



**LONE STAR
CERVICAL CANCER
ELIMINATION PLAN**

2027-2032

Vaccination | Screening | Treatment

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I. Executive Summary

Cervical cancer can be eliminated as a public health problem in Texas through the combined impact of HPV vaccination, routine cervical cancer screening and follow-up, and timely navigation to treatment services. “Elimination” aligns with national and global health organization initiatives and is defined as reaching the benchmark of fewer than 4 new cases per 100,000 per year. This epidemiological definition reflects a threshold below which the disease is not considered to have a broad societal impact, while acknowledging the pain of individuals, families, and communities who experience cervical cancer. The current incidence rate in Texas is 9.5 per 100,000, which is higher than the national rate.

A virtual summit was convened in 2026, during which stakeholders from across Texas identified and prioritized cervical cancer elimination evidence-based strategies aligned with the 2024 Texas Cancer Plan (specifically, Goals 5, 8, and 13). Findings from the virtual summit, a review of the available and emerging evidence and statistics for Texas, as well as brainstorming sessions informed the development of the **Texas Lone Star Cervical Cancer Elimination Plan 2027-2032**.

The Plan is called the Lone Star Cervical Cancer Elimination Plan to reflect Texas’ identity. The “Lone Star” symbolizes a unified statewide commitment: one shared goal, pursued through many local actions across communities, health systems, schools, public health agencies, advocacy organizations, policymakers, researchers, survivors, and trusted community leaders. Throughout this document, the Texas Lone Star Cervical Cancer Elimination Plan will be referred to as **“The Plan.”**

This 5-year Plan is written specifically for Texas: a large, rapidly growing border state with substantial rural regions, major metropolitan centers, and large and diverse populations that face barriers to preventive care, particularly uninsured and underinsured individuals and minoritized populations. Texas has the tools to prevent nearly all cervical cancers, but elimination will require coordinated statewide action, sustained partnerships, and tailored and targeted strategies.



Pillar 1 VACCINATION

Goal 1

Increase the percentage of **boys and girls** in Texas who are up-to-date with HPV vaccine to **80% by age 15 by 2032** from a baseline of 50.5%

Key strategies

Support community **outreach and education.**

Implement **clinical interventions.**

Offer the HPV **vaccine** in **additional settings.**



Pillar 2 SCREENING

Goal 2

Increase the percentage of Texas **women** up-to-date on cervical cancer screening per current national guidelines to **80% by 2032** from a baseline of 64%.

Key strategies

Add primary HPV **testing** and HPV **self-collection** as options for **in-clinic** cervical cancer screening.

Offer HPV **self-collection** in **additional settings.**

Provide **navigation support** for screening participation, timely results communication, and appropriate linkage to follow-up care.



Pillar 3 TREATMENT

Goal 3

Increase the percentage of **women** in Texas receiving **diagnostic follow-up and treatment** (if needed per current national guidelines) for precancers and cancers to **80% by 2032**. (baseline unknown).

Key strategies

Implement multilevel, **multicomponent interventions**, including:

Community outreach and education

Patient navigation

Provider training

Support and clinical care for survivors

Cross-cutting strategies

Prioritize patient navigation to support vaccination, screening, and follow-up.
Leverage mobile clinics and novel mobile technologies.

II. Rationale

The Case for Elimination in Texas

Cervical cancer remains a preventable yet persistent public health challenge in Texas. The state continues to experience higher incidence and mortality rates than the national average, with variation by geography and population groups, including higher rates among racial and ethnic minorities. Texas has the 8th highest incidence rate and 6th highest mortality rate for cervical cancer in the United States (U.S.). The incidence rate for cervical cancer in Texas is 9.5/100,000 compared to 7.5/100,000 nationally. Additionally, the burden of cervical cancer is unevenly distributed across Texas, with some counties experiencing incidence rates between 15 and 21 new cases/100,000 women, in comparison with the elimination threshold of 4 per 100,000 women. The mortality rate due to cervical cancer in Texas is 2.8/100,000 compared to 2.2/100,000 in the U.S.

The Lone Star: What Makes Texas Unique

The Plan is designed to address the unique public health landscape of Texas. The state's large geographic size, diverse population, border and rural communities, as well as high uninsured rates present challenges to cervical cancer elimination. At the same time, Texas has unique strengths and opportunities, including strong academic, clinical, public health, and community partners; collaborative efforts across sectors, coalesced through a strong Cancer Alliance of Texas; and a robust prevention infrastructure supported by the Cancer Prevention and Research Institute of Texas. As Texas implements the Lone Star Cervical Cancer Elimination Plan, the Cancer Prevention and Research Institute of Texas' (CPRIT's) continued leadership, funding, and commitment to innovation will be instrumental in increasing HPV vaccination coverage, improving access to cervical cancer screening and follow-up care, reducing disparities, and achieving a future where cervical cancer is eliminated as a public health threat for all Texans. The Cancer Alliance of Texas will continue to bring together public and private organizations, health centers, and advocates from across the state to strengthen collaboration, promote education, and implement strategies. See Table 1 for a summary.

Table 1. Summary of challenges, opportunities and implications for action in Texas

Data

Challenges

- Cross-border healthcare utilization creates challenges for tracking screening, vaccination, and follow-up care.
- Fragmented continuity of care can result in delayed screening, missed follow-up after abnormal results, and loss to treatment.
- Incomplete or inaccessible health records across healthcare systems can make it difficult to track vaccination status, screening history, and follow-up care.

Opportunities

- Strong academic, clinical, public health, and community partnerships.
- The Texas Association of Community Health Centers (TACHC) provides infrastructure for engaging Federally Qualified Health Centers (FQHCs) and disseminates best practices.
- The Cancer Alliance of Texas and other multidisciplinary partnerships provide a foundation for coordinated data collection and reporting.

Implications for action

- Develop and implement statewide data-sharing mechanisms and patient navigation strategies.

Financial

Challenges

- Texas is the U.S. state with the highest uninsured and 6th highest unhoused population.
- Texas is not a Medicaid expansion state, leaving many low-income adults uninsured.
- The Texas-Mexico border region has high poverty rates and experiences persistent healthcare access challenges.

Opportunities

- Cancer Prevention and Research Institute of Texas (CPRIT), established by the legislature, provides a unique funding mechanism for cancer prevention implementation and research.
- Large county-supported safety-net health systems provide care to millions of uninsured and underinsured Texans.
- Texas Health and Human Services Commission provides the Breast and Cervical Cancer Services (BCCS) program, which offers low- or no-cost screenings, diagnostic testing, and treatment services to eligible uninsured and underinsured women.

Implications for action

- Expand access to no- and low-cost vaccination, screening, and follow-up care.

Developing the Plan

The Cancer Alliance of Texas (CAT), the Texas cancer control coalition, supported the Cervical Cancer Elimination Priority Area Workgroup (PAW) in their development of a cervical cancer elimination plan for Texas. Multiple steps occurred to inform the development of the Texas Lone Star Cervical Cancer Elimination Plan 2027-2032:

- 1 Consultation with Alabama's Operation Wipe Out and HPV Vaccination Roundtable of the Southeast.
- 2 Survey of Texas stakeholders from November 2025 to January 2026 to rank evidence-based strategies to achieve pillar goals based on the 2024 Texas Cancer Plan Goals 5, 8, and 13.
- 3 Virtual summit with >250 stakeholders to review survey results and prioritize strategies for Texas.
- 4 Creation of the Plan aligned with the 3 pillars and strategic actions, based on the best evidence, the survey results, and virtual summit.
- 5 Input from the Cervical Cancer Elimination PAW and Advisory Board prior to finalizing the Plan.

III. The Plan

The Plan is organized around the three core pillars for elimination and aligned with the Texas Cancer Plan, national Healthy People objectives, other state cervical cancer elimination plans, and prevention service delivery models in the U.S.

Pillar 1: Vaccination

Goal 1

Increase the percentage of boys and girls in Texas who are up-to-date with HPV vaccine to 80% by age 15 by 2032 from a baseline of 50.5%

Key strategies

- Support community outreach and education.
- Implement clinical interventions.
- Offer the HPV vaccine in additional settings.

Pillar 2: Screening

Goal 2

Increase the percentage of Texas women up-to-date on cervical cancer screening per current national guidelines to 80% by 2032 from a baseline of 64%.

Key strategies

- Add primary HPV testing and HPV self-collection as options for in-clinic cervical cancer screening.
- Offer HPV self-collection in additional settings.
- Provide navigation support for screening participation, timely results communication, and appropriate linkage to follow-up care.

Pillar 3: Treatment

Goal 3

Increase the percentage of women in Texas receiving diagnostic follow-up and treatment (if needed per current national guidelines) for precancers and cancers to 80% by 2032. (baseline unknown).

Key strategies

- Implement multilevel, multicomponent interventions, including:
- Community outreach and education
 - Patient navigation
 - Provider training
 - Support and clinical care for survivors

Cross-cutting strategies

- Prioritize patient navigation to support vaccination, screening, and follow-up.
- Leverage mobile clinics and novel mobile technologies.

IV. Vision and Guiding Principles

Vision

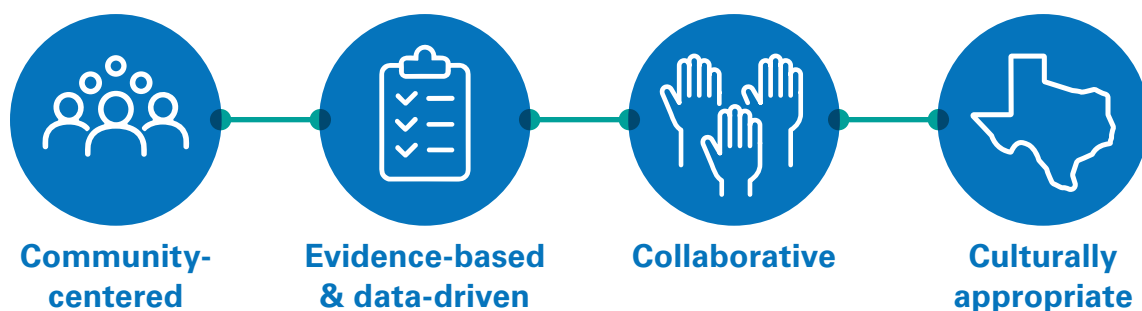
Texas will be a state where cervical cancer is a disease of the past, and every person has access to appropriate cervical cancer information, prevention services, screening, diagnosis, and treatment when and where they need it.

Guiding principles

Eliminate cervical cancer in Texas through coordinated actions by increasing cervical cancer prevention, screening, and treatment services.

By aligning partners, leveraging existing resources, and working across systems and communities, we can ensure that every Texan can live free from cervical cancer, with a focused commitment to reaching minoritized and medically underserved populations in Texas.

This Plan is **community-centered, evidence-based, and data-driven**. It is **collaborative** - aligning resources from different sectors, cultures, disciplines, and generations. We remain focused on providing **culturally appropriate** education and interventions, available in languages spoken by community members, using plain language, and reflective of all cultural and social identities of Texas.



V. Pillar 1:

HPV Vaccination

Background

HPV vaccination prevents high-risk HPV infections that cause nearly all cervical cancers. The HPV vaccine is safe and effective. The vaccine has a demonstrated safety record for over 20 years, with minimal side effects such as pain at the injection site and swelling. Evidence from countries with high HPV vaccination uptake has shown substantial declines in HPV infections, cervical precancers, and cervical cancer. Improving HPV vaccination rates is critical for reaching long-term cervical cancer elimination goals.

In addition to cervical cancer, HPV causes 5 other types of cancer, including anal, vaginal, vulvar, penile, and oropharyngeal cancers. According to the Texas Cancer Registry, there were approximately 20,000 HPV-related cancer cases in Texas from 2018 to 2022. Fortunately, HPV vaccination can prevent nearly 90% of the cancers caused by HPV, including most cervical cancers. Current federal and professional organization guidelines recommend HPV vaccination starting at age 9 for on-time HPV vaccine completion by age 13, which is a priority for cervical cancer elimination. HPV vaccination is available for older age cohorts through catch-up vaccination (until age 26) or shared clinical decision-making (27-45 years).

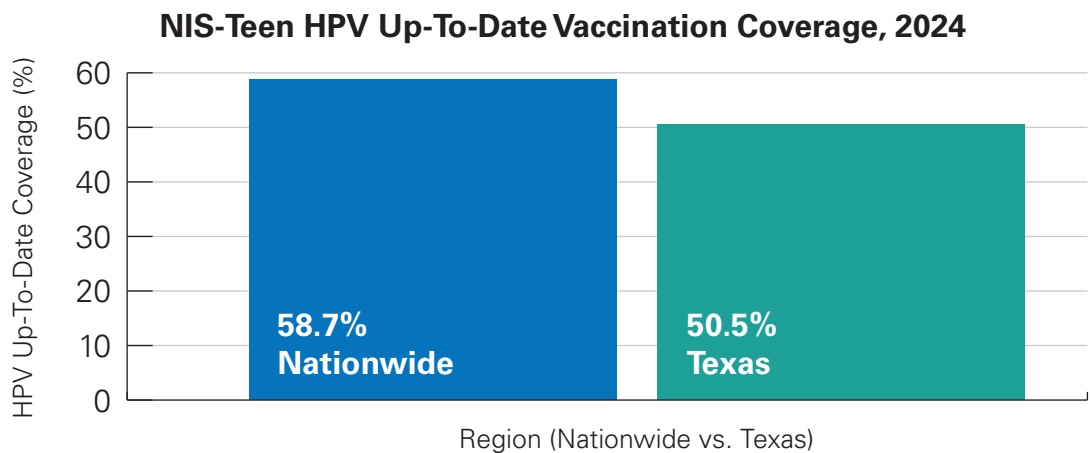
The Healthy People 2030 goal for HPV vaccination is for 80% of 13–15-year-old boys and girls to be up to date with HPV vaccination. According to 2024 data, Texas has the 9th-lowest HPV vaccination rate in the nation (Figure 1).



No Texan should suffer from or lose their life to cervical cancer if we could prevent it. Early detection, screening, and vaccination can prevent unnecessary suffering and save lives.

LUDIVINA HERNÁNDEZ
CERVICAL CANCER SURVIVOR
COMMUNITY OUTREACH
COORDINATOR, CHW-I,
PROMOTORA

Figure 1. NIS-Teen Immunization Coverage Estimates in the U.S and Texas, 2024



Families across Texas are dealing with so many challenges and priorities these days, and they’re slammed with information overload. Our goal at All for Them is to make it simple and clear for parents to make informed decisions and choose vaccination to help their children and teens avoid many preventable diseases - including cancers - in the future.

PAULA CUCCARO, PHD
UTHEALTH SCHOOL OF PUBLIC HEALTH
PROGRAM DIRECTOR, ALL FOR THEM

Strategies for Pillar 1

1 Support Community Outreach and Education

Community outreach and education are essential to increasing HPV vaccination coverage because families are more likely to accept and complete vaccination when they receive clear, trusted, and culturally appropriate information in the places where they live, learn, work, and receive care.

HPV vaccination messages should focus on cancer prevention.

Trusted messengers include patient navigators, community health workers/promotores, school nurses, public health professionals, faith-based organizations, and other community organizations. These trusted messengers can play a central role by providing education in languages spoken by communities, answering questions from parents and adolescents, connecting families to vaccination sites, supporting appointment scheduling, and helping ensure completion of the vaccine series.

2 Implement Clinical Interventions

Evidence consistently shows that a **clear, confident, and routine recommendation from a clinician** is one of the most influential drivers of HPV vaccination among adolescents. Clinical team training can improve both the consistency and quality of HPV vaccine recommendations.

Clinics should also **embed evidence-based strategies** to increase HPV vaccination, such as electronic health record prompts, standing orders, audit and feedback, small media, and clinic champions who help integrate best practices into routine clinical workflows. In Texas, these efforts should be adapted to the local context and aim to reduce missed clinical opportunities for HPV vaccination.

Improving healthcare provider recommendation for HPV vaccination

With support from The University of Texas MD Anderson Cancer Center HPV Vaccination Initiative, the HPV CHAT (Communicating about HPV vaccination to Adults and Teens) Program developed clinic team training and continuing education materials to emphasize strong and consistent HPV vaccination recommendations in North Texas. Over 400 people have participated in this training, which continues to be available for providers in Texas.



Project Lead:
Dr. Erika Thompson

3 Offer the HPV Vaccine in Additional Settings

Expanding HPV vaccination into additional and alternative settings can reduce missed opportunities for vaccination and extend access to families who may not consistently engage with the traditional medical system. Offering HPV vaccines at pharmacies, schools, community health fairs, and back-to-school events can bring services closer to adolescents, which is especially relevant in medically underserved areas of Texas.



IMMUNIZATION
COLLABORATION OF
TARRANT COUNTY



AUBREE SHAY, PHD
UTHEALTH SCHOOL
OF PUBLIC HEALTH



ALLISON GRIMES, MD
UTHEALTH
SAN ANTONIO

Annual County-Wide Back-To-School Vaccination Events

For over 35 years, the Immunization Collaboration of Tarrant County, in partnership with the Tarrant County Public Health Department, has hosted low-cost immunization events at accessible locations throughout the county. At the 2026 Back-to-School Immunization Events over 5,000 clients were screened, more than 4,300 clients received vaccines, and more than 9,000 doses of vaccines were administered to children, teens, and adults. In recent years, HPV vaccination has been prioritized at the events with other school-required vaccines through health education and administrative support.

Special populations: HPV Vaccination among survivors of childhood cancer

Childhood cancer survivors are at higher risk for HPV-associated cancers as they often receive follow-up care through oncology clinics where HPV vaccines aren't routinely given. Drs. Shay and Grimes' program led to a 144% increase in completed HPV vaccinations among childhood cancer survivors through: provider and staff education, practice changes, and on-site delivery of the HPV vaccine.

VI. Pillar 2:

Cervical Cancer Screening

Background

Recent modeling studies in the U.S. indicate that screening for cervical cancer is the most immediate and impactful strategy to accelerate cervical cancer elimination. The Plan aims to achieve a screening rate of 80% by 2032, with a baseline of 64%, following current screening guidelines.

Cervical cancer screening is a continuum of care—not a single test—and is not considered complete until results are delivered, and appropriate follow-up is completed.

Screening rates vary by geographic region and population:

- Under- and uninsured populations have screening rates below 60%
- Racial and ethnic minorities continue to experience lower screening uptake compared to their non-Hispanic White counterparts
- Texas counties with the lowest rates of cervical cancer screening are listed below (Table 2). Of note, all are either rural or border counties, and almost all are designated as medically underserved areas (MUAs) and/or Health Professional Shortage Areas (HPSA).

Table 2. Texas Counties with the lowest cervical cancer screening coverage

Texas County	County Status	Percent of women ages 21-65 with Pap in last 3 years (95% CI)
Edwards	Rural, Majority Hispanic, MUA, HPSA	17.8 (0.5, 48.2)
Jeff Davis	Border, large Hispanic minority, MUA, HPSA	20.2 (1.0, 51.4)
Donley	Rural, MUA, HPSA	26.9 (3.1, 60.3)
Terrell	Border, majority Hispanic, MUA, HPSA	33.2 (6.2, 67.3)
Kenedy	Border, majority Hispanic, MUA, HPSA	35.0 (6.9, 68.7)
Liberty	Rural	37.9 (0.9, 66.0)
Sterling	Rural, MUA, HPSA	39.3 (9.6, 73.0)
Starr	Border, majority Hispanic, MUA	41.4 (25.2, 58.9)

Understanding and addressing barriers to cervical cancer screening in Texas is critical to achieving elimination. Barriers include **lack of health insurance, geographic and transportation challenges, and systemic gaps**, as well as personal barriers such as **embarrassment, discomfort, and fear of cancer diagnosis**.

A paradigm shift for cervical cancer screening: Primary HPV testing and HPV self-collection

Advances in our understanding of HPV have led to increased use of HPV testing alone (primary HPV testing), which is more sensitive than a Pap test for detecting precancerous lesions. HPV testing can be completed by a healthcare provider, or by the individual patient (HPV self-collection). HPV self-collection is a promising tool for cervical cancer screening that has the potential to change the landscape of screening and increase access to under- and unscreened women across Texas. It is as accurate as clinician-collected samples for detecting high-risk HPV, is highly acceptable to women, and addresses many barriers to screening, including discomfort, embarrassment, and limited access to care. HPV self-collection represents a paradigm shift toward more effective, patient-centered cervical cancer screening and will be an essential tool for accelerating cervical cancer elimination in Texas.

Strategies for Pillar 2

1 Add primary HPV testing and HPV self-collection as options for cervical cancer screening

A key strategy to move Texas toward elimination is to **support the addition of primary HPV testing and HPV self-collection** as screening options for all eligible Texans, **with an emphasis on support for safety-net health settings that provide care to medically underserved populations and areas**. As the state with the highest uninsured rate, Texas relies heavily on safety-net settings to provide care to under- and uninsured individuals. **Safety-net settings, including Federally Qualified Health Centers (FQHCs), play a critical role in reaching populations overdue for cervical cancer screening**. By focusing resources on implementing HPV self-collection in safety-net settings, Texas can accelerate adoption of this innovative screening strategy, increase screening participation among underserved populations, and move closer to achieving cervical cancer elimination.

2 Offer HPV self-collection in additional settings

Many Texans who are overdue for cervical cancer screening have limited interaction with the healthcare system due to the barriers previously described. **Expanding HPV self-collection beyond clinical settings** provides an opportunity to reach these individuals where they live, work, and receive other services. Community-based settings—including mobile health units, pharmacies, public health clinics, community events and others—can serve as important access points for cervical cancer screening. By bringing screening into trusted community settings, Texas can reduce barriers to care, reach populations that have historically been underserved, and expand equitable access to cervical cancer prevention services.

3 Provide navigation support for screening participation, timely results communication, and appropriate follow-up.

Reducing barriers to cervical cancer screening includes not only improving access to screening but also ensuring that individuals can successfully complete screening, receive their results in a timely and understandable manner, and access recommended follow-up care. Evidence-based patient navigation services, including appointment reminders, assistance with locating low- or no-cost services, culturally and linguistically appropriate communication, transportation assistance, and care coordination, can improve participation in both screening and follow-up. By strengthening support from screening through follow-up care, Texas can improve screening completion and reduce loss to follow-up.

As Texas expands HPV-based screening, strengthening this continuum of support will be essential, as screening is not complete when the HPV test is performed; it is complete only when individuals receive their results, complete any recommended triage or diagnostic evaluation, and are connected to appropriate follow-up care.

Through **Project ACCESS**, HPV self-collection has been added as an option for cervical cancer screening in safety-net settings, including Harris Health System, which serves the Houston area. Patient navigators support program implementation in clinics and assist patients whose results require follow-up.



“

I help patients understand the self-collection process, address questions and concerns, and promote cervical cancer screening. Effective navigation improves screening participation, promotes early detection, and helps patients receive timely and appropriate care.

CLAUDIA MOYEDA
PATIENT NAVIGATOR

“

Many of our patients aren't aware of what HPV is and how it can affect their health. Patient navigation helps patients gain knowledge about the HPV virus and the importance of screening, as well as understand the self-collection process. Patients often express their contentment with the convenience of self-collection and how quick and easy the process is.

RAQUEL HERNANDEZ
PATIENT NAVIGATOR

VII. Pillar 3: Timely Follow-up, Diagnosis, and Treatment

Background

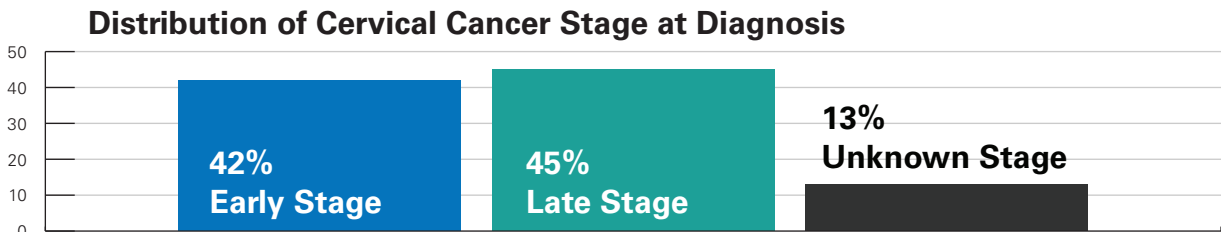
Timely diagnosis and treatment of cervical precancer and cancer are critical for elimination. Cervical cancer treatment uptake in Texas varies considerably by geography. Urban areas generally have higher treatment initiation rates due to greater availability of gynecologic oncology specialists, radiation therapy services, and integrated cancer care networks.

Evidence shows that even modest improvements in follow-up attendance can produce substantial improvements in patient outcomes. This highlights the importance of interventions that increase adherence to surveillance, diagnostic evaluation, and treatment, particularly among populations at risk of being lost to follow-up. Such interventions are critical to advancing cervical cancer prevention and reducing cancer-related deaths.

For those diagnosed with cervical cancer, early-stage diagnosis can lead to better outcomes. Yet, Texas Cancer Registry data from 2014–2018 found that 44.6% of cervical cancer cases were diagnosed at a late stage (regional or distant disease), compared with 42.1% diagnosed at an early stage, indicating that more women were diagnosed after the cancer had already spread. Geographic clusters of late-stage diagnosis were identified in South Texas, the Houston/Gulf Coast region, and parts of North Texas, areas that also experience higher levels of poverty, uninsured populations, and barriers to healthcare access.

The Plan aims to achieve 80% adherence to follow-up for diagnosis and treatment by 2032. The actual baseline is unknown but estimated to be approximately 40-50%.

Figure 2. Stage at Diagnosis Among Texas Cervical Cancer Cases (2014-2018)



Source: Texas Cancer Registry, 2014-2018

Strategies for Pillar 3

1 Implement multilevel, multicomponent interventions, including community outreach and education, patient navigation and provider training and education.

The Community Preventive Services Task Force (CPSTF) recommends multicomponent interventions to increase appropriate follow-up and treatment among women with abnormal cervical cancer screening results, based on evidence demonstrating improved diagnostic resolution and adherence to recommended care. The CPSTF also found evidence supporting multilevel interventions, which simultaneously address barriers at multiple levels of influence (eg, patient, provider, clinic, and health-system levels), improving completion of colposcopy, diagnostic evaluation, and treatment after abnormal screening findings. Evidence from a systematic review and meta-analysis found that multicomponent interventions were substantially more effective than single-component approaches in improving completion of follow-up care (OR=3.01 vs. OR=1.56). Multilevel and multicomponent interventions for cervical cancer prevention are strategies designed to address determinants of prevention across multiple levels of the health system and community ecology. These interventions target patients, providers, organizations, and the broader policy/community context simultaneously to improve follow-up and treatment.

a. Community Outreach and Education

Community outreach and education increase awareness, create demand for preventive services, and help connect eligible Texans to timely screening, diagnostic, and treatment services. Community demand strategies include group education, small media, one-on-one education, and culturally tailored outreach designed to improve knowledge, address misconceptions, and motivate individuals to seek recommended care. For Texas, community outreach and education are particularly important in regions with high rates of uninsured individuals, poverty, language barriers, and limited access to specialty care. Outreach efforts delivered through community health workers, promotores, faith-based organizations, schools, and local community events can increase awareness of cervical cancer prevention, emphasize the importance of follow-up after an abnormal screening result, and facilitate linkage to diagnostic and treatment services. Educational interventions should be culturally and linguistically appropriate and include information about cervical cancer risk factors, screening recommendations, available low-cost services, and the need for timely diagnosis and treatment.

b. Patient Navigation

Patient navigation is crucial to elimination because it helps remove barriers to timely follow-up after an abnormal screening result. Multicomponent interventions that incorporate patient navigation demonstrated significantly higher follow-up completion rates compared to those that do not. Programs with patient navigators are encouraged to engage with community outreach, education, and clinical services.

c. Provider Training

Provider training is another essential element of effective multicomponent interventions for cervical cancer early diagnosis and treatment. The Community Preventive Services Task Force has identified provider-focused strategies as a key component of programs that successfully increase cancer screening and follow-up, with the greatest effects observed when provider interventions are combined with efforts to increase patient demand and access to services. Providers benefit from participating in in-person colposcopy and LEEP trainings, as well as Project ECHO telementoring knowledge-sharing to increase local capacity for cervical cancer prevention and management. Evidence supports ongoing provider education and mentorship to improve adherence to cervical cancer screening and management guidelines, increase the availability of diagnostic and treatment services in underserved areas, and strengthen provider confidence in performing procedures such as colposcopy and LEEP. For The Plan, expanding provider training through regional centers of excellence, tele-mentoring networks, and continuing education programs can help ensure that women receive timely, guideline-concordant care regardless of geographic location.

Together, community outreach and education, patient navigation, provider capacity building, technology-enabled provider training, and stronger data and referral systems offer a practical framework to improve follow-up and treatment, reduce preventable progression to invasive cancer, and accelerate progress toward statewide cervical cancer elimination.

The Program for Reducing Cervical Cancer in Texas, funded by CPRIT, demonstrates that meaningful improvements in cervical cancer prevention require more than screening alone. A multicomponent, multilevel approach is essential to address the barriers women face across the continuum of care—from awareness and screening to diagnosis and treatment. By combining community outreach and education, patient navigation, provider training, and financial assistance, the program has created a comprehensive model that increases access to screening, supports timely follow-up of abnormal results, and helps ensure that women receive the care they need.



Through my experience as both a mentee and now a mentor, I have seen firsthand that meaningful progress in cervical cancer prevention requires far more than screening alone. Women face barriers at every step of the care continuum, from awareness and screening to diagnosis, treatment, and follow-up. Multicomponent programs bring together the critical elements needed to overcome these challenges, including community outreach and education, patient navigation, provider training, and strong clinical partnerships. In the Rio Grande Valley, these coordinated efforts have strengthened local capacity, expanded access to care, and improved timely diagnosis and treatment of cervical precancer. As we work toward cervical cancer elimination in Texas, investing in comprehensive, community-centered models is essential to reducing disparities, advancing health equity, and ensuring that every woman has access to high-quality preventive care.

ROSE GOWEN, MD
FACULTY ASSOCIATE
UT HEALTH HOUSTON
SCHOOL OF PUBLIC HEALTH
BROWNSVILLE REGIONAL CAMPUS

2 Provide support and clinical care for survivors.

Cervical cancer elimination depends not only on the availability of prevention, screening, and treatment services, but also on whether survivors receive coordinated, respectful, and comprehensive survivorship care after diagnosis and treatment. Survivor engagement should therefore be understood not only to guide priorities, but also to improve the care and support services available to survivors, caregivers, and families. The Creando Conexiones report reinforces that survivorship needs extend well beyond treatment completion, including surveillance for recurrence and new cancers, management of physical effects such as early menopause, lymphedema risk, neuropathy, pain, fatigue, and treatment complications, as well as psychosocial support. Survivors and caregivers have a need for clear communication, shared decision-making, culturally responsive care, care coordination, navigation, social work support, behavioral health integration, and practical assistance with transportation, childcare, housing, insurance, and follow-up appointments. The road to cervical cancer elimination in Texas must include a survivorship strategy that ensures people diagnosed with cervical cancer are not only counted as part of the elimination effort, but actively supported with high-quality, patient-centered survivorship care that protects long-term health, quality of life, dignity, and trust in the health system.

VIII. Cross-Cutting Strategies

1 Prioritize patient navigation to support vaccination, screening and follow-up.

Evidence from multiple settings has shown that navigation improves vaccination, screening uptake, supports timely diagnostic resolution after abnormal results, and reduces loss to follow-up among underserved populations. In practice, navigation can extend across the full continuum of care—from community outreach and education to appointment scheduling and reminders, to colposcopy, treatment, and survivorship support. This function can be carried out by appropriately trained healthcare workers, CHWs/promotores, and lay navigators who are equipped to provide culturally and linguistically appropriate support.

In the context of The Plan, navigation programs should therefore be designed not only to educate patients, but also to actively close referral loops, resolve logistical barriers, and ensure that abnormal results lead to completed care rather than missed opportunities. Existing regional networks, including tele-mentoring and referral collaborations, offer a practical foundation for embedding navigation into statewide elimination efforts.



ESTRELLA PEÑA
TEXAS TECH HEALTH
EL PASO
PROJECT COORDINATOR,
DE CASA EN CASA

With more than 10 years in the community, **De Casa en Casa** aims to increase cervical cancer screening by providing no-cost screening, diagnostic follow-up, and navigation to treatment for women in El Paso County, West, and South Texas. Another program, **Tiempo de Vacunarte**, aims to increase HPV vaccination coverage throughout West Texas.

"I am proud that, through our work, we have been able to serve as a bridge between health services and so many women in our community. Every conversation, every educational moment, and every woman we have helped connect to care represents an opportunity to promote prevention and potentially save lives."



SONIA ESCAMILLA
TEXAS TECH HEALTH
EL PASO
PROJECT COORDINATOR,
TIEMPO DE VACUNARTE

"Tiempo has expanded access to HPV education and no-cost HPV vaccines throughout El Paso and West Texas. By increasing awareness of the HPV vaccine and connecting families with trusted resources, Tiempo is helping ensure that more children and adolescents receive protection against HPV-related cancers across our region."

Together, these CPRIT-funded programs provide a comprehensive approach to preventing HPV-associated cancers through both vaccination and screening, with a particular emphasis on reaching Hispanic women who live on the Texas-Mexico border.

"Cancer screening is not a single event, it's a process," Dr. Keith Argenbright said. "A screening is just step one. If something looks suspicious, we need to follow up. Our program provides the entire continuum, from initial screening to tissue diagnosis."



KEITH ARGENBRIGHT, MD
MONCRIEF CANCER
INSTITUTE

"Many of the patients we serve don't have a primary care provider or anyone to guide them through the process," Dr. Argenbright continued. "That is why we use registered nurse navigators who stay with the patient through diagnosis, and even beyond."

2 Leverage Mobile Clinics and Novel Mobile Technologies

In many parts of the state, vaccination, screening, diagnostic evaluation, and treatment are concentrated in locations that are difficult to reach for women at highest risk of delayed care. Mobile services can help address this gap by bringing vaccination, screening, education, and in some settings colposcopy, closer to rural communities, border regions, colonias, and other medically underserved areas. This strategy is especially relevant in Texas, where geography itself amplifies every other barrier to care. Individuals who work hourly jobs, lack reliable transportation, care for children or older relatives, or live far from specialty services are more likely to postpone care until symptoms arise. A mobile model reduces the burden of repeated long-distance travel and helps normalize prevention by creating a visible and trusted presence in communities where these services are not routinely available. Recent elimination plans across the South similarly identify mobile vaccination, screening and mobile colposcopy as high-value approaches for improving access and continuity of care.

In Texas, mobile strategies should be data-informed and intentionally targeted to areas with low rates of vaccination, low rates of up-to-date screening, high cervical cancer burden, specialist shortages, or high proportions of uninsured or linguistically isolated residents. For screening, mobile services should also be integrated with navigation so that individuals do not simply receive a screening encounter, but are supported through result communication, diagnostic evaluation, and treatment when needed. If Texas is serious about eliminating cervical cancer in communities historically missed by clinic-based models, mobile clinics must be positioned not as supplemental outreach, but as a deliberate statewide access strategy.



The **Troubleshooters for Health Immunization Program**, operated by Harris Health, increases access to childhood immunizations by providing vaccination services in non-traditional community settings, including schools, daycare centers, churches, housing complexes, and public events. Through mobile outreach, education, immunization record review, and follow-up services, the program reduces barriers to preventive care and helps protect children from vaccine-preventable diseases, particularly in underserved communities.

VIII. Data Monitoring and Evaluation

Monitoring and evaluation are critical to track progress toward cervical cancer elimination. This plan should serve as a catalyst to mobilize existing data structures and invest in new data systems to monitor and evaluate elimination efforts.

Individuals, organizations, and sectors are encouraged to identify priority strategic actions from the Plan and implement them within their own settings and areas of expertise. Cross-sector collaboration will remain essential in identifying effective approaches to assess progress, including tracking achievement of specific target goals and measuring overall impact toward HPV-related cancer elimination.

This is an example logic model that can be used for evaluation; however, it is not exhaustive and can be tailored for your specific region and population.

Table 3. Proposed logic model to evaluate the plan

Inputs	Activities	Outputs
- Existing surveillance systems (data sources) - Cross-sector partnerships - Human resources (public health, clinical, advocacy) - Community engagement (CAT, Texas HPV Coalition, Texas immunization partnership)	- Data collection - Capacity building - Awareness campaigns - Data monitoring - Collaborative evaluation - Fundraising	- Reports - Dashboards - Manuscripts, abstracts and presentations
Short-term outcomes	Long-term outcomes	
- Increased HPV vaccination coverage - Improved screening participation - Improved patient adherence to treatment and follow-up	- Decline in cervical cancer incidence - Decline in cervical cancer mortality - Progress toward target goals	

X. Call to Action

The strategies listed under each Pillar are intended to serve as a guide for implementation and will require adaptation and tailoring for specific geographic areas and populations. Each group that will be implementing these strategies should work on a plan for data collection and management and evaluation.

Below is a list of some key partners to consider when developing a plan for your specific area and/or population:

- [The Cancer Prevention and Research Institute of Texas \(CPRIT\)](#)
- [The Cancer Alliance of Texas – Cervical Cancer Elimination Priority Area Workgroup](#)
- [The Texas HPV Coalition](#)
- [The Immunization Partnership](#)
- [American Cancer Society](#)
- [Texas Cancer Registry](#)
- [Breast and Cervical Cancer Services \(BCCS\)](#)
- Texas Immunization Registry (ImmTrac2)
- School districts
- Local immunization coalitions
- Health professional organizations
- Pharmacies
- Community Health Worker and Patient Navigation Associations
- Cancer survivors



Patient advocates are essential to eliminate cervical cancer in Texas because they bridge the gap in healthcare access, challenge social stigma, and promote engagement in underserved communities across the state. As a survivor, eliminating cervical cancer means empowering others with life-saving awareness so no one suffers from this preventable disease.

ROSALINDA ENGLE
CERVICAL CANCER SURVIVOR AND ADVOCATE

XI. Future Directions

The Plan focuses on cervical cancer because **it is a uniquely preventable cancer with highly effective, evidence-based interventions** spanning primary, secondary, and tertiary prevention, including HPV vaccination, screening, and treatment of precancerous lesions.

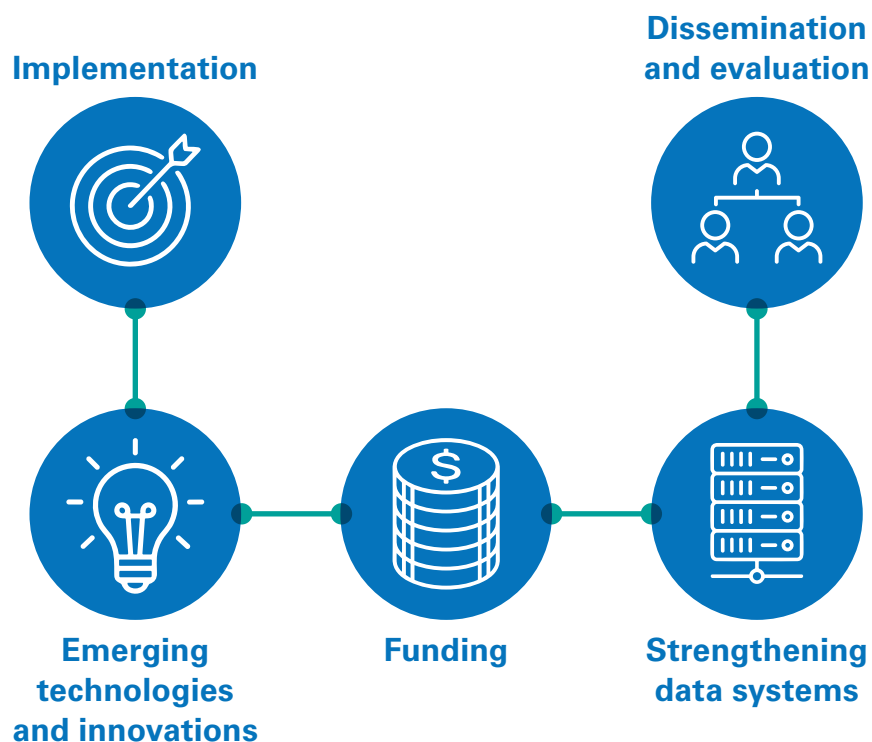
Looking ahead, our focus is on implementation. Future efforts should prioritize implementation science approaches to identify which interventions are most effective, sustainable, equitable, and scalable across diverse Texas communities. While evidence supports interventions such as patient navigation, provider training, community outreach, school-based vaccination initiatives, organized screening programs, and mobile health, important questions remain regarding how these strategies perform in different geographic regions, healthcare systems, and populations. Evaluating what works, for whom, and under what conditions will be critical for accelerating progress toward elimination and ensuring efficient use of resources.

The next phase of the elimination effort should also embrace emerging technologies and innovations that can improve prevention and early detection. Opportunities include expanding the use of electronic health record-based reminder systems, population health management tools, point-of-care tests for primary HPV, computer-assisted triage and diagnostic evaluation, self-collected HPV testing strategies as they become available, and digital navigation platforms that improve patient engagement and follow-up. Texas should remain positioned to rapidly evaluate and adopt innovations that demonstrate effectiveness, particularly those that increase access in rural, underserved, and medically vulnerable populations.

An important priority for the coming decade is **securing funding** to implement and rigorously evaluate impact in selected regions of the state. Demonstration projects that combine community outreach and education, patient navigation, provider training, screening access, and treatment capacity can provide real-world evidence regarding impact, cost-effectiveness, sustainability, and scalability. These implementation projects should be intentionally designed to generate actionable data that can inform future statewide investments and policy decisions.

Strengthening data systems must become a central area of opportunity. Better integration of vaccination, screening, diagnosis, treatment, survivorship, and cancer registry data is needed to monitor progress, identify disparities, evaluate interventions, and support timely decision-making. Future investments should prioritize the development of statewide metrics and dashboards that allow stakeholders to track progress toward elimination goals while identifying geographic areas and populations requiring additional support.

Finally, **dissemination and evaluation of The Plan** itself should remain ongoing priorities. Success will require continued engagement of healthcare systems, public health agencies, academic institutions, payers, community organizations, survivors, and policymakers across Texas. Opportunities should be actively pursued to leverage federal, state, philanthropic, and private-sector resources to support implementation. By continuously evaluating outcomes, adapting strategies, and investing in evidence-based innovations, Texas can build a learning health system capable of accelerating progress toward the elimination of cervical cancer as a public health problem.



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Table 4. Referenced projects and funding

Project	Lead(s)	Funder and Grant ID (if applicable)
HPV CHAT (Communicating about HPV vaccination to Adults and Teens) Program	Erika Thompson UT MD Anderson	HPV Vaccination Initiative
Special populations: HPV Vaccination among survivors of childhood cancer	Aubree Shay UTHealth School of Public Health Allison Grimes UTHealth San Antonio	Cancer Prevention and Research Institute: PP230061 and PP180080
Project ACCESS HPV Self-Collection Program	Jane Montealegre UT MD Anderson	Cancer Prevention and Research Institute: PP240017
Program for Reducing Cervical Cancer in Texas	Kathleen Schmeler UT MD Anderson Melissa Varon UT MD Anderson	Cancer Prevention and Research Institute of Texas: PP190014, PP220037, PP260030; the National Institutes of Health (NIH) through UT MD Anderson's Support Grant P30CA016672; The Raul Tijerina Foundation, The Joe Family Fund, The Giles-O'Malley Foundation, The Dunaway Family Fund; NIH/NCI award number T32 CA101642 Training of Academic Gynecologic Oncologists
De Casa en Casa	Jennifer Molokwu	Cancer Prevention and Research Institute of Texas: PP230059
Tiempo de Vacunarte	Jennifer Molokwu	Cancer Prevention and Research Institute of Texas: PP240014
Cervical Cancer Screening and Patient Navigation	Keith Argenbright Moncrief Cancer Institute	Moncrief Cancer Institute and Cancer Prevention and Research Institute of Texas
Troubleshooters for Health Immunization Program		Harris County Hospital District Foundation

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Next steps

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