Cancer Prevention Through HPV Vaccination Starting at Age 9:

An Action Guide for Providers Serving American Indian and Alaska Native Communities

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

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Your recommendation as a healthcare provider is one of the most powerful predictors of human papillomavirus (HPV) vaccination.

This action guide features steps your practice can take to increase HPV vaccination among American Indian and Alaska Native adolescents and work toward eliminating HPV cancers for future generations.

Background

American Indian and Alaska Native (AIAN) communities are diverse and deeply rooted in cultural traditions, languages, and stories. As of 2020, there were 7 million American Indian and Alaska Natives living in the United States.[1] With 574 federally recognized tribes and over 200 unrecognized tribes, AIAN communities are unique in their governance and priorities.[2]

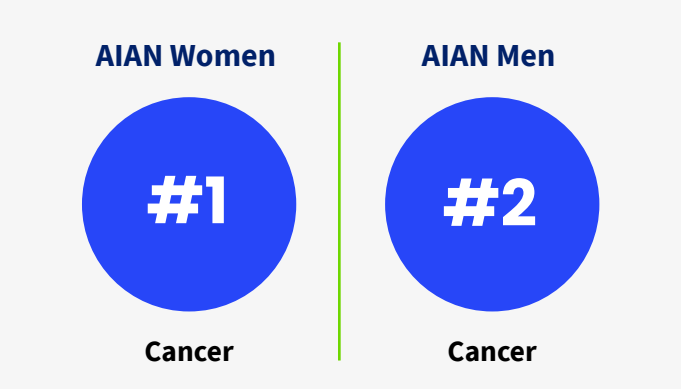
AIAN communities continue to face differences in health outcomes shaped by historical trauma, underfunded health systems, geographic dispersion, access barriers, and exclusion from data collection and research.[3] Many AIAN individuals seek medical care through Urban Indian Health Programs (UIHPs, Indian Health Service, or Tribal health programs).[4, 5] These entities provide a culturally appropriate place for urban AIANs to receive health and social services and engage in cultural activities. However, many AIAN individuals do not have access to these locations, which are geographically dispersed and absent from many regions. These healthcare entities are charged with serving large populations with limited resources. AIAN individuals who seek care elsewhere are often not treated with a culturally tailored approach.[6]

Cancer is a growing concern among AIAN communities. Cancer is the leading cause of death for AIAN women and the second-leading cause of death among AIAN men.[4] Additionally, AIAN communities face higher HPV cancers compared to general US population.[7] Many AIAN communities understand health holistically, integrating physical, emotional, spiritual, and community well-being. This guide is designed to support healthcare provider teams advance HPV vaccination efforts for AIAN patients and communities. These providers play a critical role in honoring tribal perspectives by delivering care that is culturally tailored and grounded in trust.

Missed Opportunites

AIAN communities in the United States experience significant health disparities, including lower HPV vaccination rates and higher incidence of HPV cancers compared to other groups.

Leading Cause of Death[4]



The Solution

The HPV vaccine is cancer prevention. The HPV vaccine can prevent about 90% of HPV cancers when given to boys and girls between the recommended ages of 9-12, and it is most effective at achieving a better immune response when the first dose is given at age 9.[8]

As a healthcare provider, you play a critical role in addressing the gaps. By incorporating culturally tailored outreach and strengthening community connections, you can leverage the resilience and traditions within AIAN communities to improve HPV vaccination coverage and prevent HPV cancers.

About American Indian and Alaska Native Communities

AIAN people hold diverse and multifaceted identities, reflecting connections to specific tribal nations, multiple tribes, regional communities, and various cultural traditions. Individuals may identify in many ways, shaped by factors such as geography, language, family history, and personal lived experiences. It is important to avoid assumptions and recognize that AIAN identities and sociodemographic backgrounds can present many ways. The best way to document the identity of any patient is to ask.

HPV Data for AIAN Communities

HPV cancer data for AIAN communities from 2013-2017 indicate that HPV cancer rates were notably higher among AIAN communities compared to the overall US population.[10] Specifically, AIAN women historically face higher rates of cervical cancer compared to other populations.[11, 12, 13] Additionally, AIAN women have higher rates of high-risk HPV infections compared to White women.[14, 15]

HPV vaccination initiation rates are higher for AIAN adolescents compared to all other racial and ethnic groups. However, AIAN communities have the lowest up-to-date vaccination coverage at approximately 52%.[16]

Accurate data collection and reporting are essential to lower the cancer burden. Cancer-related data for AIAN communities are not often available due to small sample sizes. These baseline measures are critical to accurately measure incidence and mortality rates. AIAN people have the largest proportion of any racial group that identifies as multiracial, creating complexity to data collection and analyzing.[4] To improve data, Indian Health Service is creating data linkages that have been shown to increase previously known cancer incidence and mortality rates.[2, 17]

Importance of Age 9 Initiation

Initiating HPV vaccination at age 9 has many benefits. Starting earlier increases the likelihood of completing the vaccine series on time, before potential exposure to HPV. Vaccination at younger ages also produces a strong immune response, allows providers to bundle HPV vaccination with routine childhood visits, decreases questions about sexual activity, reduces missed opportunities, and supports cancer prevention efforts earlier in life.[18]

Data specific to initiating HPV vaccination at age 9 among AIAN communities are currently extremely limited. While broader research demonstrates that earlier initiation is associated with higher series completion, limited studies in AIAN communities report overall HPV vaccine uptake or barriers to vaccination alone. This lack of age-specific data represents an important research gap, underscoring the need for tribally led, culturally responsive studies to better understand the impact, acceptability, and outcomes of initiating HPV vaccination at age 9 within Native communities.



Cultural Considerations

There are limited studies that reviewed factors related specifically to AIAN communities and HPV vaccination. However, existing literature shows the following barriers:[19, 20]

1. Safety concerns and misinformation
2. Lack of knowledge about HPV and its link to cancer
3. Cultural attitudes (discomfort discussing sexual health)
4. Mistrust of healthcare systems (government-recommended vaccines)
5. Access barriers in rural or tribal areas (transportation, childcare, cost)
6. Limited prevention and education related services available, especially those that are culturally competent.

Actions Your Practice Can Take

Action 1: Start HPV vaccination at age 9 for stronger immune response and higher completion rates.

Studies consistently show that children vaccinated at ages 9-10 have higher series completion before age 13 than those starting at ages 11-12. Your practice can build an infrastructure that is supportive of forecasting HPV vaccination at age 9 and tracking vaccination initiation at age 9 and completion by the 13th birthday.

Action 2: Monitor patient vaccination status and provide reminders.

Your practice can best monitor patient vaccination status by accurately and comprehensively collecting demographic data (i.e., race and ethnicity).

Once data have been collected, clinic staff can prepare pre-visit reports to anticipate and prepare to provide a recommendation and vaccination during the visit. To improve HPV vaccination among AIAN communities, clinic staff can filter patient data by race and ethnicity. Be sure to review data for patients identifying as more than one race as AN/AI patients may identify as more than one thing.

Patient reminders support the timely scheduling of vaccination appointments and allow time for parent education and decision-making before and between appointments.

Action 3: Make a strong HPV vaccination recommendation using tailored communication strategies.

Your practice can implement evidence-based strategies like those used in the Announcement Approach Training to make a strong HPV vaccination recommendation and address familial concerns using research tested messages.

When appropriate, tailor messages to histories, narratives, and values using culturally appropriate language that resonates with AI culture and acknowledges historical trauma and mistrust of healthcare systems

Demonstrate respect for tribal sovereignty and seek involvement of Elders, parents, and extended family in vaccine decision-making.

Action 4: Offer flexible clinic hours and mobile outreach.

Extended hours increase vaccination access for families and reduce missed vaccination opportunities. Paired with a strong HPV vaccination at age 9, this action can further support on-time series completion. For families that cannot make it to a physical location during regular or extended clinic hours, consider offering mobile outreach or partnering locally to make vaccines available. This may be particularly important for patients who identify as AIAN and/or live in rural communities.

Action Item:
Assess your practice's existing patient-focused interventions. Consider whether they are rooted in evidence-based practices and lead to meaningful changes in patients' immunization decisions. Remember, interventions are most effective when used in combination; ensure your strategies meaningfully engage both patients and communities.

American Cancer Society and ACS HPVRT Resources:

- Health Plans and HPV Vaccination
- ACS HPVRT Resource Center
- Age 9 Video Abstracts
- Start HPV Vaccination at Age 9
- HPV and HPV Fact Sheets

Case Study: Oklahoma City Indian Clinic



Partnership.

Oklahoma County Health Department through the Oklahoma State Adult Vaccine Program (AVP)

Background

The Oklahoma City Indian Clinic (OKCIC) serves AIAN communities with a focus on comprehensive, culturally responsive care. A key priority is reducing the burden of HPV cancers by improving access to HPV vaccination and cervical cancer screening, particularly for adults who are uninsured or underinsured.

Program Overview

Through a partnership with the Oklahoma County Health Department, OKCIC participates in the Oklahoma State Adult Vaccine Program (AVP). This program provides vaccines for adults ages 19 and older who are uninsured or underinsured and is funded through federal Section 317 funding under the Public Health Service Act. Historically, Section 317 funding has played a critical role in ensuring vaccine access for priority populations that may otherwise face financial or systemic barriers to immunization. In 2023, OKCIC adopted the E3 vaccine strategies from Indian Health Service, focusing on enhancing vaccine confidence among both staff and patients. These efforts include providing immunization education for all staff who administer vaccines, ensuring strong recommendations from providers, pharmacists, and nursing staff, and offering immunizations, including HPV, at every patient encounter, including specialty visits. The Pharmacy Team conducts a review of each patient's insurance coverage to determine whether the vaccine is covered. If a patient is uninsured or their insurance plan does not cover the HPV vaccine, the clinic provides the full vaccine series using State 317 vaccine inventory, administered by the Public Health Team. This workflow ensures that insurance status does not prevent patient access to HPV vaccination and allows the clinic to consistently meet patient demand for preventive services.

Results

These initiatives have led to measurable progress in HPV immunization rates among adults. In 2025, OKCIC administered 210 HPV vaccine doses to adults, an increase from 166 doses in 2024. Additionally, the adult HPV vaccine series completion rate improved from 53.9% in 2024 to 56.5% in 2025.

Future Directions

OKCIC continues to seek opportunities to collaborate with other healthcare organizations, public health partners, and tribal health systems to expand awareness and uptake of HPV vaccination and cervical cancer screening.

Improving access by expanding outreach efforts remains central to advancing prevention.

Appendix: References and Resources

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AIAN Resources

- American Indian Cancer Foundation
  - Honoring Your Health: Cervical Health & HPV
- Great Plains Comprehensive Cancer Control Plan
  - Great Plains Tribal Chairmen's Health Board
- St. Jude's HPV Cancer Prevention Program: Empowering and Strengthening Community, Culture and Connection to Prevent HPV Cancers

AIAN Resources

- ACS HPVRT
- ACS HPVRT Resource Center
- American Cancer Society HPV Vaccine Information
- American Cancer Society HPV Vaccination Resources for Health Professionals
- ACS HPVRT Why Age 9 Fact Sheet
- American Cancer Society HPVRT Start at 9 Toolkit
- American Cancer Society Regional Partners
- Connect with your local American Cancer Society partners
- American Academy of Pediatrics Age 9 Recommendation
- NCQA IMA
- Healthcare Costs of HPV-related Cancers
- Impact of COVID-19 Pandemic on Vaccination Uptake
- National Network of Immunization Coalitions
- Association of Immunization Managers
- HPV Vaccination Starting at Age 9 Article Collection