

# THE BAYOU BLUEPRINT

LOUISIANA'S PATH TO  
ENDING CERVICAL CANCER  
2026-2035





# Bayou Blueprint: Louisiana's Path to Ending Cervical Cancer 2026-2035

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# COMMON ABBREVIATIONS

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## **BRFSS**

Behavioral Risk Factor Surveillance System

## **CHW**

Community Health Workers

## **EHR**

Electronic Health Record

## **HPV**

Human Papillomavirus

## **LBCHP**

Louisiana Breast & Cervical Health Program

## **LCP**

Louisiana Cancer Prevention & Control Programs

## **LTR**

Louisiana Tumor Registry

## **WHO**

World Health Organization

# EXECUTIVE SUMMARY

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The Bayou Blueprint provides a coordinated path to eliminate cervical cancer as a public health problem in Louisiana. “Bayou” because our vast wetlands are woven into Louisiana’s landscape, our culture, and our resilience. “Blueprint” because the plan we’ve created reflects the intentional, strategic, and collaborative process that guided every step of our work. Throughout this document, “Bayou Blueprint” and “the plan” are used interchangeably to refer to the same initiative.

The aim of the Bayou Blueprint is to make the case for cervical cancer elimination and offer ways everyone can join in the effort to reduce the burden of this cancer. The World Health Organization (WHO) defines elimination as fewer than 4 cases of cervical cancer per 100,000<sup>1</sup>. In 2024, Louisiana’s rate was 8.9 per 100,000<sup>2</sup>. We have some work to do; this plan outlines strategic actions that we can all take to achieve our elimination goal.

The plan serves as a road map; how individuals and organizations use the strategies offered here will depend on their unique vantage points. It offers multiple entry points for action and includes relevant data to guide responsive, localized efforts. The strategic pillars of vaccination, screening, and follow-up and treatment, break up the cervical cancer continuum into three broad categories to help illuminate the issues and offer relevant information, data, and objectives for each step. The tailored strategies listed at the end of this document encourage engagement by a wide range of organizations and individuals, based on their unique roles and capacities.

To ensure the plan reflects local experiences and perspectives, each pillar includes a “Voices from Louisiana” feature, highlighting insights and stories from individuals and organizations across the state. These voices ground the plan in lived experience and demonstrate the real-world impact of cervical cancer prevention and control efforts in Louisiana.

We acknowledge the work already being done in the state to prevent and treat cervical cancer; we hope this plan sparks new collaborations and the sharing of best practices to expand the coalition of people working on this issue. By aligning efforts and establishing shared goals across organizations, we have an opportunity to collectively impact cervical cancer as a unified front.

Cervical cancer is preventable and treatable, and elimination of this cancer is within our reach if we work together to prevent the transmission of HPV, the primary cause of cervical cancer, and increase access to both screening and treatment. The Bayou Blueprint is grounded in the unique needs, strengths, and ecosystem of Louisiana and offers myriad ways everyone can join us on the path to cervical cancer elimination. Just as the bayous safeguard our state from storms and rising waters, this plan is designed to protect our communities from the preventable burden of cervical cancer.

This plan was inspired by and is aligned with the work of [OPERATION WIPE OUT](#) in Alabama and the [HPV Vaccination Roundtable of the Southeast](#). Their work in cervical cancer elimination provided guidance and helped pave the way the development of this plan.

# Process of Developing a Plan for Louisiana

In developing and implementing a cervical cancer elimination plan, Louisiana joins an ever-growing number of states and countries that have made this a public health priority. Among U.S. efforts, Alabama has emerged as a national leader. Its OPERATION WIPE OUT initiative, released in 2023 with strong support across the public and private sectors, has become a gold standard for cervical cancer elimination planning. Louisiana used Alabama's plan as a guide in shaping our approach. Additionally, the HPV Vaccination Roundtable of the Southeast, with backbone support provided by the St. Jude HPV Cancer Prevention Program, served as a valuable resource and will continue to inform our efforts as we launch, disseminate, and promote the plan. As part of our planning process, we intentionally aligned Louisiana's pillars and goals with those outlined by the HPV Vaccination Roundtable of the Southeast to ensure consistency and strengthen regional collaboration.

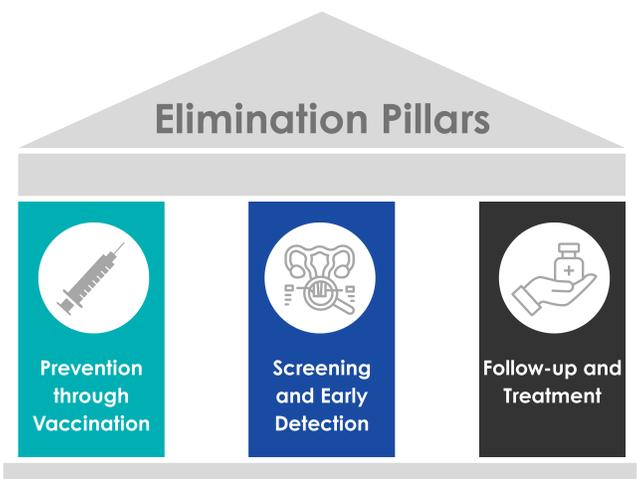
Internationally, Australia announced its plan in 2021 and is expected to reach the global cervical cancer elimination goal of fewer than 4 cases per 100,000 by 2035<sup>3</sup>. England's National Health Service has pledged to eliminate cervical cancer by 2040<sup>4</sup>. Louisiana's plan was developed using lessons learned from these leading efforts, and we hope to serve as inspiration to others in the future.

## Cervical Cancer Elimination Summit



In November 2024, the [Louisiana Cancer Prevention & Control Programs \(LCP\)](#) hosted the inaugural Cervical Cancer Elimination Summit in New Orleans. The goal of the summit was to create a pathway to develop a plan for eliminating HPV cancers, starting with cervical cancer, as a public health concern. Attendees representing a range of sectors, including healthcare, policy and advocacy, survivorship, and community organizations, gathered to learn about how cervical cancer was impacting people in Louisiana and how we can collectively work to eliminate it.

The morning of the summit was spent setting the stage and making the case for an elimination plan. In the afternoon, attendees broke up into groups based on the three pillars of elimination used by other organizations working towards elimination: prevention, screening, and follow-up and treatment. These groups discussed pillar-specific cervical cancer elimination priorities and strategies centered on current Louisiana data and practices.



## Creating the Plan

Based on conversations that were initiated at the Cervical Cancer Elimination Summit, LCP established a planning committee, made up of cervical cancer elimination champions identified at the summit, to continue working on the elimination plan. The planning committee contributed expertise and feedback on sections of the plan, including the goals selected for each of the key pillars. A key factor in determining these goals was the availability of reliable data and the ability to establish baseline metrics to track progress over time, while ensuring alignment with broader regional and national frameworks.

A draft version of the complete plan was then developed from planning committee feedback and was shared with community partners who had attended the Cervical Cancer Elimination Summit. Feedback from that comment period was integrated into the final version.

## Language Use

Wherever possible, we use inclusive terms such as "individuals" or "people at risk for cervical cancer" to talk about who is most affected. However, in sections that present data or cite studies where information is categorized by gender, we use the term "women" in alignment with how the data was reported. Our aim is to ensure our messaging is relevant and accessible to all individuals at risk of cervical cancer.

## What is HPV and how does it relate to cervical cancer?

The human papillomavirus (HPV) is spread through skin-to-skin contact, typically through sexual intercourse, with someone who is carrying the virus.

HPV is the primary cause of nearly all cervical cancers. There are over 200 known strains of HPV, but only a subset—referred to as high-risk types—are associated with cancer development. Among these, HPV types 16 and 18 are the most dangerous, responsible for approximately 70% of cervical cancer cases worldwide<sup>5</sup>.

HPV is extremely common; nearly all sexually active individuals will contract it at some point in their lives. In most cases, the immune system clears the virus naturally within one to two years, and no symptoms ever develop. However, when a high-risk HPV infection persists over time, it can cause changes in the cervical cells, leading to precancerous lesions. If these lesions are not detected and promptly treated, they may progress to cervical cancer. Cervical cancer typically develops slowly and may not present symptoms until it is advanced, which is why regular screening through Pap and HPV testing is crucial. HPV can also cause cancers of the vagina, vulva, anus, rectum, penis, and oropharynx (throat, including the base of the tongue and tonsils).

# Guiding Principles

Our commitment to eliminating cervical cancer in Louisiana is grounded in a fundamental belief that every person, regardless of race, income, geography, or background, deserves access to life-saving prevention, screening, and treatment. Guided by the principles of community and evidence-based action, collaboration, and focused interventions, this plan is designed to deliver inclusive and effective solutions, especially for our most vulnerable populations. We believe in a future where cervical cancer no longer claims the lives of individuals in our state.



## Community centered

We believe communities are experts in their own experience. We welcome and encourage local leadership across all regions of Louisiana to use this plan as a guide and to adapt its strategies based on what works best in their specific communities.



## Data and evidence-driven

Our strategies are grounded in the latest science and informed by data. We are committed to using data to identify gaps, monitor progress, and drive continuous improvement.



## Focusing where the need is greatest

Cervical cancer affects communities differently due to factors like geography, race, income, and access to care. Eliminating cervical cancer in Louisiana means prioritizing those most impacted while working toward solutions that benefit everyone.



## Multi-sector collaboration

Eliminating cervical cancer requires all of us. We call on schools, employers, faith-based leaders, healthcare leaders, and every Louisianan to join this movement.

# The Case for Cervical Cancer Elimination in LOUISIANA

Cervical cancer is both preventable and curable, yet in Louisiana, far too many individuals are diagnosed at late stages or die from the disease. We have both the tools to prevent cervical cancer through HPV vaccination and early detection, as well as effective treatments when the cancer is caught early. It is imperative that all people have access to these lifesaving tools to prevent cancer.

## What do we mean by elimination?

Following the [World Health Organization's definition](#), we consider elimination to mean fewer than 4 cases of cervical cancer per 100,000<sup>1</sup>. Currently, Louisiana has 8.9 cases per 100,000<sup>2</sup>.



## The Burden of Cervical Cancer in Louisiana

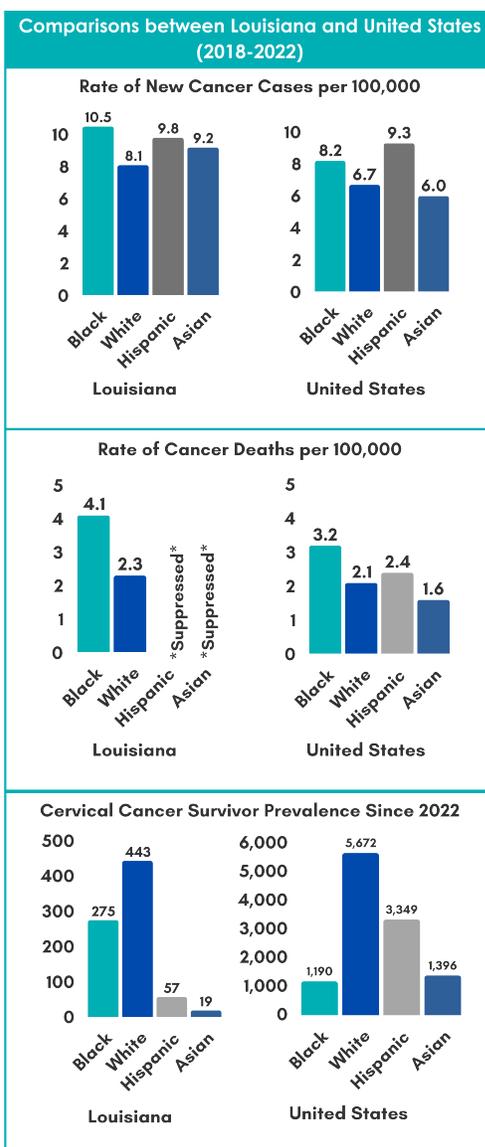
### New Cases, Mortality, and Survivorship Rates

Despite having relatively high cervical cancer screening rates, Louisiana ranks 7th in the U.S. for new cases of cervical cancer (LA 9.2 vs. U.S. 7.5 per 100,000) and 7th for deaths (LA 2.8 vs. U.S. 2.2 per 100,000)<sup>6</sup>. Each year, about 215 people in Louisiana are diagnosed with cervical cancer. The five-year survival rate in the state is 64.4%, which is below the national average of 67.3%<sup>7</sup>.

### Racial Gaps

When examining Louisiana cervical cancer data by race, non-Hispanic Black women have the highest rate of new cancer cases (10.5 per 100,000), followed by Hispanic (9.8) and Asian women (9.2), compared with non-Hispanic White women (8.1). Mortality rates show even greater gaps: non-Hispanic Black women experience nearly double the death rate of non-Hispanic White women (4.1 vs. 2.3 per 100,000), while Hispanic and Asian mortality data are suppressed due to small numbers.

These differences persist in the prevalence data for long-term survivorship in Louisiana (since 2022), where there are 275 non-Hispanic Black cervical cancer survivors, 57 Hispanic survivors, and 19 Asian survivors, compared with 443 non-Hispanic White survivors. Similar trends are seen at the national level (see figures on comparison between Louisiana and the United States).<sup>8</sup>

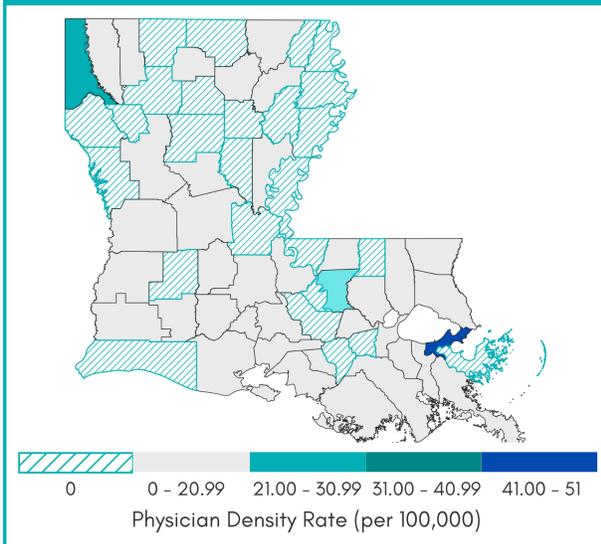


## Impact of Insurance and Geography

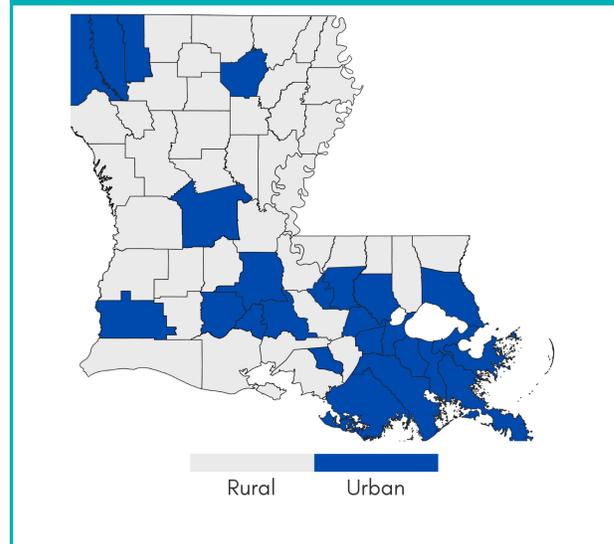
The statewide uninsured rate is approximately 7.9%. However, among women aged 21 to 64 living at or below 138% of the Federal Poverty Level, the income cutoff for Medicaid eligibility, the uninsured rate rises to 11.9%, representing roughly 40,000 women statewide<sup>9</sup>. While Medicaid expansion has improved coverage in Louisiana, thousands remain uninsured particularly in underserved urban communities and rural parishes with persistent poverty and limited healthcare infrastructure.

People living in rural areas who also lack insurance face some of the greatest barriers to timely screening and care. According to the 2023 U.S. Census, 29.1% of Louisiana's population lives in rural areas, compared to a national average of 20.4%<sup>10</sup>. Living in rural areas is associated with increased cancer mortality, as residents often experience greater barriers to care, including longer travel distances, fewer public health resources and healthcare providers, and limited access to specialists who deliver cervical cancer screening, diagnosis, and treatment.

**2022 Physician Density Rate (per 100,000)  
Map, Obstetrics and Gynecology M.D.  
and D.O. with Active Status**



**Rural and Urban Parishes**  
Based on Federal Office of Management and Budget  
Designation



In addition to the challenges mentioned above, barriers related to language and culture can further limit access for certain populations and need to be considered when identifying and implementing elimination strategies. Stakeholders must collaborate to address these gaps in care and improve cervical cancer outcomes statewide.

For a deeper dive into state and parish-level cervical cancer data, please refer to the sources at the side of the page.

**For data on your  
parish, visit:**

**Incidence & Mortality:**  
[Louisiana Tumor Registry](#)

**Screening:**  
[USCS Data Visualization](#)

**Insurance Coverage:**  
[Small Area Health Insurance  
Estimates \(SAHIE\)](#)

## HPV Vaccination and Cervical Cancer Screening

HPV vaccination is an effective way of eliminating cervical cancer by preventing the transmission of the virus in the first place. However, based on the most recent vaccination coverage data, only 66.8% of adolescents aged 13–17 in Louisiana have received all recommended doses of the HPV vaccine, ranking the state 20th in the U.S.<sup>11</sup>.

Screening for cervical cancer helps to identify pre-cancerous changes to the cervix and treat any lesions before cancer develops. According to the most recent data from 2020, 78.1% (ranked 24th) of Louisiana women of all races aged 21–65 (who had not had a hysterectomy) reported having had a Pap test in the past 3 years<sup>12</sup>.

### From Data to Action

In developing this plan, we brought together experts, healthcare professionals, and community members from across Louisiana to examine how cervical cancer is impacting our families, friends, and neighbors.

By looking carefully at state and local data, we assessed where we are today in the fight against cervical cancer and identified gaps and opportunities to expand prevention, screening, and treatment efforts.

Together, we identified a practical road map for anyone who wants to join in our mission to eliminate cervical cancer as a public health issue in Louisiana. The strategies outlined in the following sections build directly from this foundation, offering clear paths for engagement and collective action across the state.

## Louisiana Physicians Increasing HPV Vaccination Rates

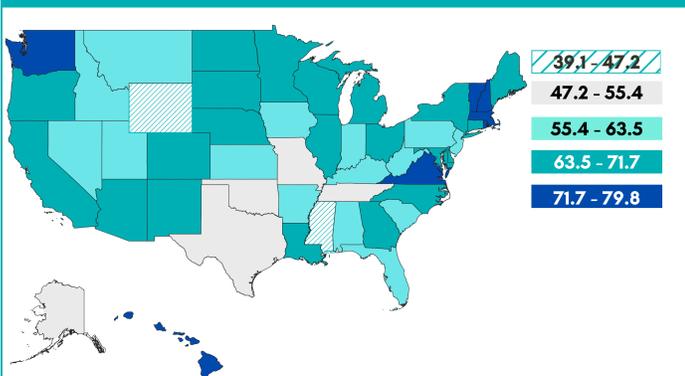


In 2017, a study published in the Journal of the Louisiana State Medical Society evaluated strategies to increase HPV vaccination rates by working directly with clinics across Louisiana<sup>15</sup>. The study involved numerous healthcare providers who implemented interventions such as patient reminders, educational outreach, standing orders for vaccinations, and scheduling follow-up vaccine appointments during initial visits.

These provider-driven approaches successfully addressed barriers like missed opportunities and lack of patient awareness, leading to notable improvements in HPV vaccine coverage among Louisiana adolescents.

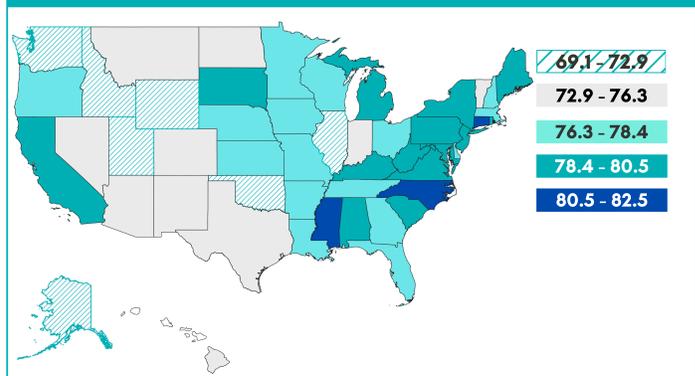
This case highlights the important role of clinic-based provider engagement and education in advancing HPV vaccination and reducing cervical cancer risk throughout Louisiana.

### Percent with Up-to-Date HPV Vaccination Coverage All Races (includes Hispanic), Both Sexes, Ages 13-17



Source: CDC National Immunization Survey-Teen.  
<https://www.cdc.gov/teenvaxview/interactive/index.html>

### 2020 Cervical Cancer Screening Rates All Races (includes Hispanic), Female, Ages 21-65



Source: CDC Behavioral Risk Factor Surveillance System (BRFSS)  
<https://www.cdc.gov/brfss/brfssprevalence/>

# Goals for Elimination

The overarching goal for elimination is to reduce the cervical cancer rate to fewer than 4 cases per 100,000 people<sup>1</sup>. The goals for each pillar, based on current data for Louisiana, are outlined below.

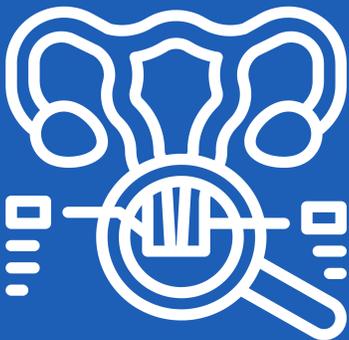


## Pillar 1: Prevention Through Vaccination

Increase the percentage of adolescents in Louisiana ages 13-17 who are up to date with the HPV vaccination series to 80% by 2035.

**Baseline: 66.8%**<sup>11</sup>

We are in the process of gathering data to further analyze this goal and identify any gaps at the parish level. An update will be provided once the data becomes available.



## Pillar 2: Screening and Early Detection

Increase the percentage of Louisiana women 21-65 who are up-to-date on cervical cancer screening based on the current guidelines, with no differences in race/ethnicity, educational attainment, and yearly household income to 80% by 2035.

**Baseline: 73.8%**<sup>14</sup>

**Rural:**  
74.6%<sup>14</sup>

**Low income (<50k):**  
74.69%<sup>14</sup>

**Race/Ethnicity:**

79% Black Women<sup>14</sup>

73% White Women<sup>14</sup>

70% Hispanic Women<sup>14</sup>



## Pillar 3: Follow-up and Treatment

Increase adherence to follow-up for abnormal cervical cancer screening results and treatment to 80% by 2035.

**Baseline: To Be Determined**

While Louisiana-specific baseline data is currently being analyzed, this target is aligned with goals set by the state of Alabama and recommendations from the HPV Vaccination Roundtable of the Southeast, serving as a regional benchmark until local data is finalized.



## Pillar 1: Prevention Through Vaccination

Increase the percentage of adolescents in Louisiana ages 13-17 who are up to date with the HPV vaccination series to 80% by 2035.

**Baseline: 66.8%**<sup>11</sup>

We are in the process of gathering data to further analyze this goal and identify any gaps at the parish level. An update will be provided once the data becomes available.

### Background

Nearly 100% of cervical cancers are linked to high-risk HPV infections, with types 16 and 18 responsible for about 70% of all cases. The HPV vaccine, approved for females in 2006, and for males in 2011, is a highly effective method to prevent many HPV-related cancers symptoms in females and males, including cervical, vaginal, vulvar, penile, anal, mouth and throat cancers, and genital warts.

[GARDASIL®9](#) is currently the only HPV vaccine available in the United States and offers protection against nine types of HPV. While there are other existing HPV types, this vaccine protects against HPV strains 6, 11, 16, 18, 31, 33, 45, 52, and 58, which include high-risk types associated with cancer, like cervical cancer, and lower-risk types that may lead to genital warts.

### National Recommendations

The [Advisory Committee on Immunization Practices](#) recommends that HPV vaccines be administered to all people ages 9 through 26. The vaccine is safe and highly effective at preventing HPV when completed in the recommended 2 or 3-dose schedule (Figure 1). It is routinely recommended for all individuals ages 9 through 26, regardless of sexual activity, family history, or current HPV infection status.

For individuals ages 27 and 45, the vaccine may still offer protection. However, they should discuss with a provider whether it is appropriate, since HPV exposure may have already occurred. While HPV vaccines can be given up to age 45, starting vaccination as young as 9 years old offers the highest level of protection against cervical cancer and other HPV-related diseases.

Individuals with immunocompromising conditions should consult with their primary care physician on the appropriateness of the vaccine and generally follow a 3-dose schedule.<sup>15</sup>

### Vaccine Safety and Access

The HPV vaccine has been extensively studied for more than 15 years and has a strong safety record worldwide. It can be administered alongside other routine vaccines, including flu and COVID-19.

HPV vaccination is widely available through pediatric clinics, primary care providers, gynecology offices, federally qualified health centers, and urgent care clinics.

**Figure 1**

Age	# of Doses	Schedule
9 through 14	2	Dose 1: 0 months Dose 2: 6 to 12 months after dose 1
15 through 45	3	Dose 1: 0 months Dose 2: 1 to 2 months after dose 1 Dose 3: 6 months after dose 1

HPV vaccines can also be administered at some community pharmacies. However, parents of children younger than 17 need to request a prescription from a pediatrician to get the HPV vaccine at these locations and there may be some insurance coverage limitations. Parents should check with their existing insurance plan on where to receive the vaccine at low or no cost.

# LOUISIANA



*Crystal and son*

Crystal Rommen, LCSW-BACS, is a licensed clinical social worker, mom, and physician spouse. Crystal currently serves as the director of Louisiana Families for Vaccines. She has worked in direct client practice for the past 14 years, expanding her role to include community organizing and advocacy. Her work spans inpatient, outpatient, and community levels of care for individuals and groups throughout the lifespan. She is passionate about the intersection of public health education and social justice advocacy to empower individuals and communities to improve social determinants of health. Crystal is deeply committed to HPV vaccination, both personally and professionally.

"It is so important for me to get my son his HPV vaccination because I want him to be protected from cancer. I want other parents to know that the HPV vaccination can be given starting at age 9 for both girls AND boys! Vaccines save lives," Crystal said.

She chose HPV vaccination for her son and hopes other parents will do the same. She believes spreading this message can protect future generations from all HPV cancers."

# VOICES

## Strategies for Prevention through Vaccination

### Spread the Word through Education & Awareness

- Share resources in your community on the effectiveness of the HPV vaccine in preventing cancer (See Appendix & Resources section).
- Organize an [Announcement Approach](#) training for healthcare providers on how to talk to patients and parents about the HPV vaccine.

### Encourage Vaccination Starting at 9

- Talk to family and friends about the importance of HPV vaccination as cancer prevention and the benefits of starting at age 9 to build strong immunity.
- Adjust workflows and update EHR templates to alert providers to start offering HPV vaccination beginning at age 9.

### Partner to Increase Access

- Explore innovative ways to partner with a wide range of medical providers, including dentists and pharmacists, to identify ways they can promote and administer the HPV vaccine.

## Scotland's HPV Vaccination Success

Scotland's national HPV vaccination program, launched in 2008, has shown extraordinary results. A 2024 study found no cases of cervical cancer among women vaccinated at ages 12-13. The findings highlight the importance of early vaccination and demonstrate that high coverage can lead to the virtual elimination of cervical cancer in vaccinated groups.

[Learn More!](#)



## Pillar 2: Screening and Early Detection

Increase the percentage of Louisiana women 21–65 who are up to date on cervical cancer screening based on the current guidelines, with no differences in race/ethnicity, educational attainment, and yearly household income to 80% by 2035.

**Baseline: 73.8%**<sup>14</sup>

**Rural:**  
74.6%<sup>14</sup>

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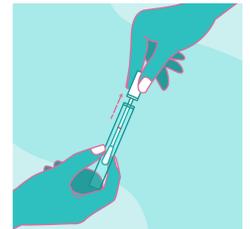
70% Hispanic Women<sup>14</sup>

### Background

Early detection of HPV-related cancers can save lives. Regular cervical cancer screening helps identify precancerous lesions before they progress to cancer. Most HPV-related cervical cancers are currently detected through Pap tests (cervical cytology) or co-testing with cytology and HPV testing. While data from Behavioral Risk Factor Surveillance System (BRFSS) shows that 73.8% of women aged 21–65 are up to date with their screenings, the relatively high mortality rate, especially among Black women, indicates a need to improve cervical cancer screening efforts in the state<sup>16</sup>.

### HPV Self-Collection

In May 2024, the FDA approved HPV self collection for in-clinic use. The approved tests, the [BD Onclarity HPV Assay from Becton Dickinson and Company](#) and the [cobas HPV Test from Roche Molecular Systems](#), are now authorized for use with vaginal samples that individuals collect themselves in a healthcare setting. This advancement creates new opportunities to reach more people and to provide a screening option that is both comfortable and convenient. Self-collection at home is also becoming available through options like the [Teal Health](#) test. This at-home test allows individuals to collect their own sample and send it to a laboratory for analysis without visiting a clinic. In the future, coverage by insurance could help make these tests more accessible and reduce barriers to cervical cancer screening.



### Benefits of HPV Self-Collection

#### Increased access and equity

Self-collection can reach under- or never-screened populations, including those in rural, low-income, or marginalized communities where access to OB-GYNs is limited. Self-collection can be completed during a routine primary care visit or in non-traditional settings such as pharmacies and mobile screening units, reducing missed opportunities for screening.

#### Improved privacy and comfort

Because the sample is collected by the patient, self-collection may help overcome barriers associated with clinician-performed exams, such as discomfort, embarrassment, fear or cultural factors.

#### Resource savings

Self-collection saves resources by allowing providers to focus on follow-up for those with positive results. This can improve clinic efficiency and allow more patients to be served without requiring additional resources.

## Strategies for Screening and Early Detection

### Increase Access to Screening

- Support the expansion of mobile screening services to reach remote and underserved areas.
- Encourage clinics to offer extended hours to reach individuals who can't attend regular clinic hours.
- Partner with employers to host on-site screening events or provide employee education.
- Promote no-cost and low-cost options for cervical screenings, i.e., [Louisiana Breast & Cervical Health Program \(LBCHP\)](#).

### Strengthen Community Outreach & Navigation

- Train community health workers (CHW) on cervical cancer, screening guidelines & HPV self-collection.
- Develop CHW-friendly educational materials and/or screening calendars.

### Implement Interventions in Health Systems/Clinics to Increase Screening Rates

- Educate healthcare providers on updated cervical cancer screening guidelines.
- Equip clinics/health systems with patient-friendly guides and posters to support screening completion.
- Support clinic-based quality improvement (QI) initiatives focused on screening uptake and follow-up.

### Promote the Adoption of HPV Self-Collection in the Clinic Setting

- Encourage adoption of HPV self-collection in primary care settings.
- Use multimedia campaigns (ex., social media, local radio, flyers) to raise awareness and normalize self-collection.
- Develop and disseminate educational materials.
- Collect and share testimonials to build trust and encourage screening uptake.

### Enhance Data

- Support the integration of cervical cancer screening into the Louisiana Cancer Screening Registry in development by [Taking Aim at Cancer in Louisiana](#); use data to track screening rates, follow-up, and outcomes.
- Use data to identify geographic and demographic screening gaps and tailor interventions accordingly.
- Promote data sharing between providers, public health agencies, and community programs to ensure continuity of care and timely follow-up.

## Partners in Wellness Mobile Screening Program

The [Feist-Weiller Cancer Center's Partners In Wellness \(PIW\)](#) program enhances access to cervical cancer screening and prevention in rural and underserved communities across northern and central Louisiana. Since 2009, the program has conducted nearly 40,000 screenings (breast, colon, prostate, and cervical) for over 21,700 individuals in more than 30 underserved communities. PIW travels to 23 parishes, providing vital cancer screenings—including cervical cancer screening—free or at low cost for uninsured or underinsured individuals. The program collaborates closely with the [Central Louisiana Medical Advocacy Program \(CMAP\)](#) to expand its reach and impact in Central Louisiana.



By delivering routine screenings and education directly to populations with limited healthcare access, PIW helps reduce barriers to early detection and improve cancer outcomes in rural Louisiana.

[Learn More!](#)

# LOUISIANA

Denise Linton-Scott, DNS, FNP, FAANP, has been the National Cervical Cancer Coalition (NCCC) Louisiana (Lafayette) Chapter Leader since 2010. She is a retired Family Nurse Practitioner and University of Louisiana at Lafayette Professor. Denise is passionate about educating people about cervical and HPV cancer prevention at community events and on social media. She shares current information about the HPV vaccination, cervical cancer screening, the follow-up of abnormal Pap test results, and cervical cancer survivorship. "I have to talk about cervical cancer prevention since it is one of the few cancers that can be prevented," Denise said.



*Denise Linton-Scott, DNS,  
FNP, FAANP*

Denise is pictured taking care packages to a local community organization, an annual event, and obtaining a Proclamation for January as Cervical Cancer Health Awareness from Mayor President Monique Blanco Boulet's Office. [\*\*Learn more about the National Cervical Cancer Coalition Louisiana \(Lafayette\) Chapter.\*\*](#)



# VOICES



## Pillar 3: Follow-up and Treatment

Increase adherence to follow-up for abnormal cervical cancer screening results and treatment to 80% by 2035.

### Baseline: To Be Determined

While Louisiana-specific baseline data is currently being analyzed, this target is aligned with goals set by OPERATION WIPE OUT and recommendations from the HPV Vaccination Roundtable of the Southeast, serving as a regional benchmark until local data is finalized.

## Background

While Louisiana has relatively high cervical cancer screening rates, the state experiences worse outcomes when compared to much of the U.S. The burden of cervical cancer disproportionately impacts Black and Hispanic women, who are more likely to be diagnosed with cervical cancer than their White counterparts. Additionally, Black women are more likely to be diagnosed at a late stage and die from cervical cancer than White women<sup>8</sup>.

Access to timely follow-up and treatment is critical to reducing the burden of cervical cancer in Louisiana. However, many people at risk of cervical cancer do not adhere to follow-up recommendations. A recent study showed that over 40% of women were non-adherent to cervical cancer screening follow-up<sup>16</sup>. Non-adherence can lead to delays in cervical cancer diagnosis and, subsequently, more invasive treatment and potentially worse outcomes. People in Louisiana face significant barriers to adherence, such as limited access to trained providers (particularly in rural areas), long wait times for appointments, transportation, and lack of or inadequate insurance coverage.

## Strategies for Follow-Up and Treatment

### Increase Community Knowledge

- Train CHWs and other community advocates (e.g. cervical cancer survivors) on the importance of adherence to follow-up testing and available resources to reduce barriers.
- Increase knowledge/promotion of the Louisiana Breast & Cervical Health Program and the Breast and Cervical Cancer Medicaid Program.

### Increase Access to Timely Follow-Up and Treatment

- Increase the number of trained advanced practice nurses and other clinicians who can perform colposcopies and treatment for precancers (e.g., LEEP, cryosurgery, etc.) in the community, especially those working in rural areas.
- Promote provider knowledge of the [American Society for Colposcopy and Cervical Pathology \(ASCCP\) app](#) to help navigate the ASCCP Risk-Based Management Consensus Guidelines. This app can assist providers in determining appropriate follow-up care for individuals with abnormal screening results, based on test results and family history.
- Identify and implement innovative strategies to encourage patient adherence to follow-up recommendations, such as mobile colposcopy.
- Utilize patient navigators to educate patients, support follow-up adherence, and reduce barriers.

### Enhance Data

- Analyze available data to identify areas of the state with limited access to colposcopy providers.
- Survey relevant providers to gauge interest in receiving colposcopy training.

### Policy

- Advance policy changes to remove barriers to screening access and ensure comprehensive insurance-coverage for treatment.

# LOUISIANA



"As a patient navigator, I support women after abnormal cervical cancer results by connecting them to timely follow-up care and treatment. Many patients encounter barriers such as transportation, financial strain, or lack of understanding about the next steps. Navigation helps eliminate these obstacles, ensuring women receive the care they need when they need it. Timely follow-up is essential to preventing cervical cancer and reducing mortality, and navigation plays a vital role in making that possible."

- Louise A. Batiste, MHA, CN-BA

# VOICES

# Strategic Actions

The following section outlines actions that everyone can take to support the prevention, early detection, and treatment of cervical cancer. These strategies are designed to be practical, adaptable, and aligned with the broader goals of this plan. By leveraging influence within your own sector and sphere of influence, everyone can contribute meaningfully to closing gaps in care, increasing access, and ultimately eliminating cervical cancer in Louisiana.

## Community Members

- Talk to family and friends about the importance of HPV vaccination as cancer prevention.
- Share HPV/cervical cancer prevention resources on social media.
- Share your story of how HPV/cervical cancer impacted your life with policy and decision makers.
- Work with your church and neighborhood groups to organize or include cervical cancer education within existing events or spaces (e.g., newsletters, bulletin boards, etc.).
- Get involved with advocacy groups in support of HPV vaccinations, such as [Louisiana Families for Vaccines](#).

## Cervical Cancer Survivors

- Learn more about [CERVIVOR](#), a nonprofit organization that brings cervical cancer survivors together and helps spread awareness, education, and support.
- Advocate for cervical cancer prevention efforts at the policy level by sharing your testimony with the [American Cancer Society Cancer Action Network Cancer Story Corps](#).
- Encourage people at risk for cervical cancer in your community to engage in routine cervical cancer screening.
- Be a guest speaker at community workshops or events hosted by community-based organizations.
- Host educational workshops or community health events focused on HPV, cervical cancer, and the importance of early detection.
- Share accurate, culturally appropriate information using plain language that's accessible to diverse audiences.
- Amplify messaging and campaigns related to HPV vaccination, screening, and follow-up care.

- Organize listening sessions and story circles to capture real experiences from the community. Use these narratives to shape programming and inform policy and advocacy.
- Advocate for policy changes, such as expanding Medicaid coverage for cancer prevention and screening services.

## Community Health Workers

- Provide one-on-one education and counseling on HPV, cervical cancer risks, and prevention options.
- Refer individuals to local vaccination clinics and screening sites, especially those without insurance or transportation.
- Assist with appointment scheduling and provide follow-up reminders to ensure continuity of care.
- Offer emotional and logistical support to individuals diagnosed with cervical cancer, helping them navigate treatment and connect with resources.
- Share culturally relevant health information in clients' preferred language and format.
- Serve as trusted messengers in hard-to-reach or historically underserved communities.
- Partner with the [Louisiana Breast & Cervical Health Program](#) to connect individuals to no-cost screening services.

## Schools

- Integrate HPV education as appropriate in health education or science curriculum.
- Engage with families through existing school networks and event spaces (e.g., family nights, bulletin boards, school wide newsletters, etc.).
- Partner with health departments, community clinics or other health organizations to share educational campaigns and implement student ambassador programs.
- Include HPV education in school wellness weeks or health fairs.

- Invite a doctor to speak during school events/assembly.

### Healthcare Providers

- Organize an [Announcement Approach](#) training for staff on how to discuss HPV vaccination with parents/caregivers during a clinic visit.
- Provide a strong recommendation for HPV vaccine starting at 9.
- Modify the electronic health record (EHR) to send alerts when HPV vaccination or screenings are due.
- Create an EHR dashboard to help providers track which patients are up to date with vaccines and screening.
- Track HPV vaccination rates; set goals to improve rates in under-vaccinated groups.
- Identify a clinical champion to coordinate HPV-related initiatives.
- Encourage all staff to educate, inform, and engage with patients around HPV vaccination, screening, and prompt follow-up.
- Offer self-collection options for patients who are hesitant about pelvic exams.
- Offer walk-in vaccine and screening appointments.
- Extend clinic hours or offer weekend options.
- Use mobile units, telehealth, or school-based programs to reach more people with education and services.
- Ensure educational materials are available in multiple languages, respectful, culturally competent, and sensitive to stigma around STIs.
- Train staff on trauma-informed and inclusive care, including working with LGBTQ+ and non-English speaking.
- Engage with CHW and other community grassroots organizations to reach underscreened populations.

### Employers & Workplaces

- Ensure employer-sponsored health insurance covers HPV vaccination, Pap and HPV screening, and follow-up care for abnormal results.
- Provide flexibility for employees who need to miss work for screening and treatment.

- Partner with local clinics or mobile health units to offer on-site vaccination or cervical cancer screening.
- Join local coalitions that support prevention efforts around cancer prevention.
- Use existing communication channels to promote cervical cancer prevention strategies.

### Policy Makers or Government

- Advocate for no-cost coverage of HPV vaccination, cervical cancer screening, and follow-up care.
- Understand the cervical cancer burden in the state and per parish by reviewing current data, such as that found on the [United States Cancer Statistics](#) and [Louisiana Tumor Registry](#) websites. Share this information with colleagues.
- Support initiatives to engage the community in efforts to increase HPV vaccination, screening, and appropriate follow-up. (i.e., state- or city-wide awareness efforts).
- Commemorate [Cervical Health Awareness Month](#) every January.
- Join with organizations such as the [Louisiana Cancer Prevention & Control Program](#) and the [National Cervical Cancer Coalition local chapter](#) to collaborate on existing efforts.

### Everyone

- Learn more about other cervical cancer awareness efforts are happening in the southeast by visiting [HPV Vaccination Roundtable of the Southeast website](#) and reading the [Southeast U.S. Call to Action](#).
- See how efforts in the U.S. are informed by the [World Health Organization's Global strategy to accelerate the elimination of cervical cancer as a public health problem](#).



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# Appendix & Resources

Resources below are organized by section for easy reference.

## **Executive Summary & Process of Developing Plan**

[OPERATION WIPEOUT](#)

[HPV Vaccination Roundtable of the Southeast](#)

[Louisiana Cancer Prevention & Control Programs](#)

## **The Case for Cervical Cancer Elimination in Louisiana**

[WHO Cervical Cancer Initiative](#)

## **Data: Understanding Cervical Cancer Burden in Louisiana**

[Current State of Cervical Cancer In Louisiana Story Map](#)

[Louisiana Tumor Registry Cancer Data Visualization](#)

[USCS Data Visualization](#)

[Small Area Health Insurance Estimates \(SAHIE\)](#)

## **Pillar 1: Prevention through Vaccination**

[Childhood and Teen Vaccination Coverage Dashboard](#)

[GARDASIL®9](#)

[Advisory Committee on Immunization Practices](#)

[Announcement Approach](#)

## **Pillar 2: Screening & Early Detection**

[Self-Sampling at the Clinic-Provider Guidance](#)

[HPV Self-Sampling Instructions for patients - English](#)

[HPV Self-Sampling Instructions for patients - Spanish](#)

[BD Onclarity HPV Assay from Becton Dickinson and Company](#)

[cobas HPV Test from Roche Molecular Systems](#)

[Teal Health](#)

[Louisiana Breast & Cervical Health Program](#)

[Taking Aim at Cancer in Louisiana](#)

[The Feist-Weiller Cancer Center's Partners In Wellness \(PIW\) program](#)

[Central Louisiana Medical Advocacy Program \(CMAP\)](#)

[National Cervical Cancer Coalition Louisiana \(Lafayette\) Chapter](#)

## **Strategic Actions**

[Louisiana Families for Vaccines](#)

[CERVIVOR](#)

[American Cancer Society Cancer Action Network Cancer Story Corps](#)

[United States Cancer Statistics](#)

[Louisiana Tumor Registry](#)

[Cervical Cancer Awareness Month](#)

[HPV Roundtable of the Southeast Call to Action](#)

[World Health Organization \(WHO\)](#)

[Louisiana Comprehensive Cancer Control Program](#)

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