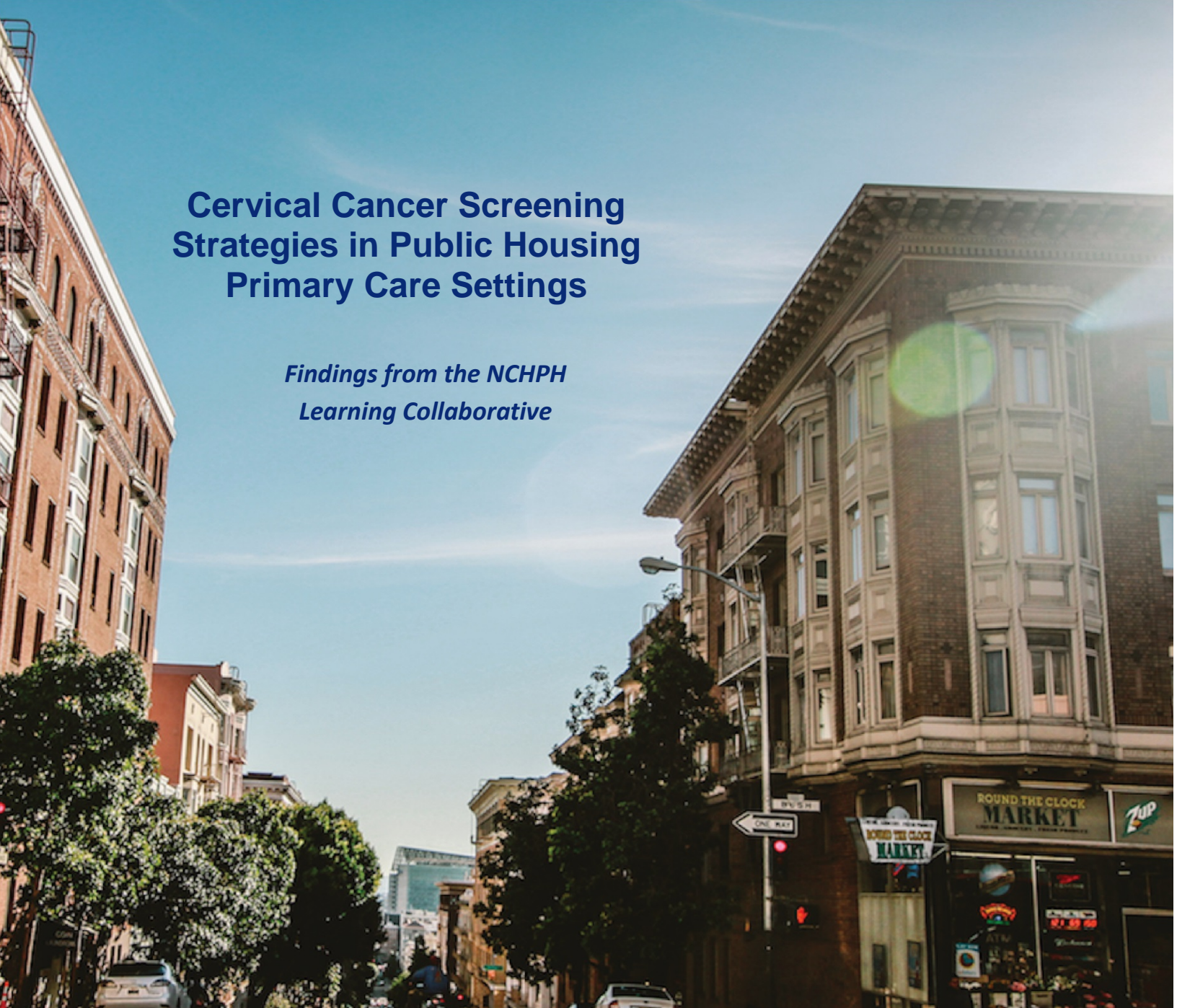


Cervical Cancer Screening Strategies in Public Housing Primary Care Settings

Findings from the NCHPH Learning Collaborative



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National Center for Health in Public Housing



Cervical Cancer Screening in Public Housing Primary Care Centers

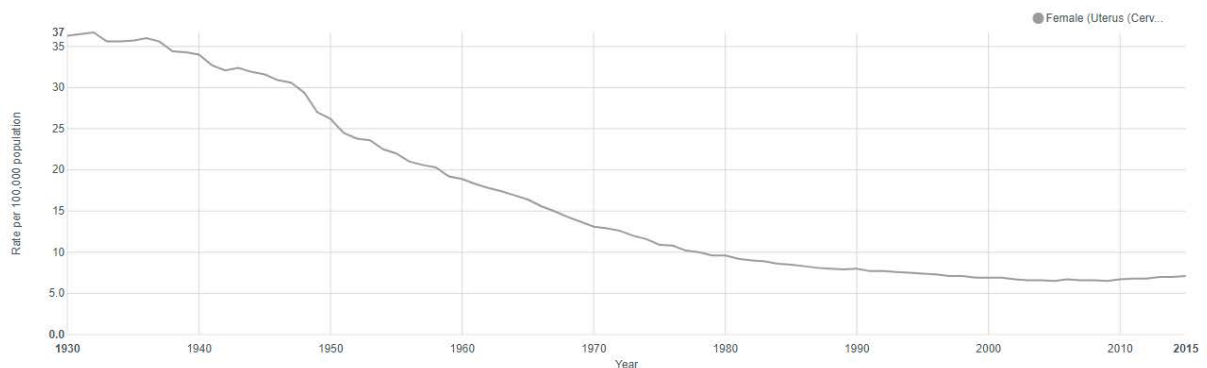
Findings from the NCHPH Learning Collaborative

Cervical cancer is the second most common cancer among women and one of the most preventable and treatable cancers worldwide. In 2014, approximately 12,578 women were diagnosed with cervical cancer in the U.S. and 4,115 women died from the disease¹.

However, with the introduction in the 1950s of the Papanicolaou (Pap) smear, the incidence of invasive cervical cancer declined dramatically. Between 1955 and 1992, U.S. cervical cancer incidence and death rates declined by more than 60%².

Trends in death rates, 1930-2015

Per 100,000, age adjusted to the 2000 US standard population.

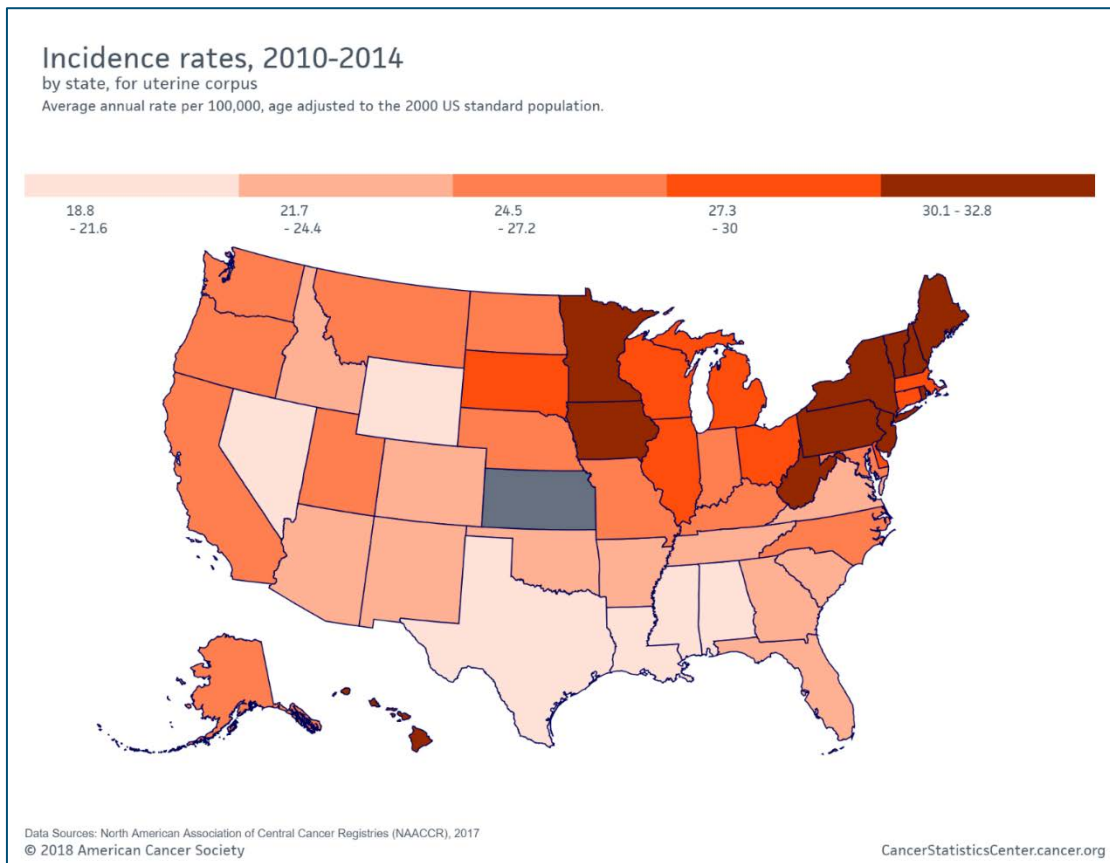


Data Source

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2017

Cervical cancer incidence and death rates are still high in certain populations and

geographic areas of the United States, due to limited access to cervical cancer screening.



Public Housing Primary Care

In 2016, approximately 51% of women age 23-64 received a Pap test at health centers located in or immediately accessible to public housing. Of the 701,997 patients screened, 63,034 had abnormal cervical findings.

THE U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDS SCREENING FOR CERVICAL CANCER IN WOMEN AGE 21 TO 65 YEARS WITH CYTOLOGY (PAP SMEAR) EVERY 3 YEARS OR, FOR WOMEN AGE 30 TO 65 YEARS WHO WANT TO LENGTHEN THE SCREENING INTERVAL, SCREENING WITH A COMBINATION OF CYTOLOGY AND HUMAN PAPILLOMAVIRUS (HPV) TESTING EVERY 5 YEARS¹.

Learning Collaborative

The National Center for Health in Public Housing (NCHPH) engaged in discussions with clinical directors from Public Housing Primary Care grantees and other Health Centers located in or immediately accessible to public housing to determine successful strategies to promote cervical cancer screening and prevention among their patient population.

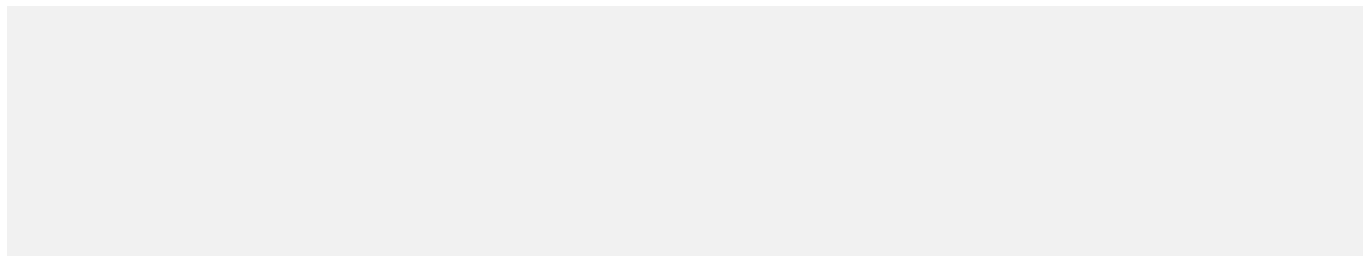
Discussion topics included:

- Programs or activities that expand service delivery to screen for cervical cancer
- Challenges or barriers to screening and successful strategies for screening cervical cancer
- Role of outreach workers and medically-trained community liaisons in cervical cancer prevention
- Effective strategies to ensure patients receive the recommended HPV vaccine schedule

Learning Collaborative participants included:

- Rita Glaab, TCA Health Center, Inc., Chicago, IL
- Subama Mukherjee, South Boston Community Health Center, Boston, MA
- Joy Mockbee, El Rio Health Center, Tucson, AZ
- April House, San Ysidro Health Center, San Ysidro, CA
- Sonia Tucker, La Maestra Health Center, San Diego, CA

Below is a summary of the barriers and challenges of cervical cancer screening and strategies that health centers use to address them.



Barrier: Time. Providers often struggle with having to maximize the short time they have with patients and give them the comprehensive care they need on a same-day basis.

Solution: Patients are often asked to provide a social and medical history in the intake form given in the waiting room to help providers know what other health concerns need to be addressed during the clinic visit.

Barrier: Health Literacy. At times, literacy and educational issues prevent patients from filling out intake forms completely or accurately.

Solution: La Maestra Health centers provides factsheets in several languages at the third-grade level.

Barrier: Timely follow up care. Patients often have other pressing needs that prevent them from coming into the clinic and getting follow up care, such as the social determinants of health, changing insurance plans. Staff turnover at the clinic can also be a challenge. The number one barrier is providing follow up care to patients that are screened for cervical cancer. The patients seen at the health center are often a transient population. They may come in to get tested, but often do not come in for follow up care. The reasons could be that they are unable to get the time off from work, there is difficulty getting in touch with them because their phone number has changed.

Solution: Having a dedicated staff person that oversees the tracking all patients and is accountable for follow up has helped to ensure that no one is falling through the cracks.

Barrier: Lack of transportation

Solution: The health center currently has a mobile unit that provides women's health services. The unit currently sits in the parking lot of the health center. Patients can get

Working with transient populations to improve cancer screening in San Ysidro, Ca

Clinicians try to provide comprehensive care and services to transient patients once they come into the San Ysidro Health Center, because it is uncertain if they will come back for follow up care. However, they found that many of the female patients were uncomfortable with getting gynecological care because they had not prepared for it. To address this concern, the team at San Ysidro created a hygiene kit for women that allowed patients to freshen up before screening. The kit made the women feel more comfortable, and, as a result, there was an improvement in cervical cancer screening.

their regular care and then visit the van for additional care. Eventually, they would like to provide mammograms in the mobile van. (San Ysidro)

Barrier: Culture differences and beliefs. In some cultures, married women will forego mammograms or pap smears or will not seek medical care from male providers.

Solution: La Maestra Health Center employs people from the community to explain the importance of a pap smear.

Barrier: Acute need supersedes routine care. Patients often come into the health center to receive contraceptive care but forego gynecological treatments.

Solution: To improve cervical cancer screening, TCA health center has hired a team of 4 female providers for gynecological care. The medical director has reminded providers that if a patient is willing to get a Pap test, then it is best to perform the test the same day. She encourages providers to think about the types of screening that take a longer time to schedule (such as mammograms, which can take 3-6 months) during the new year when patients come into the office with more enthusiasm and resolutions to be healthier.

References

1. Centers for Disease Control and Prevention. 2017. *Cervical Cancer Statistics*. June 7. Accessed March 5, 2018. <https://www.cdc.gov/cancer/cervical/statistics/index.htm>; U.S. Cancer Statistics Working Group. 2017. United States Cancer Statistics: 1999-2014 Incidence and Mortality Web-based Report. Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute.
2. NIH Research Portfolio Online Reporting Tools. 2013. *NIH Fact Sheet: Cervical Cancer*. <https://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=76>
3. U.S. Preventive Services Taskforce. 2012. *Cervical Cancer Screening Guidelines*. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening>

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