Cancer Prevention Through HPV Vaccination:

A Toolkit for Providers That Serve Immigrants & Their Families

Dominique Guillaume, MSN
Director of Operations and Evaluation at the University of Kentucky Markey Cancer Center

Shaylen Foley, MPH
American Cancer Society

Mentor: Sara Comstock, MSW, BA

This toolkit was developed as part of the American Cancer Society National HPV Vaccination Roundtable (ACS HPVRT) Emerging Leaders Program. Fellows are early-career professionals whose work was informed by the guidance and mentorship of ACS HPVRT leadership and team members. The program supports HPV vaccination outreach, quality improvement efforts, and the sharing of best practices. The content does not necessarily represent the official positions of the American Cancer Society or the ACS HPVRT program.

Learn more about the program: Emerging Leaders Program - National HPV Vaccination Roundtable

HPV Cancer Prevention Starts With You

Healthcare providers that serve a large volume of immigrants and their families have the power to make a lasting impact on human papillomavirus (HPV)-related cancers. Clinicians should strongly recommend HPV vaccination at every opportunity and use patient materials in the appropriate language.

Immigrants are a large portion of the US population.



15.5%
of the United States population is foreign-born.[1]

18 million
children live with at least one foreign-born parent.[2]

Children of immigrants are less likely to be vaccinated.

Estimates of HPV vaccination coverage among immigrants in the US is piecemeal, but systematic reviews have found that **30% of children of immigrants initiate the HPV series and only around 14% are up-to-date.**[3,4]

The HPV vaccine is cancer prevention.

HPV causes about 39,000 cases of cancer in men and women each year in the US.5 HPV is linked to 90% of cervical and anal cancers, 75% of vaginal cancers, 70% of oropharyngeal and vulvar cancers, and 63% of penile cancers.[5]

90%
HPV vaccination can prevent about 90% of HPV cancers.

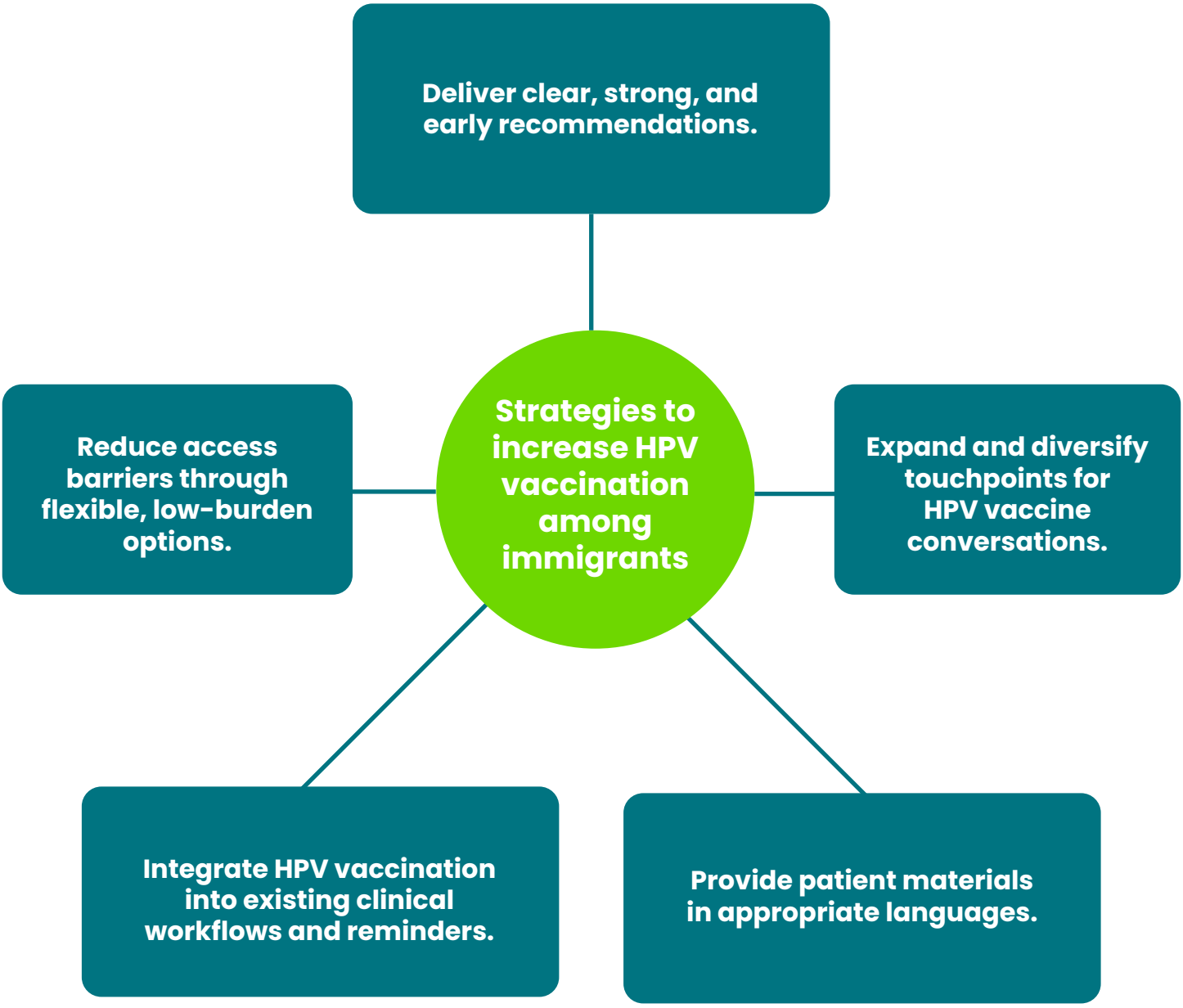
HPV vaccination works. A 69% reduction in cervical cancer cases was observed from 2012-2019 among women ages 20-24,[6] who were the first cohort of preteens to receive the vaccine.

Provider recommendations are powerful motivators of HPV vaccine acceptance.

Provider recommendation is the strongest variable associated with HPV vaccination acceptability among parents, including foreign-born parents of adolescents.[4,7]

This guide features actionable steps for Federally Qualified Health Centers (FQHCs) or settings serving immigrants to increase HPV vaccination uptake and prevent HPV-related cancers.

Strategies at-a-Glance



Strategy 1: Deliver clear, strong, and early recommendations.

Strong provider recommendations are the number one reason parents choose to vaccinate their children. Immigrant parents – like the general population – respond positively to clear, confident guidance.

Key Actions:

- Begin recommending HPV vaccination at **age 9** to normalize and destigmatize the vaccine.
- Use the **Announcement Approach Training**, and follow with **brief motivational interviewing** when parents express hesitancy.
- Reinforce the vaccine's **safety, cancer-prevention benefits**, and long use history.
- **Repeat** recommending the vaccine at each visit.

Providers are the main trusted source of vaccine information for immigrant parents.[4,8] A strong recommendation includes three steps: (1) note the child's age, (2) say they are due for a vaccine that prevents 6 HPV cancers, and (3) say you'll vaccinate today. Immigrants have lower knowledge and awareness of HPV compared to non-immigrants,[2] so pair recommendations with appropriate patient materials. (**See Strategy 3**.)

"Alex is now 9, so today they'll get a vaccine that prevents six HPV cancers."

If parents hesitate, there are evidence-based communication approaches to address questions. The main reasons parents or guardians hesitate are because they think the HPV vaccine is unnecessary or not safe.[9] Frame the HPV vaccine as routine child healthcare and cancer prevention, not sexual behavior–related, to reduce stigma.[10] Use concise facts to address safety questions.[11]



Starting HPV vaccination recommendations at age 9 can provide more time to complete the series by age 13. Initiating the series at age 9 also results in a strong immune response, decreases parent or guardian questions about sexual activity, and decreases the number of shots per visit.[12]



Additional Resources for Talking to Parents About HPV Vaccination

- How to make effective HPV vaccine recommendations starting at age 9
- CDC: Talking with Parents about HPV Vaccination
- AAP: HPV Vaccine: What Parents Need to Know
- American Cancer Society: HPV Vaccines
- Immunize.org: A Parent's Guide to Preteen and Teen HPV Vaccination
- ACS HPV Roundtable: Starting HPV Vaccination at Age 9

Strategy 2: Expand and diversify touchpoints for HPV vaccine conversations.

Immigrant populations are less likely to access healthcare and have fewer opportunities to receive recommendations. Recommend the HPV vaccine at every chance.

Key Actions:

- Initiate HPV vaccine discussions at **non-traditional visits**, such as:
  - Prenatal and postnatal visits (the most common touchpoint for immigrant women)
  - Well-woman visits
  - Acute care visits
  - Visits for school or sports forms
  - Obstetrics and gynecology visits for mothers
- Use **tailored messaging** to initiate and recommend HPV vaccination in various clinical scenarios.
- Account for **the role of partners in vaccine decision-making** and **acculturation**.

Immigrant mothers often serve as the primary health decision-makers for their children.[13] Despite this, immigrant women have limited touchpoints with the healthcare system compared to non-immigrant women.[14] Immigrants are also less likely to receive regular preventive care, including vaccinations, through a medical home.[8] This means that immigrant women and their families have fewer opportunities to receive HPV vaccine recommendations, which are traditionally delivered with routine preventive care.

To address this, we recommend expanding beyond the traditional HPV vaccine recommendation touchpoints, like pediatric well-visits, to facilitate HPV vaccine discussions during prenatal care, postpartum visits, well-woman visits, and family planning services. Providers can use Tailored Communication Strategies to communicate about HPV vaccination in different clinical scenarios.

Vaccine Discussion Prompts
"As we're talking about the importance of your pap smear for cervical cancer prevention, did you also know you can also protext your child from cervical cancer with the HPV vaccine?"
"The virus that causes cervical cancer in adults can be prevented through vaccination in children. Have you heard about the HPV vaccine?"
"Since we're going to do a pap test today, it's also a great time to think about prevention for your child. Have you heard about the HPV vaccine?"

We recommend the following approaches in message tailoring for integrated communications efforts:[4-6]

Step 1. Identify individuals within your organization who engage in cervical cancer prevention work.

Step 2. Assess the strategies your current organization employs to communicate cervical cancer prevention interventions to its clients (e.g. brochures, emails, member portal, etc.).

Step 3. Review messages for misalignment with recommended message framing.

Step 4. Identify key barriers and facilitators that may impact message effectiveness. This may include certain cultural beliefs, social paradigms, and structural barriers.

Step 5. Ensure message personalization to attract the recipient's attention. Personalization should include cultural tailoring and contextual tailoring.

Support Vaccine Visit Scheduling When Recommendations Take Place

Note that messaging at non-traditional opportunities may include a strong recommendation or it may just involve building awareness. More familiarity or awareness of HPV vaccination may motivate uptake among immigrants,[2] making all HPV vaccine discussions important for this population. If you make an HPV vaccine recommendation at a non-traditional visit where point-of-service vaccination is not possible (e.g., the adolescent is not present), be sure to **support scheduling** a vaccine visit before the patient leaves.

Address Immigrant Mothers Directly, and Continue to Recommend at Every Opportunity

Additionally, while mothers are the primary health decision-makers for children, there are additional nuances to consider among immigrants. Research has shown that immigrant mothers who decide about vaccines alone or in concert with a partner are more willing to accept vaccination than those who rely on their partner to decide.[15] With this in mind, we recommend that providers take the following approaches:

- Address immigrant women directly in consultations, and provide solo decision-making support.
- Encourage involvement of partners when appropriate, but ensure mothers feel empowered.
- Highlight how the HPV vaccine contributes to long-term health and cancer prevention, a message often resonant across cultures.

Immigrant parents who are more oriented to their home country (i.e., they place lower value on participating in their host country's culture) are less likely to vaccinate their children for HPV.[15] Immigrant women who have been in the US for less time have lower intention to vaccinate their children for HPV.[16]

Account for level of acculturation and length of time in the US during HPV vaccine recommendations. Providers should start by building awareness and *continue to recommend HPV vaccination for adolescents at every opportunity*.



Strategy 3: Provide patient materials in appropriate languages.

A primary challenge reported for immigrant families is language barriers, including unskilled interpretation.[4]

Key Actions:

- Provide printed, video, or digital materials in the **family's preferred language**.
- Use professional interpreters rather than relying on children or non-medical staff.
- Consider supplemental community or group education and use.

Parents are more likely to accept HPV vaccination recommendations when they receive them in their native language.[4] Low HPV vaccine awareness and knowledge among non-US-born parents suggests the importance of language concordant resources and materials.[17] Physicians should pair HPV vaccine recommendations with print or digital materials in the patient's native language.

Use professional interpretation instead of children, family members, or non-medical staff to ensure accuracy. Immigrants have expressed interest in vaccine information in a variety of formats, including community or small group settings.[8] If you see a high volume of a specific immigrant group, consider group education interventions in addition to print or virtual education materials. When discussing HPV vaccination with immigrant patients, consider using terminology that is cross-cultural, particularly when referring to the cervix. We recommend the term "womb."

In many communities, women may not be familiar with the term "cervix." We recommend the term "**womb**."

Select Posters, Flyers, and Graphics to Create a Pro-vaccination Environment for Immigrants (see Resource Center).



Strategy 4: Integrate HPV vaccination into existing clinical workflows and reminders.

Both providers and immigrant families benefit from additional cues to act – especially when tied to familiar health processes.

Key Actions:

- Integrate HPV vaccine recommendations into reminders for **other health touchpoints**, such as:
  - Cervical cancer screening results
  - Reminders for flu vaccines
  - Chronic disease follow-up visits
- Use clinic-level quality improvement strategies, including:
  - **Standing orders** for nurses/medical assistants
  - **Provider reminders** in the electronic health record (her)
  - **Family reminders** (texts, calls, portal messages in preferred language)
  - Train clinic staff on processes and messaging.
- Track missed opportunities and implement **feedback loops** with providers.

There is strong evidence that both provider and patient reminders can increase HPV vaccine uptake.[18–21] Interventions that target providers, like EHR prompts, standing orders, or other reminder systems can bolster recommendation interventions.

Leveraging Cervical Cancer Screening Result Messages

With immigrants, providers should consider less-traditional touchpoints, such as embedding HPV vaccine recommendations into cervical cancer screening results, patient portal messages, or letters. Find other communication tools here.[22]

To support series completion, provider offices can use patient reminder and recall strategies and schedule the second dose before immigrant families leave the office after receiving the first dose.[18,20]

Dear [insert patient name]:

I am pleased to inform you that your recent Pap test was normal and your test for high risk HPV (the virus that causes most cervical cancers) was negative.

If you have any questions about your Pap or HPV test, please call and leave a message with the nurse.

As your medical provider, I also want to make sure you know that there are safe and effective vaccines available for children, teens, and adults to protect them against HPV. **HPV vaccines are recommended for girls and boys starting at age 9** to prevent cancers caused by HPV later in life. **It is also recommended for anyone up to age 26** who has not already been vaccinated.

If you think you have any members of your family or friends that need to be vaccinated against HPV, please have them call our office to schedule an appointment.

Yours sincerely,

[insert provider name]

Refer to the Cancer Prevention Through HPV Vaccination: An Action Guide for Small Practices action guide (page 6) for additional expert-recommended quality improvement strategies and interventions.[23]

Strategy 5: Reduce access barriers through flexible, low-burden options.

Immigrant families often face insurance gaps, work constraints, transportation barriers, and limited system navigation.

Key Actions:

- Stay up to date on vaccine financing and coding practices to ensure accurate billing.
- Clearly communicate **no-cost or low-cost options**, and refer patients to a Vaccines for Children (VFC) provider for vaccination.
- Offer **vaccine-only visits, drop-in options**, or **mobile vaccination units**.
- Partner with community organizations (e.g., schools, faith groups, immigrant-serving nonprofits) for outreach and events.

Immigrants often report practical issues related to where to go, cost, insurance coverage, and language challenges.[4,15] Improving HPV uptake among immigrant families should include clinic-level strategies to reduce access barriers.

Use proper coding practices to ensure accurate billing and clearly communicate that there are no-cost or low-cost options. Financial uncertainty and insurance coverage are frequent concerns for immigrants.[4] Where relevant, refer patients who are uninsured or underinsured to a Vaccines for Children (VFC) provider, the local health department, or a nearby FQHC. Provider offices can also consider partnering with state cancer control programs, school nurse associations, or other state-level organizations. VFC providers give the vaccine itself for free and may charge an administration fee.[24]

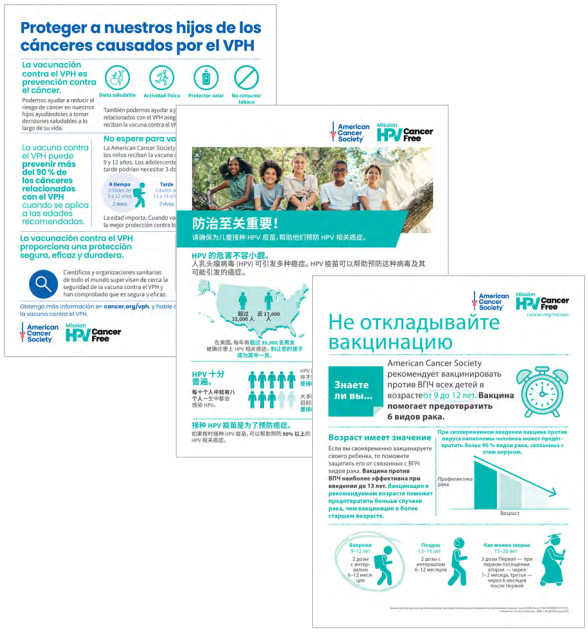
Similar to the general population, immigrants benefit from flexible hours and easy ways to access vaccination. These might include vaccine-only visits or drop-in hours[25,26] that make it easier for parents to vaccinate outside of routine well-child visits. Another option to consider, especially in rural locations, is mobile vaccination.

Lastly, ethnic minorities may also benefit from community outreach and education. Partner with community organizations where specific immigrant populations can be reached in small groups or through resource distribution.[28]



Resource Center

Posters, Flyers, and Graphics to Create a Pro-vaccination Environment for Immigrants



Don't Wait to Vaccinate:
Arabic
English
English*
French
Haitian Creole
Hindi
Hmong
Korean
Polish
Portuguese
Russian
Simplified Chinese*
Spanish*
Somali
Tagalog*
Ukrainian
Vietnamese*

Prevention Matters:
English*
Simplified Chinese*
Spanish*
Vietnamese*

Protecting Our Children:
English*
Simplified Chinese*
Spanish*
Vietnamese*

**Available for co-branding with co-branding agreement*

- American Cancer Society (National HPV Vaccination Roundtable: Flyers and Posters and Co-brandable "Start at Age 9" Social Media Graphics[29] and Start at Age 9 Print On-Demand Toolkit
- US Department of Health and Human Services: HPV Vaccine Information[30]
- California Department of Public Health: Vaccines for Your Preteen flyers, graphics, and posters (available in English and Spanish; includes sample radio or TV promotional material, social media messages, and reminder and letters from providers, schools, and school nurses)[31]

Provider Resources for Talking to Parents about HPV Vaccination

- How to make effective HPV vaccine recommendations starting at age 9
- CDC: Talking with Parents about HPV Vaccination
- American Academy of Pediatrics (AAP): HPV Vaccine: What Parents Need to Know
- American Cancer Society: HPV Vaccines
- Immunize.org: A Parent's Guide to Preteen and Teen HPV Vaccination (Spanish version)
- HPV Roundtable: The Facts on HPV Vaccine Safety and Effectiveness

Additional Immigrant Resources

- AAP Immigrant Child Health
- AAP Immigrant Toolkit
- CDC Immigrant and Refugee Health
- EthnoMed for Health Care Providers
- Migration Health Initiative
- Minnesota Department of Health Refugee Health Care Provider Resources
- VaxRef Translation Platform

Additional Resources

- American Cancer Society National HPV Roundtable Resource Center
- 2023 Human Vaccines & Immunotherapeutics Collection Toolkit
- HPV Vaccination at 9-12 Years of Age: An Evidence Summary
- American Cancer Society Recommendations for HPV Vaccine Use and HPV Information and Resources for Patients & Parents
- American Cancer Society HPV Vaccine Information for Health Professionals
- AAP: Adolescent Immunization Discussion Guides
- Immunize.org: Vaccine Apps for Healthcare Providers and Vaccine Confidence Toolkit
- California Department of Public Health: Provider VFC Certification Training
- CDC: Provider Immunization Training Online Courses

References

1. Rosowicz A, Hewitt DB. Disparities in Cancer Screening Among the Foreign-Born Population in the United States: A Narrative Review. *Cancers*. 2025;17(4):576. doi:10.3390/cancers17040576.
2. Guo Y, Sims OT, Li Q, Yang F. Factors associated with first-generation immigrant parents' unwillingness to vaccinate their daughters for HPV. *J Migr Health*. 2023;7:100161. doi:10.1016/j.jmh.2023.100161.
3. Kim K, LeClaire AR. A systematic review of factors influencing human papillomavirus vaccination among immigrant parents in the United States. *Health Care Women Int*. 2019;40(6):696-718. doi:10.1080/07399332.2017.1404064.
4. Iwami M, Bouaddi O, Razai MS, et al. Drivers of human papillomavirus vaccine uptake in migrant populations and interventions to improve coverage: a systematic review and meta-analysis. *Lancet Public Health*. 2025;10(8):e693-e711. doi:10.1016/S2468-2667(25)00148-3.
5. Cancers Linked with HPV Each Year. Centers for Disease Control and Prevention. Accessed October 8, 2026. https://www.cdc.gov/cancer/hpv/cases.html.
6. Rosenblum HG, Lewis RM, Gargano JW, Querec TD, Unger ER, Markowitz LE. Human Papillomavirus Vaccine Impact and Effectiveness Through 12 Years After Vaccine Introduction in the United States, 2003 to 2018. *Ann Intern Med*. 2022;175(7):918-926. doi:10.7326/M21-3798.
7. Aragones A, Genoff M, Gonzalez C, Shuk E, Gany F. HPV Vaccine and Latino Immigrant Parents: If They Offer It, We Will Get It. *J Immigr Minor Health Cent Minor Public Health*. 2016;18(5):1060-1065. doi:10.1007/s10903-015-0225-x.
8. Greenfield LS, Page LC, Kay M, Li-Vollmer M, Breuner CC, Duchin JS. Strategies for increasing adolescent immunizations in diverse ethnic communities. *J Adolesc Health Off Publ Soc Adolesc Med*. 2015;56(5 Suppl):S47-53. doi:10.1016/j.jadohealth.2014.10.274.
9. Beavis A, Krakow M, Levinson K, Rositch AF. Reasons for Lack of HPV Vaccine Initiation in NIS-Teen Over Time: Shifting the Focus From Gender and Sexuality to Necessity and Safety. *J Adolesc Health*. 2018;63(5):652-656. doi:10.1016/j.jadohealth.2018.06.024.
10. *HPV Vaccines | Preventing Human Papillomavirus Infection*. American Cancer Society. Accessed April 8, 2026. https://www.cancer.org/cancer/risk-prevention/hpv/hpv-vaccines.html.
11. *The Facts on HPV Vaccine Safety and Effectiveness*. National HPV Vaccination Roundtable. Accessed April 8, 2026. https://hpvroundtable.org/wp-content/uploads/2026/02/081226-The-Facts-on-HPV-Vaccine-Safety-and-Effectiveness.pdf.
12. *Why Age 9? Fact Sheet.* National HPV Vaccination Roundtable; 2022. Accessed February 6, 2026. https://hpvroundtable.org/wp-content/uploads/2023/05/HPV_Roundtable-HPV_Why_Age_9_Sales_Sheet_WEB.pdf.
13. Wagner TF, Olmsted A, Lopez KK, Fredricks K. Immigrant Mothers' Perspectives on Pediatric Primary Care: Challenges and Solutions to Improve Medical Home Use. *J Health Care Poor Underserved*. 2024;35(1):299-315.
14. Maru S, Glenn L, Belfon K, et al. Utilization of Maternal Health Care Among Immigrant Mothers in New York City, 2016-2018. *J Urban Health*. 2021;98(6):711-726. doi:10.1007/s11524-021-00584-5.
15. Aliche O, Lustria MLA, Gerend MA. A Sociocultural Perspective of HPV Vaccine-Related Decision Making Among Immigrant Mothers in the United States. *J Adolesc Health*. 2025;76(5):897-904. doi:10.1016/j.jadohealth.2025.01.011.
16. Lucero D, Moreno VA, Delgado D, et al. Understanding HPV Vaccine Initiation and Intention Among Central American Immigrant Parents in the United States: The Role of Vaccine Literacy and Healthcare Provider Recommendations. *Vaccines*. 2025;13(2):130. doi:10.3390/vaccines13020130.
17. Anuforo B, McGee-Avila JK, Toler L, et al. Disparities in HPV vaccine knowledge and adolescent HPV vaccine uptake by parental nativity among diverse multiethnic parents in New Jersey. *BMC Public Health*. 2022;22:195. doi:10.1186/s12889-022-12573-7.
18. Hanley K, Chung TH, Nguyen LK, et al. Using Electronic Reminders to Improve Human Papillomavirus (HPV) Vaccinations among Primary Care Patients. *Vaccines*. 2023;11(4):872. doi:10.3390/vaccines11040872.
19. Bao W, He X, Huang Y, Liu R, Li Z. The Clinical Effectiveness of Single-Dose Human Papillomavirus Vaccination. *Vaccines*. 2024;12(9):9. doi:10.3390/vaccines12090956.
20. *Reminder and Recall Strategies.* American Academy of Pediatrics. Accessed March 2, 2026. https://www.aap.org/en/patient-care/immunizations/implementing-immunization-administration-in-your-practice/reminder-and-recall-strategies/.
21. Pich J. Patient reminder and recall interventions to improve immunization rates: A Cochrane review summary. *Int J Nurs Stud*. 2019;91:144-145. doi:10.1016/j.ijnurstu.2018.05.015.
22. *Vaccination Program Tools.* Merck. Accessed March 2, 2026. https://www.merckvaccines.com/tools-and-resources/vaccination-program-tools/.
23. *Cancer Prevention Through HPV Vaccination: An Action Guide for Small Practices.* National HPV Vaccination Roundtable. Accessed March 2, 2026. https://hpvroundtable.org/wp-content/uploads/2024/10/Cancer-Prevention-Through-HPV-Vaccination-An-Action-Guide-for-Small-Practices.pdf.
24. *Vaccines for Children (VFC) Program: Information for Providers.* CDC Vaccines for Children Program. February 12, 2026. Accessed March 2, 2026. https://www.cdc.gov/vaccines-for-children/hcp/information-for-providers/index.html.
25. Sackey ME, Markey K, Grealish A. Strategies used by healthcare professionals to increase the human papillomavirus vaccine uptake among adolescents in Ireland: A qualitative study. *Int J Nurs Stud*. 2025;167:105080. doi:10.1016/j.ijnurstu.2025.105080.
26. van Boetzelaer E, Daae A, Winje BA, Vestrheim DF, Steens A, Stefanoff P. Easy access to vaccination was important for adherence during the 2016–2019 HPV catch-up vaccination in Norway. *Hum Vaccines Immunother*. 2022;18(1):1971921. doi:10.1080/21645515.2021.1971921.
27. Fisher CL, Mullis MD, McFarlane A, et al. Promoting Rural-Residing Parents' Receptivity to HPV Vaccination: Targeting Messages and Mobile Clinic Implementation. *Vaccines*. 2024;12(7). doi:10.3390/vaccines12070712.
28. Greenfield LS, Page LC, Kay M, Li-Vollmer M, Breuner CC, Duchin JS. Strategies for increasing adolescent immunizations in diverse ethnic communities. *J Adolesc Health Off Publ Soc Adolesc Med*. 2015;56(5 Suppl):S47-53. doi:10.1016/j.jadohealth.2014.10.274.
29. Resource Center. National HPV Vaccination Roundtable. The Conversation Case - Advancing Prevention, Detection & Dialogue in Clinical Practice. November 1, 2022. Accessed March 1, 2026. https://hpvroundtable.org/resource-center/.
30. HPV (Human Papillomavirus) Health and Human Services. April 27, 2021. Accessed March 1, 2026. https://www.hhs.gov/vaccines/diseases/hpv/index.html.
31. Adolescent Immunization Action Week. California Department of Public Health. Accessed March 1, 2026. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Campaigns.aspx.

Tailored Communications Strategies for HPV Vaccination Among Children of Immigrants

Immigrant mothers often interact with the healthcare system at specific time points across the life course. In Federally Qualified Health Centers (FQHCs) , this often occurs during prenatal and postnatal visits, routine gynecologic (well-woman) visits, and pediatric well-child visits.[1–3] These encounters represent prime opportunities to introduce preventative interventions for both women and their families.

Integrated communications efforts focused on cervical cancer prevention tailored for both parents and their children can be a key strategy in normalizing conversations around HPV-related cancers and preventative measures, including the HPV vaccine. For instance, discussing cervical cancer risk and prevention with a parent using an integrated approach that includes discussing cervical cancer screening for the mother, and HPV vaccination for the child may help to enhance parental perception regarding the importance of cervical cancer prevention thus increasing motivation for ensuring their children receive the HPV vaccine.

We recommend the following approaches in message tailoring for integrated communications efforts:

Step 1. Identify individuals within your organization who engage in cervical cancer prevention work.[4–7]

- Review individuals' comfort in discussing cervical cancer prevention including HPV vaccination and cervical cancer screening with clients.

Step 2. Assess the strategies your current organization employs to communicate cervical cancer prevention interventions to its clients (e.g. brochures, emails, member portal, etc.)[4–7]

Step 3. Review current messages used for misalignment with recommended message framing to ensure the following[4–7]:

- Language is simple and easy to understand.
- HPV vaccine and cervical cancer screening are framed as cancer prevention methods.
- Timing and/or eligibility for HPV vaccination and cervical cancer screening is included.
- Information regarding prevention of other HPV-related cancers are included as deemed appropriate.

Step 4. Identify key barriers and facilitators that may impact message effectiveness. This may include certain cultural beliefs, social paradigms, and structural barriers.[4–7]

Step 5. Ensure message personalization to attract the recipient's attention. Personalization should include cultural tailoring and contextual tailoring.[4–7]

Implementing Tailored Communications Strategies Into Practice

We have developed the following prompts tailored for various settings and healthcare providers to support patient-centered conversations regarding cervical cancer prevention across the life course utilizing an integrated approach.[7–11]

Table 1. Integrated cervical cancer prevention messaging for various clinical scenarios.

Clinical Scenario	Vaccine Discussion Prompt
During cervical cancer screening discussions with mothers	*"As we're talking about the importance of your pap smear for cervical cancer prevention, did you also know you can also protect your child from cervical cancer with the HPV vaccine?"*
	"The virus that causes cervical cancer in adults can be prevented through vaccination in children. Have you heard about the HPV vaccine?"
	"Since we're going to do a pap test today, it's also a great time to think about prevention for your child. Have you heard about the HPV vaccine?"
During cervical cancer screening discussions with mothers	*"Once you've had your baby , we'll also talk about preventative care for you including cancer prevention. The HPV vaccine is recommended for preventing cervical cancer. This vaccine is also part of routine care for pre-teens. Are there any children in your household approaching that age?"*
During postpartum visits	*"During the postpartum period, it's important to prioritize health maintenance which includes pap testing and vaccines. You may be eligible for the HPV vaccine if you haven't received it already. This vaccine protects against certain types of cancers including cervical cancer. Also, this vaccine is recommended for children starting at age 9. Do you have any children around or above that age at home?"*
During pediatric/well-child visits	*"We start talking about the HPV vaccine around age 9 as it works best when it's administered at an earlier age. However, individuals between 9 to 45 years of age are eligible. Would you like to discuss vaccination for both you and your child? Would it be helpful to go over why it's recommended?"*

References

1. Maru S, Glenn L, Belfon K, et al. Utilization of Maternal Health Care Among Immigrant Mothers in New York City, 2016–2018. *Journal of Urban Health*. 2021;98(6):711-726. doi:10.1007/S11524-021-00584-5/TABLES/2
2. Darney BG, Saavedra-Avendaño B, Boniface ER, et al. Safety Net Clinic Utilization for Sexual and Reproductive Health Services Among U.S.- and Foreign-Born Mexican-Origin Women. *Women's Health Issues*. 2025;35(5):383-389. doi:10.1016/J.WHI.2025.05.004
3. Parker E, Schut RA, Boen C. The promise and limits of inclusive public policy: federal safety net clinics and immigrant access to health care in the *U.S. Social Forces*. 2025;103(3):992-1017. doi:10.1093/SF/SOAE111
4. A Practical Guide for Health Insurance Companies and Health Authorities in Colombia.
5. Ogden SN, Leskinen EA, Sarma EA, Wainwright J V., Rendle KA. Effects of message framing on cervical cancer screening knowledge and intentions related to primary HPV testing. C*ancer Prev Res (Phila)*. 2021;14(9):839. doi:10.1158/1940-6207.CAPR-20-0622
6. Halvorson-Fried SM, Higgins ICA, Gilkey MB, Lazard AJ, Hall MG. Perceived effectiveness of messages to address cervical cancer screening barriers: An online experiment. *PLoS One*. 2025;20(11):e0336693. doi:10.1371/JOURNAL.PONE.0336693
7. Joseph N, Gardiner P, Damus K, et al. Integrating Human Papilloma Virus (HPV) Vaccination Promotion and Cervical Cancer Screening in a Diverse Inner City Primary Care Settings. *J Pediatr Adolesc Gynecol*. 2017;30(2):323. doi:10.1016/j.jpag.2017.03.119
8. George Washington University Cancer Center. Cervical Cancer Awareness Toolkit - Cancer Control TAP. 2024. Accessed February 3, 2026. https://cancercontroltap.org/news/cervical-cancer-awareness-month-toolkit/
9. Haran C, van Driel M, Mitchell BL, Brodribb WE. Clinical guidelines for postpartum women and infants in primary care-a systematic review. *BMC Pregnancy Childbirth*. 2014;14(1). doi:10.1186/1471-2393-14-51
10. Aber C, Weiss M, Fawcett J. Contemporary Women's Adaptation to Motherhood: The First 3 to 6 Weeks Postpartum. *Nurs Sci Q*. 2013;26(4):344-351. doi:10.1177/0894318413500345
11. Stuebe A, Auguste T, Gulati M. ACOG COMMITTEE OPINION Optimizing Postpartum Care. *Obstetrics and Gynecology.* 2018;131(5):E140-E150. doi:10.1097/AOG.0000000000002633

Pre-Post Survey on Provider Beliefs, Confidence, and Conversations on Adolescent HPV Vaccination among Immigrants

How to use this survey
This survey was designed for a provider group or network. It is intended to be used as a part of a quality improvement project where the goal is to build clinic-level capacity to increase HPV vaccination uptake among foreign-born patients (e.g. immigrants, migrants, asylum-seekers). We recommend customizing questions to your specific clinic, practice, or group.

Pre-Survey
Introduction: Thank you for taking the time to fill out this **survey**. It should take no more than 7 minutes of your time. This survey is aimed at practicing providers or related clinical staff at federally qualified health centers or similar assesses opportunities to discuss HPV vaccination among individuals who are foreign-born. This survey is anonymous and voluntary. Your responses will be used to help inform a quality improvement project on HPV vaccination among foreign-born individuals.

1. Please select your level of training:
    a. MD/DO – OB/GYN
    b. MD/DO – Family Medicine
    c. MD/DO – Pediatrics
    d. MD/DO – Maternal Fetal Medicine (MFM)
    e. Nurse Practitioner (NP)
    f. Certified Nurse Midwife (CNM)
    g. Physician Assistant (PA)
    h. Registered Nurse (RN)
    i. Licensed Practical Nurse (LPN)
    j. Certified Nursing Assistant (CNA)
    k. Other (please specify): _____

2. Years Practicing
    a. 0-2
    b. 3-5
    c. 6-10
    d. 10+

3. Practice Type
    a. FQHC or look-alike
    b. Hospital-based
    c. Private practice
    d. Academic medical center
    e. Other

4. Estimate the proportion of your patients that are foreign-born.
    a. 0-25%
    b. 26-50%
    c. 51-75%
    d. 76-100%

5. Please select the clinic you practice in [dropdown].

6. Does your clinic have fliers, posters, or other communication aids in clinic rooms that promote childhood vaccinations?
    a. Yes
    b. No

Skip logic→ if Yes to question 6

7. Do these communication materials include HPV vaccination?
    a. Yes
    b. No

[Matrix] Please select your level of agreement to the following statements.

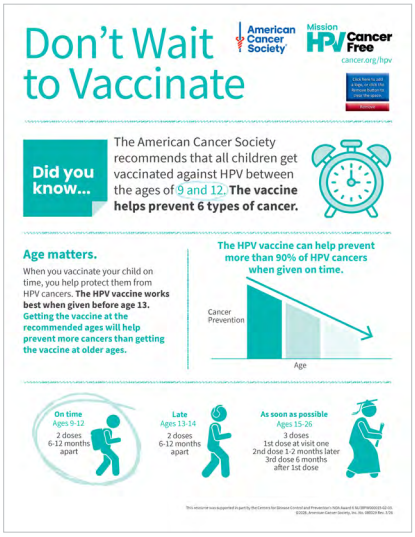
8. Educating families about preventing cervical cancer through HPV vaccination is a priority in my clinic.
9. I believe recommending HPV vaccination is part of my role.
10. I feel up-to-date on current recommendations for adolescent and adult HPV vaccination.
11. I feel confident in my ability to counsel perinatal patients about concerns regarding adolescent HPV vaccination.
12. I feel confident in my ability to discuss adolescent HPV vaccination with foreign-born patients.
13. I am a trusted messenger for HPV vaccination.
    a. Strongly Disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly Agree

[Matrix] Please select your level of agreement to the following statements.

14. I discuss childhood vaccines at every opportunity.
15. I discuss adolescent HPV vaccination with foreign-born patients.
16. My peers discuss adolescent HPV vaccination with foreign-born patients.
    a. Always
    b. Frequently
    c. Sometimes
    d. Infrequently
    e. Never

17. Please select three of the most likely barriers that would prevent you from discussing adolescent HPV vaccines with foreign-born patients in your clinic:
    a. Lack of time
    b. Lack of provider knowledge
    c. Forget to mention
    d. Competing priorities in the clinic
    e. Unsure where to refer for vaccination
    f. Patient not interested in vaccination
    g. Patient has concerns about vaccination
    h. Language / cultural barriers
    i. Other: _____
    j. Not discussed

18. A laminated infographic like the one below would be helpful when I counseled patients about the HPV vaccine.
    a. Strongly Disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly Agree



19. What types of communication materials or resources would be most helpful when discussing HPV vaccination with foreign-born patients?
    a. Fliers
    b. Posters
    c. Scripts
    d. Vaccination conversation training
    e. Videos
    f. Other: _____

20. Do you have any recommendations for improving tools or increasing adolescent HPV vaccination among foreign-born patients at your clinic/practice?

21. The following information will be used to match your anonymous pre and post response. Please enter the day of the month for your birthday followed by the first three letters of your mother's first name. For example, if your birthday is 1st January and your mother's first name was Catherine, your code would be "01cat".

Post-survey

Introduction: This survey is aimed at practicing providers or related clinical staff at federally qualified health centers or similar to assess opportunities to discuss HPV vaccination among foreign-born patients (e.g. immigrants, migrants, asylum-seekers). This survey is anonymous and voluntary. Your responses will be used to help assess a quality improvement project on HPV vaccination among foreign-born patients.

1. Does your clinic have fliers, posters, or other communication aids in clinic rooms that promote childhood vaccinations?
    a. Yes
    b. No

Skip logic→ if Yes to question 6

2. Do these communication materials include HPV vaccination?
    a. Yes
    b. No

[Matrix] Please select your level of agreement to the following statements.

3. Educating families about preventing cervical cancer through HPV vaccination is a priority in my clinic.
4. I believe recommending HPV vaccination is part of my role.
5. I feel up-to-date on current recommendations for adolescent and adult HPV vaccination.
6. I feel confident in my ability to counsel perinatal patients about concerns regarding adolescent HPV vaccination.
7. I feel confident in my ability to discuss adolescent HPV vaccination with foreign-born patients.
8. I am a trusted messenger for HPV vaccination.
    a. Strongly Disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly Agree

[Matrix] Please select your level of agreement to the following statements.

9. Educating families about preventing cervical cancer through HPV vaccination is a priority in my clinic.
10. I believe recommending HPV vaccination is part of my role.
11. My peers discuss adolescent HPV vaccination with foreign-born patients.
    a. Always
    b. Frequently
    c. Sometimes
    d. Infrequently
    e. Never

12. Please select three of the challenges you experienced when discussing adolescent HPV vaccines with foreign-born patients in your clinic:
    a. Lack of time
    b. Lack of provider knowledge
    c. Forget to mention
    d. Competing priorities in the clinic
    e. Unsure where to refer for vaccination
    f. Patient not interested in vaccination
    g. Patient has concerns about vaccination
    h. Language / cultural barriers
    i. Other: _____
    j. Not discussed

13. Do you have any recommendations or feedback on the tools or guidance you received for increasing adolescent HPV vaccination among foreign-born patients at your clinic/practice?

14. The following information will be used to match your anonymous pre and post response. Please enter the day of the month for your birthday followed by the first three letters of your mother's first name. For example, if your birthday is 1st January and your mother's first name was Catherine, your code would be "01cat".

INSTRUCTIONS FOR USE–REMOVE FOR DISTRIBUTION

Audience: Patients who were recently screened for cervical cancer

Function: Conveys a negative screening result with an embedded recommendation for the HPV vaccine to prevent cervical cancer for them or their family members

Distribution Method: Automate electronic distribution using the electronic health record system or patient portal. This could also be sent as a print letter.

Adaptations: Include links to patient education materials in English, Spanish, or other languages prominent in your community.

Dear [insert patient name]:

I am pleased to inform you that your recent Pap test was normal and your test for high risk HPV (the virus that causes most cervical cancers) was negative.

If you have any questions about your Pap or HPV test, please call and leave a message with the nurse.

As your medical provider, I also want to make sure you know that there are safe and effective vaccines available for children, teens, and adults to protect them against HPV. **HPV vaccines are recommended for girls and boys starting at age 9** to prevent cancers caused by HPV later in life. **It is also recommended for anyone up to age 26** who has not already been vaccinated.

If you think you have any members of your family or friends that need to be vaccinated against HPV, please have them call our office to schedule an appointment.

Yours sincerely,

[insert provider name]