Preventing cancer is always better than treating it.

The HPV vaccine protects your child from six types of cancer for the rest of their lives! It's for all boys and girls, starting at age 9. Talk to your child's health care provider about the HPV vaccine.

Scan the QR code to learn more or visit doh.wa.gov/hpv-at-nine

Information in this publication is current as of the date noted. For updates, visit doh.wa.gov/hpv-at-nine. DOH 348-514 January 2024, CS, English. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.



HPV Vaccine Poster Co-brandable

New DOH HPV Social Media



DOH Webpage: HPV Vaccine at Age Nine

Updated

**Human Papillomavirus (HPV)
Vaccine at Age Nine**

doh.wa.gov/hpv-at-nine

English

New!

**Vacuna contra el virus del
papiloma humano (VPH) para
niños de nueve años**

doh.wa.gov/vph-a-los-nueve

Spanish - Español

Watch Me Grow: New 9 and 10-Year Letters

Vaccines

HPV vaccines can be given starting at age 9.

Human Papillomavirus (HPV) is a very common virus that can cause cancers and genital, oral, and skin infections. The HPV virus is spread through sexual skin-to-skin contact. People of all genders and ages can get HPV and spread it to others without realizing they have the virus. Most people will get their first HPV infection in their late teens and early 20s.

There are many different types of HPV. Most of them do not cause infections. But, some types of HPV can cause cancer of the cervix, vagina, vulva, penis, anus, and back of the throat. The good news is these types of cancers are preventable with the HPV vaccine!

Doctors and nurses recommend the HPV vaccine for children starting at age 9 years for three big reasons.



Feeling strong and protected after getting vaccinated.

1. The HPV vaccine works best at this age because it encourages the body to produce the most infection-fighting cells, or antibodies.
2. Getting the vaccine at age 9 also protects your child long before they ever have contact with the virus.
3. HPV vaccination is safe. Over 15 years of data have shown that HPV vaccines are very safe and effective. And just like with all vaccines, scientists continue to monitor HPV vaccines.

With the HPV vaccine, you have the ability to protect your child from certain cancers later in life. Children at age 9 should get 2 doses of HPV vaccine 6 to 12 months apart. Talk to your child's doctor, nurse, or pharmacist about getting your child vaccinated as soon as possible. For more information about the HPV vaccine, please visit: doh.wa.gov/hpv-at-nine.

10 Years

Vaccines

Keep your child protected!

To continue staying protected, your child will need a flu vaccine each year and maybe the following vaccines:

- Tetanus, diphtheria, and pertussis (Tdap)
- Meningococcal conjugate vaccine
- COVID-19
- Human papillomavirus (HPV)
This vaccine protects against multiple cancers caused by HPV.

If your child is not fully vaccinated, or if you have questions about vaccines, talk to your doctor, nurse, or clinic.

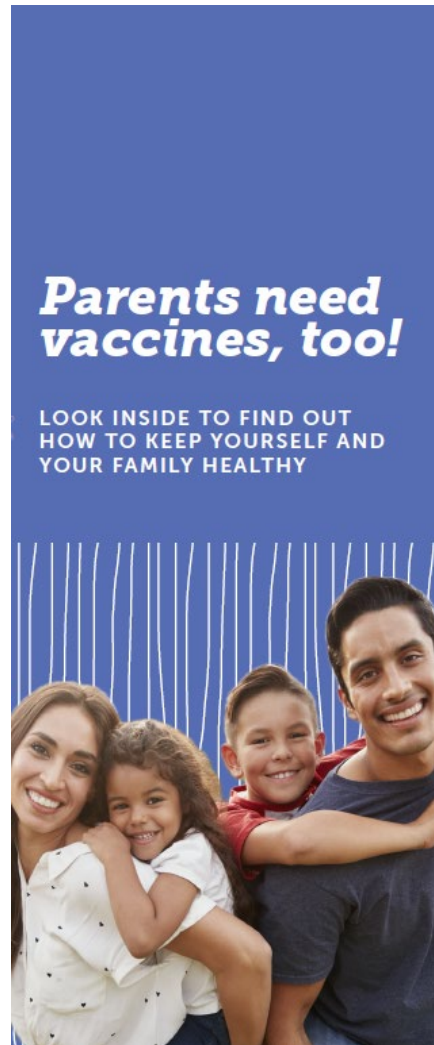
You can also see and download your family's immunization records online at myirmobile.com.



9-Year Letter

10-Year Letter

Watch Me Grow: “Parents need vaccines, too!” Brochure



Parents need vaccines, too!

LOOK INSIDE TO FIND OUT HOW TO KEEP YOURSELF AND YOUR FAMILY HEALTHY

A photograph of a smiling family consisting of a mother, a young girl, a young boy, and a father.



Photo of Jason and his family, HPV vaccine advocates.

Are vaccines safe?

- Yes! Vaccines are among the safest medicines you can get. Before and after they are licensed, vaccines are tested and monitored for safety and how well they protect people from disease. The Food and Drug Administration licenses a vaccine only if it is safe and effective.

Some people may have mild side effects, such as a slight fever or soreness where the vaccine was given. Serious side effects are very rare. The benefits of vaccines far outweigh the risks. If you have questions, ask your health care provider for more information.

Where can I get vaccinated?

- Your doctor, clinic, local health department, and many pharmacies offer vaccines. Health insurance plans cover most adult vaccines.
- If you need help finding a doctor or clinic that offers vaccines, call the Help Me Grow Washington Hotline at **1-800-322-2588**.
- You can go to vaccinefinder.org to find a location near you.

Jason's Story

I'm a husband and father to three kids. I was taking a financial exam in April 2014 when I felt a bump on my neck. I contacted my Ear, Nose, and Throat doctor and was in his office rather quickly. Three days after my needle biopsy and CT scan, without any symptoms except the bump on my neck, I received the scary diagnosis of squamous cell carcinoma of the right tonsil, ultimately being diagnosed as stage 4 Human papillomavirus (HPV) related tonsil cancer.

I had never heard of HPV related oral cancer. My doctors told me they believed that I got the HPV virus back in college. My cancer treatment was brutal. I ended up having a radical tonsillectomy, neck dissection (42 lymph nodes removed from my neck), followed by seven weeks of chemo, radiation and a feeding tube.

In 2017, I launched SupermanHPV.com to spread the word about HPV related oral cancer. Today I encourage others to get timely HPV vaccines. Cancer prevention beats cancer treatment! My two sons were part of the 2025 "HPV Awareness Day" campaign, emphasizing the importance of the HPV vaccine for boys. They were chosen to make videos as the sons of an HPV cancer survivor.



Cartoon image of Jason as Superman HPV.

The Future of Watch Me Grow: Digital Only Starting January 1, 2027



watch me
grow *mírame*
washington **crecer**

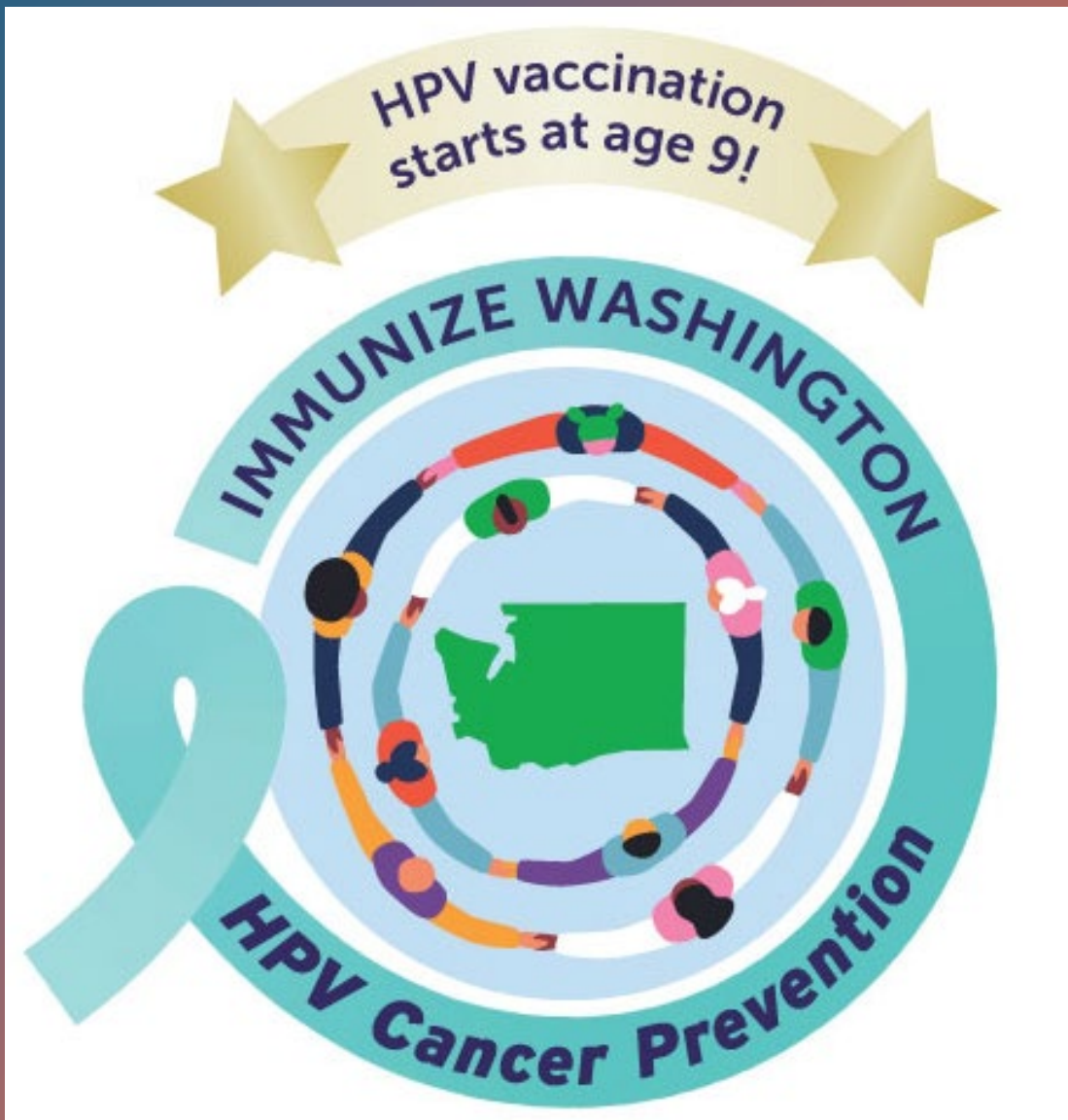
watchmegrowwa.org

DOH HPV Resources

- [Human Papillomavirus \(HPV\) Information for Health Care Providers | Washington State Department of Health](#)
- [Human Papillomavirus \(HPV\) Vaccine at Age Nine | Washington State Department of Health](#)
- [Human Papillomavirus \(HPV\) | Washington State Department of Health](#)
- [Watch Me Grow Washington | Washington State Department of Health](#)
 - [Watch Me Grow Print Materials by Mailing | Washington State Department of Health](#)
- [HPV Vaccine Stories | Washington State Department of Health](#)
- [Immunization Measures by County Dashboard | Washington State Department of Health](#)



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.



2026 Award Timeline

- June 1, 2026 - Clinic nomination opens
- July 15, 2026 - Nominations Close
- 3rd Week in August Award
Announced in recognition of NIAM (Date TBD) combined with the Champion award
- Logo, window cling, and certificates are complete
- For more information, go to the [Immunize WA website](#)

2026 Dear Vaccine Provider Letter

- A letter to vaccine providers & immunization partners
- Send early June, **ahead of back-to-school season**
- With **call to actions** & links to more HPV vaccine at age 9 resources, including free laminated Immunization posters.
- Updated with links to latest resources:
 - New HPV vaccine at age posters and flyers,
 - WA DOH 2026 Immunization Schedule website

Dear Vaccine Provider,

June [X] 2026



What's new for HPV vaccination in Washington

In Washington State, we recommend the human papillomavirus (HPV) vaccine starting at age 9, aligning with the American Academy of Pediatrics (AAP) guidance. Starting earlier makes a real difference—patients are more likely to complete the series on time before the 13th birthday, providing the strongest cancer prevention.

Adolescent vaccination uptake typically rises in the summer, with HPV initiation peaking in August. Every visit—well-child, sports physical, behavioral health, or problem-focused visit—is an opportunity to recommend HPV vaccine alongside other routine immunizations. As you plan for summer demand, please check your vaccine inventory to ensure adequate supply.

To support you, we've released new patient-friendly HPV posters, flyers, and brochures for exam rooms and waiting areas. One of our most requested tools is a simple flyer explaining [why both boys and girls benefit](#) from HPV cancer prevention. Explore additional [HPV-at-nine](#) resources and the new [WA DOH 2026 Immunization Schedule](#).

Three actions that support higher HPV vaccination rates

1. Recommend HPV vaccination clearly and confidently

Using the Announcement Approach—a brief, presumptive recommendation—is one of the most effective ways to increase vaccine acceptance. [Access training tools](#), short demo videos, and a handout with research-tested messages to address common parent questions.

2. Make the Immunization Schedule visible to families

Posting a standardized immunization schedule in your lobby and exam rooms reinforces your recommendation and supports starting HPV vaccination at age 9. [Free laminated immunization schedule posters](#) are available by emailing: char.raunio@cancer.org.

Encourage families to access [MyIR Mobile](#) to view and print official Washington State Immunization Records for school or childcare. [Order](#) free MyIR Mobile posters for display in your clinic.

3. Get free continuing education and tailored clinic-level support to increase HPV vaccination

Email immunizewa@doh.wa.gov to get assistance implementing evidence-based strategies through the Washington Immunization Quality Improvement Program (IQIP). Your team can also earn up to [4 hours free CME/CNE/CE](#), including a module on using the Announcement Approach.

HPV vaccination is cancer prevention. Your strong recommendation and use of these tools help protect patients today and prevent cancers in the future. Thank you for the vital work you do every day to keep Washington families healthy.

Quick Links:

HPV-at-nine resources (posters, flyers, brochures): www.doh.wa.gov/hpv-at-nine

WA DOH 2026 Immunization Schedule (AAP aligned): <https://doh.wa.gov/public-health-provider-resources/vaccine-recommendations>

Sincerely,

Washington State HPV Task Force

If you have questions, please contact sahla.suman@doh.wa.gov

Statewide Cancer Coalition & State Cancer Plan Updates

Kathy Briant

Fred Hutch Cancer Research Center



The Cancer Action Plan of Washington (CAPOW) 5-Year Plan and Statewide Coalition

May 8th, 2026

Kathy Briant, MPH (Health Disparities Workgroup Co-Chair)



Cancer Action Plan
of Washington

Statewide Coalition

What is CAPOW? What does it do?

- In October 2024, a 5-year Cancer Action Plan of Washington (CAPOW) was finalized for 2025-2030.
- CAPOW highlights the cancers that most impact local communities, includes measurable goals, and recommends strategies to reduce the cancer burden.
- The CAPOW Statewide Coalition:
 - is a thriving partnership of individuals and organizations across Washington state.
 - works to align the cancer plan initiatives with community stakeholders and partners, and all coalition members.



Who is part of the CAPOW Coalition?

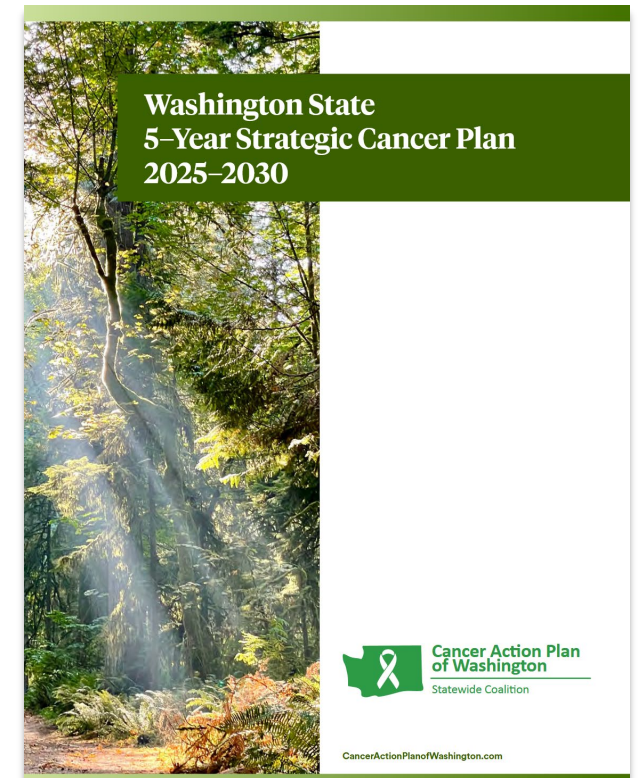
- CAPOW Coalition is a partnership of over 150 individuals from more than 60 institutions across Washington State.
- Members include non-profits, health care facilities, local health jurisdictions, native and Tribal leaders, cancer registries, cancer centers, research institutions, academic institutions, health care providers, community health workers, cancer survivors, and more.
- The coalition is supported by Washington's Comprehensive Cancer Control Program alongside the two other CDC-funded Cancer programs: the Breast, Cervical, and Colon Health Program (BCCHP) and the Washington State Cancer Registry (WSCR).

CAPOW Coalition Structure

- **Coalition Co-Chairs:** Elected coalition members who guide the coalition towards its goals, coordinate efforts among coalition members, and represent the coalition to external stakeholders.
- **Planning Team:** A group of coalition members and workgroup leads from across the state that provides support to the Co-Chairs in both planning the annual meeting and in overall coalition activities and communication.
- **Workgroup Leads:** Facilitate a workgroup to track and work toward the goals and strategies of the CAPOW. At least one lead from each workgroup participates in monthly planning team meetings and provides updates at the annual meeting.
- **General Membership:** Coalition members participate in workgroups to bring their experience and expertise to move the cancer plan forward. Members also participate in the annual coalition meetings.

CAPOW: Our 5-Year Strategic Plan

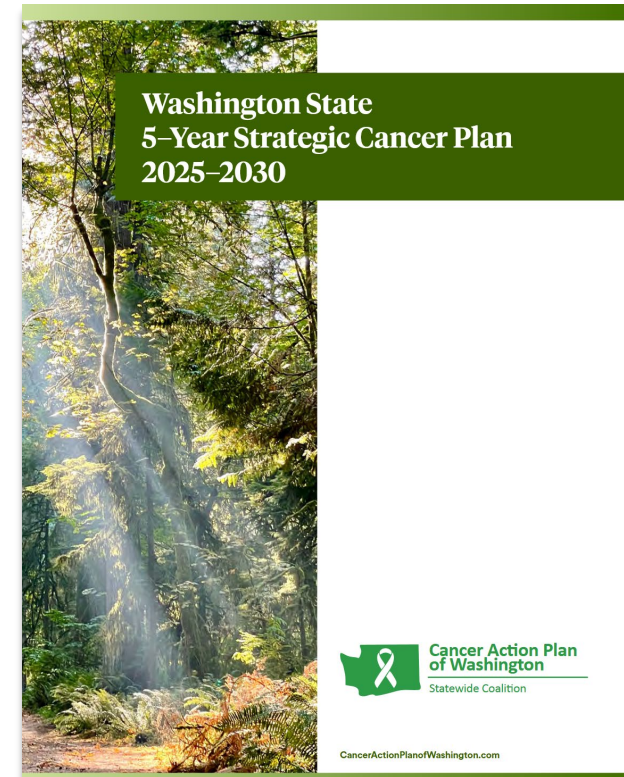
- Data-driven roadmap to inform work that reduces the cancer burden across the state.
- Highlights goals and strategies for cancer prevention, risk reduction, screening, access to cancer care, and survivorship.
- A tool to guide health jurisdictions, community-based organizations, providers, health care systems, health insurers, policy makers, employers, and professional organizations in Washington in cancer control work.
- Includes:
 - 11 priority areas: Each includes background and epidemiology, incidence, mortality, disparities, and survival where applicable.
 - 36 objectives
 - Evidence-based strategies to address each objective



[Cancer Action Plan of Washington](https://www.canceractionplanofwashington.com)

Cancer Data Used in Plan

- Overall Incidence
- Overall Mortality
- Survivors Living 5+ Years after diagnosis
- Top five common types of cancer in WA:
 - Female Breast
 - Melanoma of the skin
 - Prostate
 - Lung and bronchus
 - Colorectal
- **HPV Related Cancers**
- Genetic Testing and Counseling
- Quality of Life



[Cancer Action Plan of Washington](https://www.canceractionplanofwashington.com)

HPV Related Cancer Data

- CAPOW has six objectives on preventing and controlling HPV-related cancers

Objective Number	Measure (data source)	Baseline	2030 Target	Last Update
20	Increase the percentage of adolescents, aged 13-17 who have completed the HPV vaccination series. (WIIS)	42.4% (2023)	80%	42% (2024)
21	Increase percentage of adolescents aged 9 to 10 years who have had at least 1 dose of the HPV vaccine series. (WIIS)	11.2% (2023)	35%	14.9% (2024)
22	Increase the percentage of people 21-65 who get screened for cervical cancer. (BRFSS)	73.2% (2022)	80%	No Update

* Rates per 100,000 adjusted to the US standard population

HPV Related Cancer Data

- CAPOW has six objectives on preventing and controlling HPV-related cancers

Objective Number	Measure (data source)	Baseline	2030 Target	Last Update
23	Decrease the incidence rate of all HPV-related cancers. (WSCR)	11.7 per 100,000 (2017-2021 combined)	9 per 100,000	12 per 100,000 (2022)
24	Decrease the incidence rate of female cervical cancer. (WSCR)	6.3 per 100,000 (2017-2021 combined)	4 per 100,000	6.4 per 100,000 (2022)
25	Decrease the incidence rate of male oropharyngeal cancer. (WSCR)	8.9 per 100,000 (2017-2021 combined)	7 per 100,000	8.9 per 100,000 (2022)

* Rates per 100,000 adjusted to the US standard population

Strategies to Address HPV Related Cancers

- Vaccinating against HPV is the principal method to decrease the proportion of people diagnosed with HPV-related cancers. Due to the link between HPV and developing oropharyngeal cancer, vaccinating against HPV is the principal method to decrease the proportion of males diagnosed with oropharyngeal cancer.
- Recommend routinely starting HPV vaccinations at age 9
 - Enhancing access to vaccination services (home visits to increase vaccination rates, reducing client out-of-pocket costs, vaccination programs in schools and organized childcare centers, and vaccination programs in WIC settings)
 - Increasing community demand for vaccinations (client or family incentive rewards; client reminder and recall systems; community-based interventions implemented in combination; and vaccination requirements for childcare, school, and college attendance)
 - Provider- or system-based interventions (health care system-based interventions implemented in combination, immunization information systems, provider assessment and feedback, provider reminders, and standing orders)
- Screening for cervical cancers is also an effective method to decrease the proportion of people diagnosed with HPV-related cancers by potentially finding and treating HPV in the early stages.
 - Interventions to increase community demand (client reminders, client incentives, small media, mass media, group education, and one-on-one education)
 - Interventions to increase community access (reducing structural barriers and reducing client out-of-pocket costs)
 - Interventions to increase provider delivery of screening services (provider assessment and feedback, provider incentives, and provider reminders)

How are we implementing the plan?

- Work Groups have been formed to actively support the implementation of CAPOW.
- Current Work Groups:
 - Prevention and Screening
 - Survivorship and Supportive Care
 - Clinical Trials
 - Health Disparities
 - Advocacy and Government Relations
- Other established topic specific groups fall under CAPOW, including:
 - The HPV Free Task Force!
 - The NW CRC Task Force



How can HPV Task Force Members use CAPOW or engage with the Coalition?

You are likely already doing some of the work in the CAPOW. We recommend reading the plan to see:

- What in the plan resonates with you?
- Is there synergy within your work or organization's work and the CAPOW?
- How can you utilize meetings within CAPOW Coalition Workgroups to share current work, goals and priorities?
- Are there needs or assistance that you need that the Coalition can help provide?

Become a CAPOW Coalition Member

Who should join and why?

- Anyone committed to reducing the burden of cancer in Washington.
- Individuals and organizations from across public health, education, clinical care, research, Tribal and community-based services, academia, and the private sector.
- Membership is free!
- Connect with more than 150 individuals across more than 60 unique institutions.
- Collaborate and leverage resources to reduce the burden of cancer in our communities together.

CAPOW Statewide Coalition Membership Form:

<https://redcap.link/CAPOWMemberForm>



Join Our Next Meeting:



Save the Date: Annual CAPOW Coalition Meeting

- **Date:** Thursday October 29th, 2026
- **Time:** 9 AM – 3 PM
- **Locations:**
 - In-person @ Seattle, Spokane, Poulsbo, and Sunnyside
 - Virtual



Learn more:

- **Website:** <https://www.canceractionplanofwashington.com/>
- **E-mail:** info@canceractionplanofwashington.com



Breast, Cervical and Colon Health Program Updates

Zoey Hogan

Washington State Department of Health



BREAST, CERVICAL AND COLON HEALTH PROGRAM

Office of Family and Community Health Improvement

How NBCCEDP Helps Clients

Pay for screening, diagnostic, and laboratory services

- Uninsured = full payment
- Out-of-pocket expenses if underinsured*

Connect clients to comprehensive breast and cervical **treatment services.***

- If they have abnormal test results, this might include diagnostic care or a cancer treatment plan.

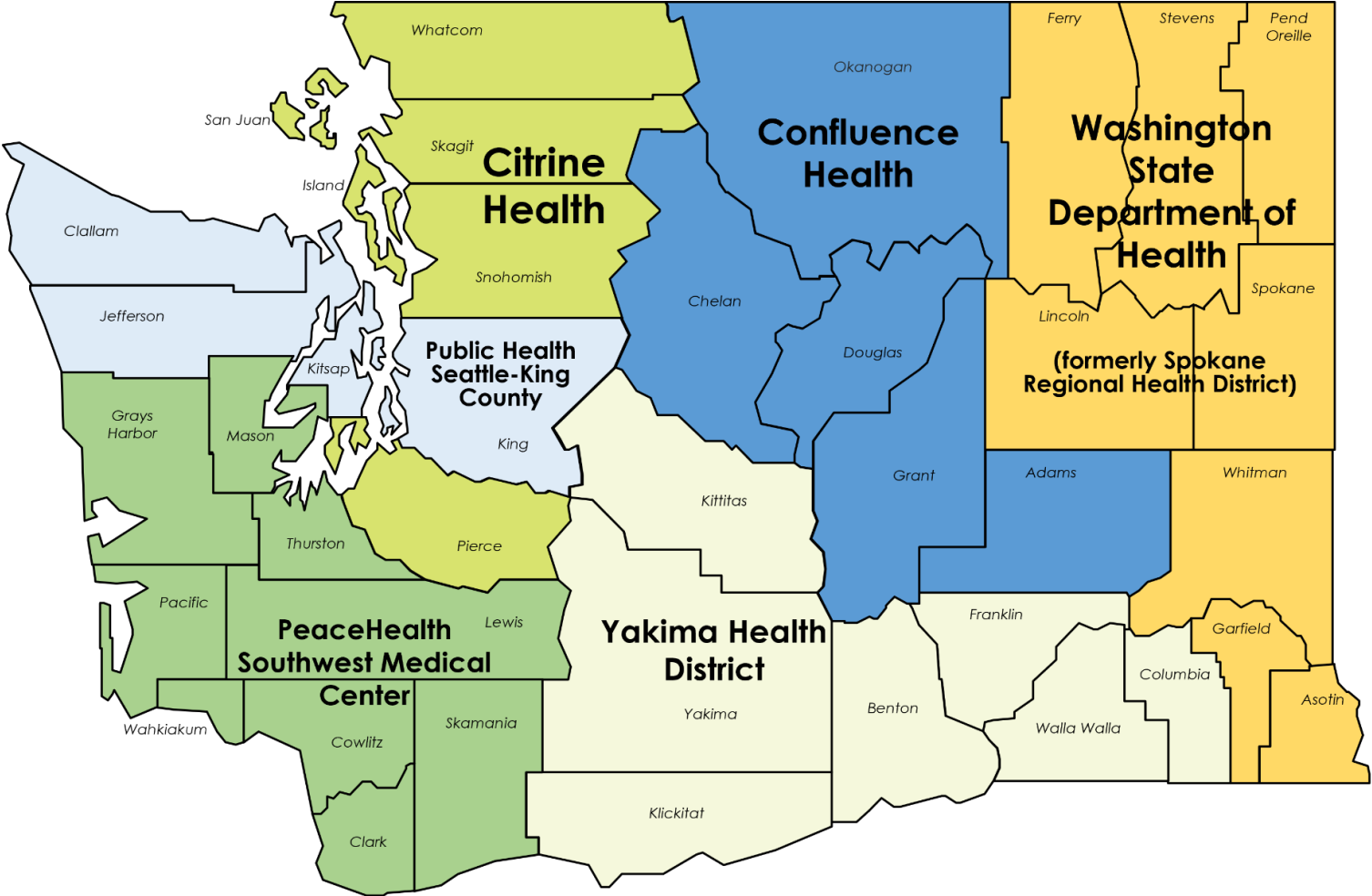
Provide clinics with information on screening guidelines and how to talk to clients about screening, and educational materials

*Enrollment in BCCHP required

Who is eligible in Washington?

- Ages 21 – 64
- Have a low income
 - 250% of Federal Poverty Level (FPL)
 - In some regions with foundational funding, up to 300% of FPL
- Ineligible for Apple Health (Medicaid)
- Uninsured or **underinsured**
 - “Underinsured” = Health plan does not cover cancer screening or can't afford the out-of-pocket costs to get screened
- Ineligible for Medicare or without access to Medicare Part B

BCCHP Service Delivery Map







To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Upcoming Events

IACW Spring Quarterly Meeting

- Date: May 13, 2026,
- Time: 12:00pm -2:00pm
- [Registration Link](#) -in the chat

Celebrating 20 Years of HPV Vaccine: A Western Regional Summit on Prevention & Progress

- Date: May 20, 2026
- Time: 11:00am- 1:00 pm PT
- [Registration Link](#) -in the chat

Cancer Action Plan of Washington Fall Gathering

- Date: October 29, 2026
- Time: 9:00 am- 3:00 pm
- [Meetings — Cancer Action Plan of Washington](#)

Next HPV Task Force Meeting Date:

Spring Quarter
Meeting (2.5 hrs.)

February 27, 2026
8:00 am – 10:30 am

**Fall Quarter
Meeting (2.5 hrs.)**

October 9, 2026

8:00 am – 10:30 am





Thank you for doing your part to
prevent HPV Cancers!

#PreventCancerTogether

HPV VACCINE

IS CANCER PREVENTION

www.cdc.gov/HPV

"HPV vax protects your child from cervical and other cancers."