



Empowering and Strengthening Community, Culture and Connection to Prevent HPV Cancers

Focus on Asian American and Pacific Islander Communities

People who identify as Asian American and/or Pacific Islander have lower rates of HPV cancers overall and also lower HPV vaccination coverage overall. However, aggregated data limit interpretation of important differences that may require urgent action. Using disaggregated data to understand how individual racial, ethnic, and cultural identity contributes to thriving communities and connections across communities, can be important to help us understand differences in HPV vaccination coverage and rates of HPV cancers. By empowering and strengthening community, culture, and connections, these strengths can be leveraged to prevent cancers with Asian American and Pacific Islander communities through tailored outreach and approaches.

HPV Vaccination Rates for 13–17-Year-Olds Identifying as Asian American or Pacific Islander as of 2022

	>1 HPV	HPV vaccine UTD
United States Overall ages 13-17	76%	63%
Asian, non-Hispanic by age 13	58-77%	49-59%
Asian, non-Hispanic by age 14	73-80%	58-67%

Note: No data provided for adolescents identified as Pacific Islander due to small sample size.

HPV vaccination coverage, based on available data, show some Asian American populations with low coverage. Future efforts should be made to achieve the Healthy People 2030 goal of 80% vaccination among all adolescents and address gaps observed among Asian American populations. Disaggregated HPV vaccination data are needed to better align intervention efforts.

HPV Vaccination Rates for 13–17-Year-Olds Identifying as Asian American or Pacific Islander as of 2022

U.S. Overall ≥1 HPV	76%	U.S. Overall HPV UTD	63%
Asian American ≥1 HPV	69%	Asian American HPV UTD	Unavailable

Pacific Islander unavailable due to small sample size

Rate of New HPV-associated Cancers by Race and Ethnicity, 2016-2020 Asian American Pacific Islander, Non-Hispanic

	All HPV Cancers			Oropharyngeal Cancer			Cervical Cancer
	OVERALL	MALE	FEMALE	OVERALL	MALE	FEMALE	FEMALE
United States Overall	12.5	11.2	13.8	5.2	9.1	1.7	7.2
Asian American Pacific Islander, Non-Hispanic	5.2	2.7	7.3	1.3	2.1	0.6	5.7

Note: All rates are presented as per 100,000.

When examining disaggregated HPV-associated cancers data for Asian American and Pacific Islander populations from 1990-2014, wide variability in incidence overall and by the two most common types, cervical and oropharyngeal, were observed. HPV cancer rates were much higher among several population groups categorized as Asian American and Pacific Islander. For example, those identifying as Laotian and Vietnamese women had HPV-associated cancer incidence rates of 22.8 per 100,000 and 15.3 per 100,000, respectively. Disaggregating HPV-associated cancer incidence data revealed further differences for cervical cancer with women identifying as Laotian and Vietnamese with incidence rates of 20.7 per 100,000 women and 13.7 per 100,000 women respectively.

Recommendations for Tailored Approaches to Increase HPV Vaccinations

- In discussions with Asian American caregivers and patients, highlight the importance of starting HPV vaccination at age 9 and the risks of not receiving the vaccine to increase series completion by age 13.
- Leverage family dynamics to promote positive vaccination attitudes and behaviors among Asian American caregivers and patients.
- Build cultural competence and capacity among providers to communicate about HPV vaccination in a way that is culturally informed to ensure Asian American caregivers and patients can readily understand HPV education information
- Design and implement interventions that account for the diversity within Asian American communities, encompassing their languages, beliefs, practices, and variations in vaccine intention and uptake prevalence among different Asian American subgroups. Health systems can address this by offering more extensive translation services, providing patient navigators, and addressing access-related issues or cultural beliefs concerning the HPV vaccination

Acknowledgment:

The St. Jude HPV Cancer Prevention Program acknowledges that race and ethnicity are social constructs that may explain why or how some groups of people experience health differently than others. However, race and ethnicity should not be used to explain biological or genetic determinants of health.

Sources:

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