FLORIDA PATH TO CERVICAL CANCER ELIMINATION

2026 – 2035

A Data-Driven Framework for a Cervical Cancer-Free Sunshine State

1. Executive Summary

Cervical cancer remains one of the most preventable cancers, yet women across Florida continue to experience morbidity and mortality from a disease for which highly effective prevention strategies exist. Persistent infection with high-risk strains of the human papillomavirus (HPV) is responsible for nearly all cervical cancers, and both HPV vaccination and routine screening have been shown to substantially reduce cervical cancer incidence and mortality. Despite these advances, differences in access to care, health literacy, and utilization of preventive services continue to contribute to variation in cervical cancer outcomes across the state.

Based on data from the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results (SEER) Program and the National Program of Cancer Registries (NPCR), Florida's age-adjusted cervical cancer incidence rate was 9.2 per 100,000 women between 2018 and 2022, compared to 7.5 per 100,000 in the U.S. overall. These rates remain well above international and national elimination benchmarks of 4.0 per 100,000 women. In addition, statewide estimates mask important geographic variation in disease burden. Cervical cancer incidence is disproportionately concentrated in several smaller, rural, and medically underserved communities, where higher incidence rates often coincide with lower screening uptake, late-stage diagnoses and reduced access to preventive and follow-up care.

9.2 per 100k

Florida Incidence Rate (2022)

According to the National Cancer Institute, late-stage cervical cancer includes cancers diagnosed at the regional or distant stage, when disease has spread beyond the cervix and treatment is often more complex. Between 2018 and 2022, the national age-adjusted incidence rate of late-stage cervical cancer was 3.8 cases per 100,000 women, compared with 4.6 cases per 100,000 women in Florida. As a result, Florida ranked 8th among all U.S. states for the highest incidence of late-stage cervical cancer, highlighting opportunities to improve timely screening, diagnostic follow-up, and access to treatment.

Within Florida, the highest rates of late-stage cervical cancer were observed in Sumter County (8.7 per 100,000), Hernando County (8.2 per 100,000), Highlands County (7.7 per 100,000), Citrus County (6.8 per 100,000), and Polk County (6.8 per 100,000). These geographic disparities underscore the need for targeted interventions to improve screening participation, timely diagnostic evaluation, and equitable access to treatment in high-burden communities. Several of these counties also have lower HPV vaccination coverage, indicating ongoing challenges in primary prevention and preventive service utilization. Addressing these gaps will require coordinated strategies that include community outreach, strengthened healthcare partnerships, payer engagement, and community-informed approaches to improve uptake of evidence-based preventive services.

Importantly, these patterns are strongly associated with areas characterized by higher social vulnerability, more limited healthcare infrastructure, and reduced access to preventive and

specialty care services. Within these regions, localized communities may experience a disproportionately elevated burden of disease, underscoring the importance of geographically targeted and community-informed strategies.

Florida Forward outlines a targeted, data-driven framework aligned with the Florida Cancer Plan 2026–2030. By focusing on high-burden geographies and expanding innovative, community-based approaches, Florida has an opportunity to lead the nation in efforts to reduce cervical cancer incidence and mortality by improving access to prevention and high-quality care across the entire continuum of HPV-related cervical disease. This plan provides a structured framework toward cervical cancer elimination in Florida. Grounded in state-specific data and aligned with Goal 6 of the Florida Cancer Plan 2026–2030, it draws upon successful state-level elimination initiatives implemented nationally. The plan includes actionable objectives organized around four primary pillars: (1) Prevention through Vaccination, (2) Screening and Early Detection, (3) Diagnosis, Follow-Up, and Treatment Access, and (4) Data and Surveillance. Together, these pillars provide a strategic framework for reducing disparities, expanding equitable access to prevention and care, strengthening data-informed action, and advancing cervical cancer elimination across Florida.

Alignment with Goal 6 of the Florida Cancer Plan 2026–2030

Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.

This plan serves as the implementation framework for Goal 6, translating its six objectives into coordinated, measurable strategies and actions across the state.

This initiative is led by Florida Forward, a multi-institutional statewide collaboration anchored by Sylvester Comprehensive Cancer Center, Moffitt Cancer Center, UF Health Cancer Institute, and Mayo Clinic Comprehensive Cancer Center. It aligns with the Southeast United States Call to Action from the HPV Vaccination Roundtable of the Southeast (Fall 2024), national World Health Organization elimination targets, and state-level initiatives such as Alabama's Operation WIPE OUT and Louisiana's Bayou Blueprint. Similar efforts are also underway in other states, reinforcing the need for a coordinated statewide approach to accelerate cervical cancer elimination efforts in Florida.

2. Understanding Cervical Cancer and the Path to Elimination

What Causes Cervical Cancer?

Cervical cancer is caused predominantly by persistent infection with high-risk human papillomavirus (HPV) types, particularly HPV 16 and 18 (National Cancer Institute, 2024). An estimated 85% of the US population has been infected with HPV at some point in their life. Although most HPV infections resolve spontaneously without clinical intervention or consequence, persistent infection with oncogenic HPV strains can result in progressive cellular abnormalities that may develop into pre-cancer and ultimately invasive cervical cancer if not identified and treated. This well-characterized disease progression highlights the importance of HPV vaccination and routine cervical cancer screening as highly effective strategies for prevention, early detection, and reduction of cervical cancer incidence and mortality.

Why Is Cervical Cancer Uniquely Preventable?

- **HPV vaccination** prevents infection with the high-risk HPV types responsible for nearly all cervical cancers, dramatically reducing the lifetime risk of developing the disease.
- **Routine cervical cancer screening** can detect precancerous abnormalities years before they progress to invasive cancer, allowing for early intervention.
- **Timely follow-up and treatment** of abnormal screening results and precancerous lesions can prevent progression to cervical cancer, making elimination an achievable public health goal.
- **The science is clear.** Safe and effective tools to prevent cervical cancer exist; the challenge is ensuring equitable access to vaccination, screening, timely follow-up, and treatment.

What Is Cervical Cancer Elimination?

The Centers for Disease Control and Prevention aligns with the World Health Organization's definition of cervical cancer elimination as fewer than 4 cases per 100,000 women. Florida's cervical cancer incidence rate remains at 9.2 cases per 100,000 women, more than twice the established benchmark, highlighting the urgent need for dedicated resources to address the disease.

9.2 per 100k	7.5 per 100k
Florida Incidence (2022)	U.S. National Average

Unlike many malignancies, cervical cancer develops gradually, progressing from precancerous lesions to invasive disease over a period of up to 10 years. This extended natural history provides a critical window for intervention through HPV vaccination, routine screening, and timely treatment of precancerous abnormalities, making cervical cancer elimination an achievable public health goal when these evidence-based strategies are implemented consistently and equitably across populations.

3. The Case for Cervical Cancer in Florida

The case for action in Florida is significant. Between 2019 and 2023, the state's cervical cancer mortality rate was 2.6 per 100,000 women, exceeding the national average of 2.2 per 100,000. While national mortality rates have gradually declined, Florida's rate has remained relatively stable, suggesting persistent gaps in prevention, screening, and early detection.

Across Florida, 15 counties have cervical cancer incidence rates above the state average and screening rates below the state median, highlighting opportunities for targeted prevention and early detection efforts. An additional 20 counties have insufficient data to produce stable estimates because of small population sizes and low case counts, suggesting that the burden in some rural communities may be underestimated. Higher incidence and late-stage diagnoses are concentrated in rural and medically underserved communities, where lower HPV vaccination and cervical cancer screening rates often coincide with limited access to timely care. These disparities are associated with structural and systemic barriers, including limited healthcare access, insurance coverage challenges, transportation barriers, and differences in health literacy and preventive care utilization.

These overlapping patterns of elevated incidence, late-stage diagnosis, and low HPV vaccination and screening rates informed the selection of Florida Forward's initial priority areas. As shown in Figure 1, Taylor, Levy, Nassau, Hernando, Sumter, Citrus, and Osceola counties represent opportunities for targeted, locally responsive implementation efforts.

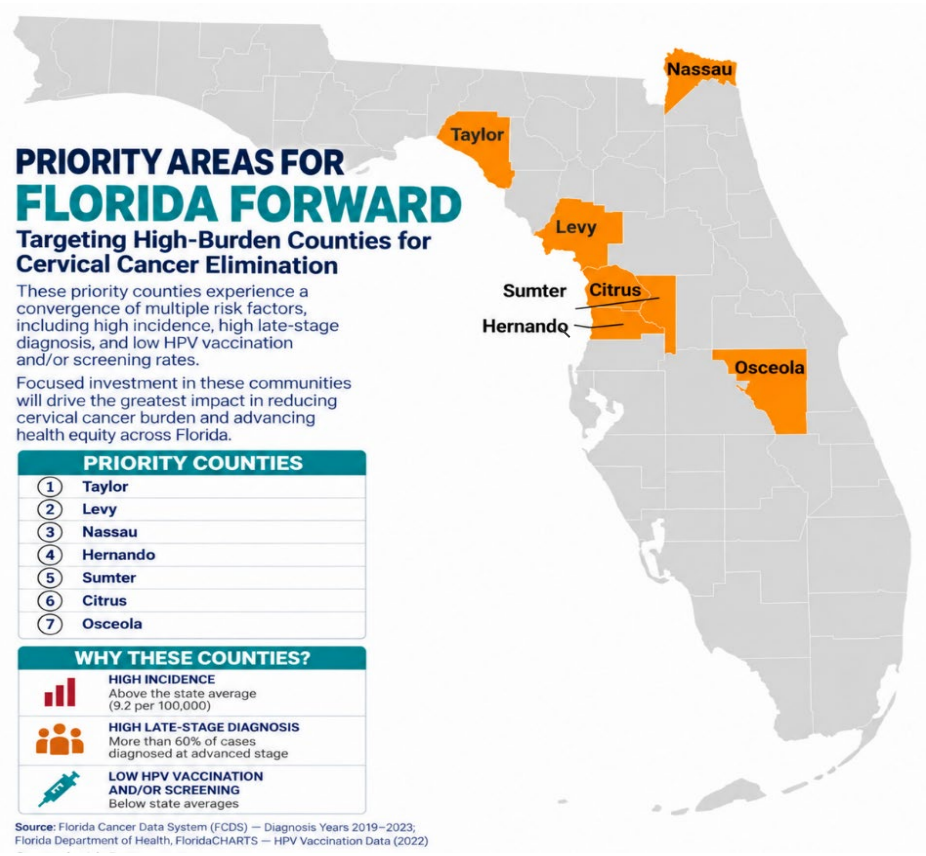

Figure 1. Priority areas for Florida Forward

Florida has an opportunity to shift from broad statewide approaches to more targeted, data-informed interventions focused on high-burden communities. Increasing HPV vaccination coverage, expanding access to evidence-based cervical cancer screening strategies—including innovative approaches such as HPV self-collection—and strengthening diagnostic follow-up, care navigation, and treatment access will be critical to reducing late-stage diagnoses and improving cervical cancer outcomes across the state.

A Statewide Opportunity for Impact

Florida has established a strong strategic framework through the Florida Cancer Plan 2026–2030, creating an important opportunity to advance coordinated, data-informed efforts to reduce the burden of cervical cancer across the state. Achieving meaningful progress will require alignment between statewide priorities and locally tailored implementation strategies. Increasing HPV vaccination coverage in lower-performing counties, expanding access to screening within underserved populations, reducing late-stage diagnoses through earlier detection, and strengthening pathways for diagnostic follow-up and treatment access represent key components of a comprehensive statewide approach. Florida is at an important point in its cervical cancer prevention efforts. Effective tools for prevention and early detection are already available, and current data provides clear insight into where persistent gaps remain. Continued progress will depend on coordinated implementation strategies that emphasize equity, geographic targeting, community engagement, and alignment across healthcare and public health systems.

4. Prevention Gaps

HPV Vaccination

HPV vaccination remains one of the most effective strategies available for preventing cervical cancer and other HPV-associated malignancies. Among adolescents ages 13–17 years, Florida's HPV vaccine series completion rate was 57.2% in 2024, remaining below the national average of 62.9%. Current vaccination coverage also falls short of the 80% target established in the Florida Cancer Plan 2026–2030, highlighting ongoing opportunities to improve vaccine uptake and strengthen population-level cervical cancer prevention efforts across the state.

57.2%
Florida Series Completion Rate (13–17)

62.9%
National Average (13–17)

As shown below in Figure 2, HPV vaccination coverage varies substantially across Florida counties, with an overall up to date vaccination rate of 35.9% for ages 9-17. Liberty (16.3%), Calhoun (16.7%), Glades (19.4%), Union (19.5%), and Baker (19.7%) have the lowest vaccination rates in the state, highlighting geographic opportunities for targeted vaccination outreach, provider engagement, and community-based education.

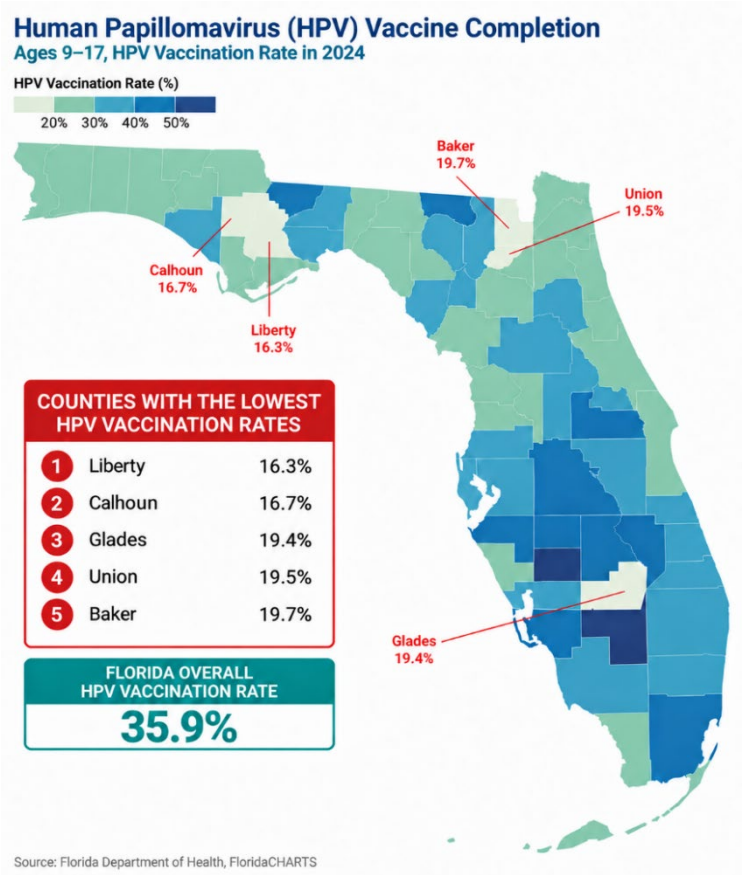

Figure 2. Florida County-Level HPV Vaccination Rates, Ages 9–17 (2024)

Lowest Vaccination Completion Counties

The county-level variation in HPV vaccination rates highlights the importance of implementing prevention strategies that are responsive to local needs. Using geographic data to guide resource allocation, outreach efforts, and partnership development can help ensure that interventions reach communities where they are likely to have the greatest impact. As shown in Figure 3, the 10 lowest performing counties all fall well below Florida`s overall HPV vaccination completion rate

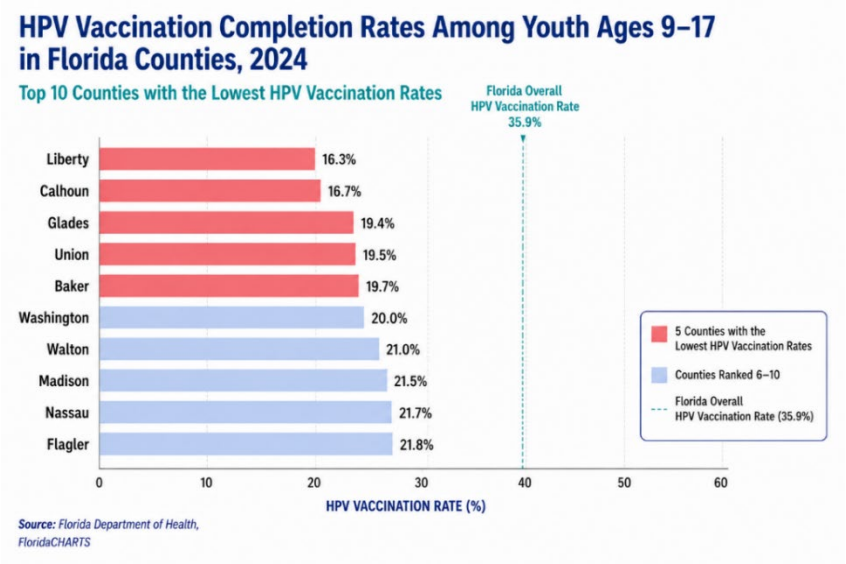

Figure 3. Florida Counties with the Lowest HPV Vaccination Completion Rates, Ages 9 –17, 2024.

of 35.9%. These findings indicate a need for focused strategies that address local barriers to vaccine access, recommendation and acceptance.

Highest Vaccination Completion Counties

The counties with the highest HPV vaccine series completion rates in Florida are concentrated within the south-central region of the state, suggesting that local healthcare practices, community partnerships, delivery systems, and other successful approaches may be contributing to higher vaccination uptake and could help inform vaccination strategies in lower-performing counties across the state. Figure 4 shows that Florida's highest HPV vaccination completion rates are concentrated primarily in South Central Florida, with DeSoto and Hendry counties reporting the highest rates. Successful practices and partnerships in these counties may help inform strategies in lower-performing areas.

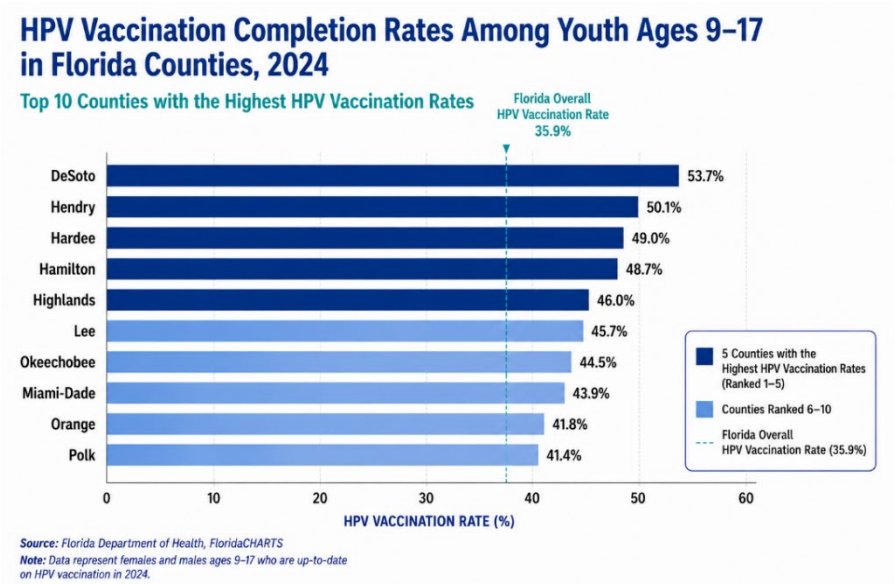

Figure 4. Florida Counties with the Highest HPV Vaccination Completion Rates, Ages 9 –17, 2024

5. Screening Gaps

According to the Centers for Disease Control and Prevention (CDC) State Cancer Profiles, as of 2024, 66.5% of Florida women ages 21–65 who had not had a hysterectomy reported receiving a Pap test within the past three years, slightly exceeding the national average of 65.3%. Despite outperforming the national average overall, substantial geographic disparities in cervical cancer screening persist across Florida. As shown in Figure 5, several counties remain well below the national benchmark, including Hardee County (45.8%), Marion County (53.0%), Palm Beach County (54.3%), Madison County (56.1%), and Sarasota County (57.1%). These findings highlight important screening gaps across the state and underscore the need for targeted, place-based strategies to improve access to cervical cancer screening, reduce barriers to care, and ensure timely follow-up in underserved communities.

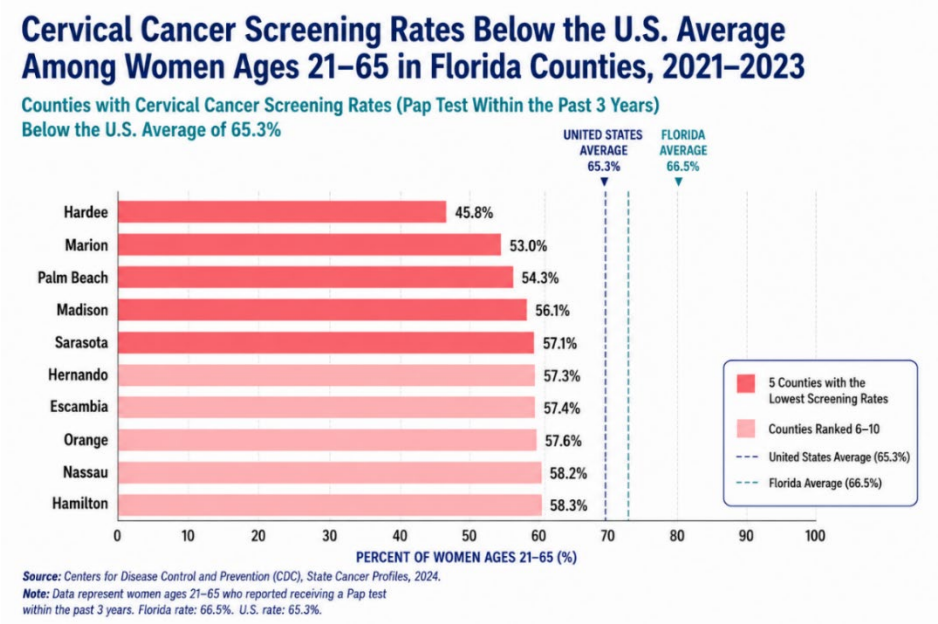

Figure 5. Florida Counties with Cervical Cancer Screening Rates Below the U.S. Average, Women Ages 21–65, 2021–2023.

6. The Burden of Cervical Cancer in Florida

Effective cervical cancer elimination strategies require a clear understanding of where prevention, screening, and care gaps persist. This section provides an overview of cervical cancer incidence, late-stage diagnosis, HPV vaccination coverage, and geographic variation across Florida using state and national cancer surveillance data (Florida Cancer Data System [FCDS], 2024; Florida Department of Health [FDOH], 2024; U.S. Cancer Statistics Working Group, 2025).

Current data demonstrate that the burden of cervical cancer in Florida is disproportionately concentrated within specific high-risk counties, many of which are rural, medically underserved, and affected by persistent structural barriers to prevention and care. These patterns underscore the importance of geographically targeted, data-informed strategies that prioritize communities where elevated incidence, higher proportions of late-stage diagnosis, lower screening uptake, and reduced HPV vaccination coverage converge. A successful Florida Forward strategy will therefore require focused, place-based interventions designed to address the specific prevention and access challenges within these high-burden regions.

Trends of Incidence Rate

As shown in Figure 6, age-adjusted cervical cancer incidence rates in Florida have remained persistently elevated over the past two decades, fluctuating between 8.2 and 9.6 cases per 100,000 women and measuring 9.2 per 100,000 women in 2022. Cervical cancer incidence in Florida remains above the elimination target. A modest increase was also observed after 2020, potentially reflecting disruptions in routine screening, follow-up care, and HPV vaccination services associated with the COVID-19 pandemic.

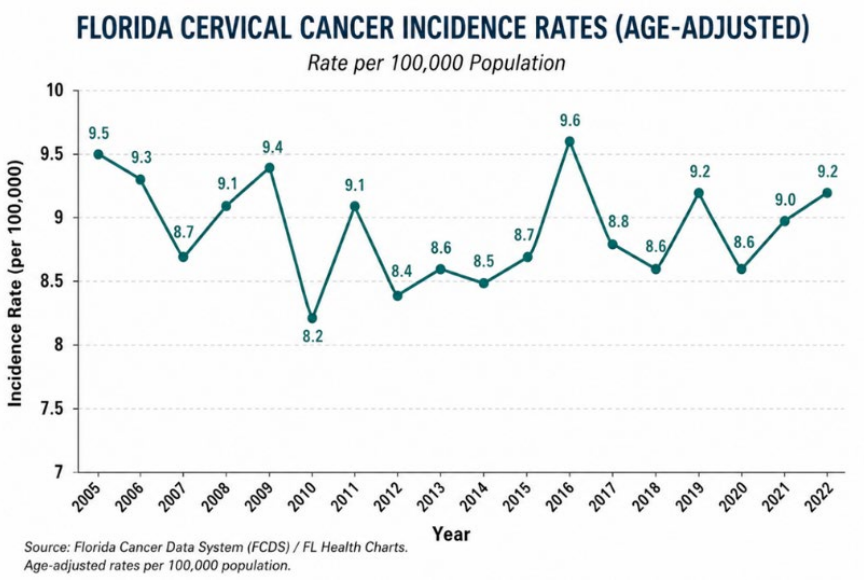

Figure 6. Age-adjusted cervical cancer incidence rates in Florida, 2005–2022.

Key Takeaway

Florida's cervical cancer incidence rate in 2022 (9.2 per 100,000 women) was comparable to the rate observed in 2005 (9.5 per 100,000), reflecting limited overall progress toward sustained reduction over time. Given the established elimination target of fewer than 4 cases per 100,000 women, substantial reductions in disease burden will be required to achieve cervical cancer elimination in Florida. Continued progress will depend on strengthening HPV vaccination uptake, expanding access to routine screening and early detection, and improving follow-up care for abnormal screening results and precancerous lesions.

High-Incidence Counties

Geographic analysis reveals substantial variation in cervical cancer incidence across Florida's 67 counties. According to the NCI's five-year analysis for 2018–2022, counties with the highest age-adjusted incidence rates are concentrated in Southwest, Central, and North Central Florida. Although these counties differ in geography and population characteristics, several contain rural or medically underserved communities where residents may face barriers to preventive care, including transportation limitations, healthcare provider shortages, and socioeconomic challenges. Addressing these barriers is essential to improving equitable access to HPV vaccination, cervical cancer screening, and timely follow-up care across the state. As illustrated in Figure 7, cervical cancer incidence varies considerably across Florida, with high-incidence counties located in several regions of the state. Hendry and Sumter counties report the highest rates, substantially exceeding the statewide average of 9.2 cases per 100,000 women.

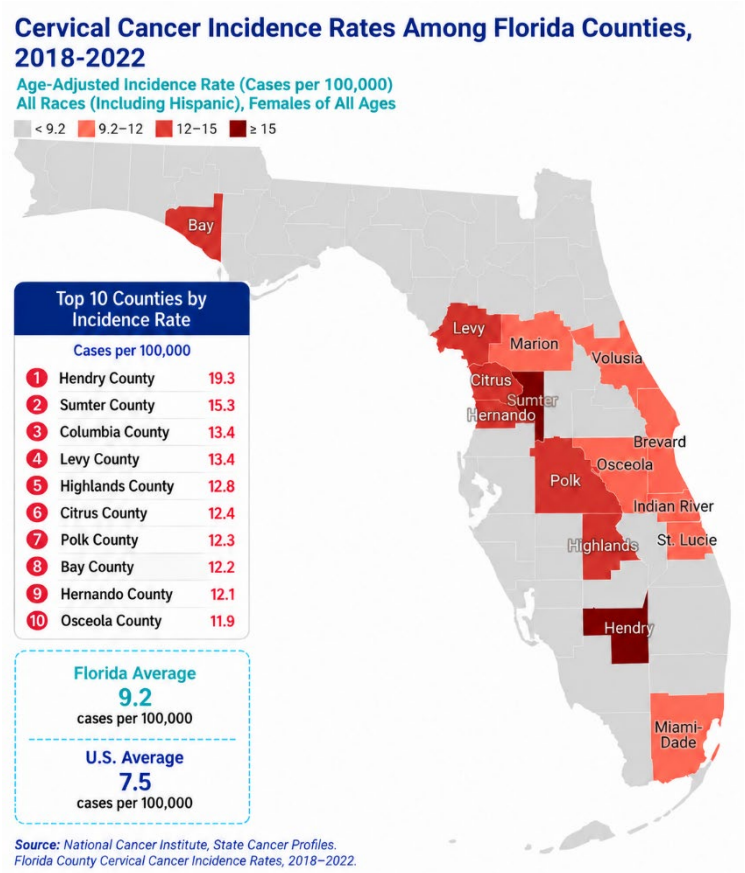

Figure 7. Florida Counties with the Highest Cervical Cancer Incidence Rates, 2018–2022

Late-Stage Diagnosis

Late-stage cervical cancer diagnosis further illustrates persistent gaps in prevention and early detection systems, with several Florida counties reporting that more than half of cervical cancer cases are identified at advanced stages of disease. Late-stage diagnosis is often indicative of delayed detection, reduced screening uptake, and barriers to timely diagnostic follow-up and care. As shown in Figure 8, although Florida's overall proportion of late-stage cervical cancer diagnoses (51.6%) is slightly lower than the national average (52.0%), several counties report substantially higher proportions. Hernando (67.2%), Flagler (65.4%), Escambia (64.1%), Santa Rosa (62.2%), and Sarasota (59.8%) are among the highest in the state.

These high-burden counties span multiple geographic regions and include both metropolitan and smaller communities, indicating that delayed cervical cancer diagnosis remains a statewide challenge rather than one confined to a single area or population. Notably, Hernando County, which had the highest proportion of late-stage cervical cancer diagnoses (67.2%), also reports one of the lowest HPV vaccination rates in Florida, highlighting the importance of strengthening primary prevention alongside efforts to improve screening and timely diagnostic follow-up. Overall, the substantial variation in late-stage diagnosis across counties underscores opportunities to expand HPV vaccination, increase cervical cancer screening participation, ensure timely follow-up after abnormal results, and improve equitable access to preventive, diagnostic, and treatment services throughout Florida.

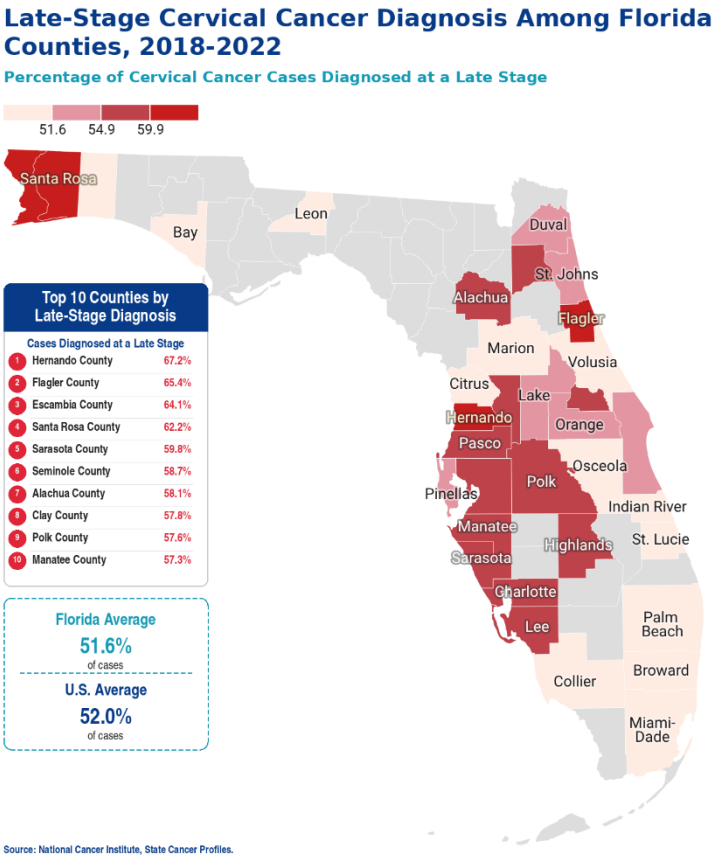

Figure 8. Florida Counties with the Highest Percentage of Late-Stage Cervical Cancer Diagnoses, 2018–2022.

7. Goals for Elimination

Florida Forward was established in response to an objective outlined in the Florida Cancer Plan 2026–2030 and serves as a coordinated statewide initiative to advance cervical cancer elimination. Its work supports Goal 6 and Objectives 6.1–6.6 of the plan and is organized around three pillars: (1) Prevention through Vaccination, (2) Screening and Early Detection, and (3) Diagnosis, Follow-Up, and Treatment Access. Through these pillars, Florida Forward translates the plan's strategies into coordinated, measurable activities.

PILLAR 1

Prevention through Vaccination

Increase HPV vaccination uptake and series completion among Florida youth (Ages 9-17)

GOAL 6.1 & 6.2

Increase HPV Vaccination Uptake and Series Completion Among Florida Youth (Ages 13–17)

OBJECTIVE 6.1

By December 2030, increase the percentage of youth aged 13–17 (female and male) who are up to date with the HPV vaccination series.

BASELINE	TARGET
59% Up to Date FL SHOTS Data (2023)	**80% Up to Date** Target by December 2030

STRATEGIES

- Reduce missed vaccination opportunities through standing orders, EHR prompts, and clinic feedback systems.
- Expand school-linked vaccination and catch-up clinic partnerships.
- Strengthen provider communication training to deliver strong HPV vaccine recommendations to parents and caregivers.
- Increase community and parent outreach focused on HPV vaccine uptake and series completion.
- Use county- and clinic-level data to monitor up to date rates to identify and monitor progress in low-coverage areas.

OBJECTIVE 6.2

By December 2030, increase the percentage of youth aged 13–17 who have completed the HPV vaccination series.

BASELINE	TARGET
56.8% Completed Series FL SHOTS Data (2023)	**80% Completed Series** Target by December 2030

STRATEGIES

- Increase the number of provider practices using Florida SHOTS and/or EHR-based reminder and recall systems to improve HPV vaccine series completion.
- Implement standardized clinical workflows in pediatric, family medicine, and primary care practices to identify, remind, and re-engage patients who initiate but do not complete the HPV vaccine series.
- Expand access to HPV vaccination and catch-up vaccination through pediatric, family medicine, primary care, pharmacies, and school/community clinics.
- Increase provider education and engagement to promote routine HPV vaccination and catch-up vaccination through adulthood, consistent with current clinical practice guidelines. *
- Track HPV vaccine initiation and completion rates across counties, school districts, healthcare systems, and adult catch-up vaccination settings to guide targeted outreach and quality improvement efforts.
- Support parent and patient education initiatives emphasizing the importance of initiating and completing the HPV vaccine series and the benefits of catch-up vaccination when recommended.
- Implement reminder and recall systems to improve follow-up dose completion.
- Develop clinic workflows to identify and re-engage adolescents who initiated but did not complete the series.
- Expand access to catch-up vaccination through pharmacies, primary care, and school/community clinics.
- Track completion rates across counties, school districts, and healthcare systems to guide targeted outreach.

- Support parent education initiatives emphasizing the importance of on time HPV vaccination and completion of the recommended vaccine series.

  **For adolescents ages 13–17, provider education and engagement will emphasize routine vaccination and completion of the recommended HPV vaccine series.*

OBJECTIVE 6.3

By December 2030, increase the percentage of youth aged 9–11 who have initiated the HPV vaccination series.

BASELINE	TARGET
17.2% Initiated Series FL SHOTS Data (2023)	**80% Initiated Series** Target by December 2030

STRATEGIES

- Normalize HPV vaccination beginning at age 9 through routine well-child workflows and provider scripting.
- Promote "Start at 9" adoption across pediatric and family medicine practices.
- Integrate EHR prompts and clinical decision support tools to encourage on time initiation starting at age 9.
- Increase provider education on the benefits of initiating HPV vaccination at the recommended age.
- Develop public awareness campaigns focused on routine HPV vaccination at ages 9–11.

OBJECTIVE 6.4

By December 2030, increase the percentage of youth aged 9–13 who have completed the HPV vaccination series on time by age 13.

BASELINE	TARGET
14.1% Completed on Time FL SHOTS Data (2023)	**80% Completed Series on Time** Target by December 2030

STRATEGIES

- Promote initiation at ages 9–11 to improve timely series completion by age 13.
- Strengthen reminder/recall systems for second-dose scheduling and follow-up.
- Use school-linked and community-based vaccination programs to reduce delays in completion.
- Monitor on time completion rates and disparities across geographic and priority populations.
- Improve coordination between pediatric practices, pharmacies, schools, and public health partners to support timely vaccination.

PILLAR 2 — Screening and Early Detection

Increase cervical cancer screening uptake and reduce disparities in screening access.

GOAL 6.5

Increase the Percentage of Florida Women 21 and Older Who Received a Cervical Cancer Screening

OBJECTIVE 6.5

By December 2030, increase the percentage of Florida women 21 and older who received a cervical cancer screening in the past year.

BASELINE	TARGET
34.4% Screened in Past Year FL SHOTS Data (2022)	**80% Screened** Target by December 2030

STRATEGIES

- Expand access to cervical cancer screening through Federally Qualified Health Centers (FQHCs), pharmacies, retail clinics, and community-based screening partnerships.
- Implement HPV self-collection workflows in clinical and safety-net settings with standardized eligibility criteria and follow-up protocols.
- Strengthen outreach and navigation programs for underserved and historically under-screened populations to improve screening uptake and reduce barriers to care.
- Standardize Florida Forward screening pathways aligned with current evidence-based clinical practice guidelines and supported by evidence-based reminder systems.
- Improve referral coordination and follow-up through closed-loop screen, results, follow-up workflows and tracking systems.
- Leverage Florida Department of Health safety-net screening resources and referral pathways to reduce loss to follow-up and improve timely diagnostic care.
- Support policy and advocacy efforts to advance recognition and implementation of HPV self-collection within screening programs and healthcare systems.
- Use statewide and county-level screening data to monitor screening rates, follow-up adherence, and disparities across priority populations.

PILLAR 3

Diagnosis, Follow-Up, and Treatment Access

Ensure all Floridians with abnormal results receive timely, high-quality follow-up and care.

GOAL 6.6

Increase Adherence to Follow-Up and Timely Treatment Among Women with Abnormal Cervical Screening Results

OBJECTIVE 6.6

By December 2030, increase adherence to follow-up and timely treatment among women identified as having abnormal cervical cancer screening results.

BASELINE	TARGET
XX% Currently Adherent FL SHOTS (2025) Baseline TBD	**80% Adherent to Follow-Up & Treatment** Target by December 2030

STRATEGIES

- Standardize follow-up management using ASCCP risk-based guidelines and clinical decision-support tools.

- Identify geographic care deserts with limited access to gynecologic, women's health, and specialty oncology providers, and prioritize resource allocation, workforce development, and outreach to improve access.
- Expand colposcopy capacity through provider training, referral networks, and improved geographic access to follow-up care.
- Implement patient navigation programs with multimodal outreach and appointment support to reduce loss to follow-up.
- Identify regional barriers to timely diagnosis and treatment and develop targeted mitigation strategies for underserved communities.
- Expand mobile and community-based follow-up services in rural and underserved regions to improve access to diagnostic care.
- Develop culturally and linguistically appropriate patient education materials that help patients understand abnormal cervical cancer screening results, recommended follow-up, and the importance of timely evaluation and treatment.
- Improve access to treatment for patients with CIN2+ or invasive cervical cancer through coordinated referral pathways, insurance and financial assistance, and patient navigation support.
- Develop standardized referral pathways to ensure women diagnosed with invasive cervical cancer are evaluated by a gynecologic oncologist and initiate appropriate treatment within evidence-based timeframes.
- Use statewide tracking systems to monitor adherence to follow-up, time to colposcopy, treatment initiation and completion, and disparities across populations and regions.

8. Florida Forward: Our Initiative

Who We Are

Florida Forward is a statewide, multi-institutional initiative with a shared mission to eliminate cervical cancer in Florida. The initiative brings together Florida's four NCI-Designated Cancer Centers, public health institutions, Regional Cancer Control Collaboratives, healthcare and community-based organizations, industry partners, patient advocates, and other stakeholders committed to achieving a cervical cancer-free Florida.

Florida Forward was developed within the statewide cancer control framework established by the Florida Cancer Plan and the Florida Cancer Control and Research Advisory Council (CCRAB). Recognizing the cervical cancer burden across their respective catchment areas, the Associate Directors and Assistant Associate Directors for Community Outreach and Engagement at Florida's NCI-Designated Cancer Centers came together to develop the initiative and establish its four strategic pillars.

Together, these leaders and participating partners connect institutional expertise, clinical and public health infrastructure, community engagement capacity, and regional partnerships to advance cervical cancer elimination efforts throughout Florida.

Governance Framework

Florida Forward operates through a collaborative governance model that connects statewide direction, strategic coordination, pillar leadership, and regional implementation. CCRAB provides statewide direction through the Florida Cancer Plan, while Florida Forward coordinates the

strategies, partnerships, and activities needed to advance the plan's cervical cancer elimination priorities.

The initiative's work is organized around four strategic pillars: Prevention and Vaccination; Screening and Early Detection; Diagnosis, Follow-Up, and Treatment Access; and Data and Surveillance. Each pillar is led by designated co-chairs who guide its goals, objectives, and implementation strategies; engage relevant partners; identify barriers; and monitor progress. The Data and Surveillance pillar also provides support across the initiative by strengthening measurement, evaluation, surveillance, and data-informed decision-making.

The Associate Directors and Assistant Associate Directors for Community Outreach and Engagement at Florida's NCI-Designated Cancer Centers played a central role in developing Florida Forward and establishing its strategic direction. They provide leadership across the four pillars and work alongside the designated pillar co-chairs to promote institutional alignment, coordinate resources, guide implementation, and maintain accountability for progress.

Regional Cancer Control Collaboratives and other regional and local partners translate statewide priorities into community-level action. These partners help tailor strategies to local needs, strengthen community engagement, and address geographic and population-based disparities in high-burden and underserved communities.

This governance model promotes nested accountability, with statewide priorities informing Florida Forward's strategic coordination, pillar activities, and regional implementation. Shared measures, surveillance data, implementation findings, and stakeholder feedback are used to assess progress and support continuous improvement. Although each pillar maintains responsibility for its respective area, all four remain aligned with the broader Florida Forward strategy, with equity integrated throughout planning, implementation, and evaluation.

Our Leadership

Prevention & Vaccination Strategies Committee

Susan Vadaparampil, PhD, MPH
H. Lee Moffitt Cancer Center & Research Institute

Jonathan Hickman, PharmD
Medical Executive Director
Genentech

Diagnosis & Treatment Access Committee

Patricia P. Jeudin, MD
Sylvester Comprehensive Cancer Center, University of Miami

Matthew Schlumbrecht, MD, MPH
Sylvester Comprehensive Cancer Center, University of Miami

Screening & Early Detection Committee

Tracy Milgram
Founder, BRCAStrong
CAC Member

Erin Kobetz, PhD, MPH
Sylvester Comprehensive Cancer Center, University of Miami
Chair, CCRAB

Data & Surveillance Committee

Ramzi G. Salloum, PhD
University of Florida Health Cancer Center
Vice Chair, CCRAB

Janice Krieger, PhD
Mayo Clinic Comprehensive Cancer Center

Florida Forward is chaired by Erin Kobetz, PhD, MPH, Associate Director for Community Outreach and Engagement at the Sylvester Comprehensive Cancer Center and Chair of Florida's Cancer Control Research Advisory Board (CCRAB). The initiative's four pillars and regional activities are led by subject-matter experts from Florida's NCI-Designated Cancer Centers and partner organizations.

9. How To Get Involved

Eliminating cervical cancer in Florida requires statewide commitment. No single organization can achieve this goal alone. Success depends on coordinated action across healthcare, public health, education, government, community organizations, advocates, survivors, and residents.

Healthcare Providers

- Make a strong recommendation for HPV vaccination at every well-child visit starting at age 9.
- Modify EHR systems to flag patients due for HPV vaccination or cervical cancer screening.
- Offer HPV self-collection as an option for patients who are hesitant about pelvic exams.
- Train staff on updated cervical cancer screening guidelines and HPV self-collection protocols.
- Offer walk-in vaccine and screening appointments and extend clinic hours where possible.

Schools and Educators

- Integrate age-appropriate HPV education into health or science curriculum.
- Partner with local health departments or mobile clinics to offer on-site HPV vaccination.
- Engage families through school networks (newsletters, health fairs, family nights).

Community Members and Advocates

- Talk to family and friends about the importance of HPV vaccination as cancer prevention.
- Encourage women in your community to stay current on cervical cancer screening.
- Share your personal story with policy and decision makers.
- Get involved with Florida Forward. Join a committee or participate in community outreach events.

Policy Makers and Government

- Advocate for no-cost or low-cost coverage of HPV vaccination, cervical cancer screening, and follow-up care.
- Support initiatives to engage communities in HPV vaccination and screening efforts.
- Review and share county-level data to understand the cervical cancer burden in your district.
- Commemorate Cervical Health Awareness Month each January.
- Commemorate HPV Awareness Day each March.

Cervical Cancer Survivors

- Share your story to raise awareness and reduce stigma around HPV and cervical cancer.
- Advocate at the policy level by connecting with the American Cancer Society Cancer Action Network.
- Partner with national survivor advocacy organizations to expand survivor education, peer support, leadership development, and awareness of the Florida Forward initiative.

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