Improving Access: A Training Series on Cervical Cancer Screening and Prevention for Health Centers

Session 2

Breaking Down Barriers: Improving Access to Cervical Cancer Screenings

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

March 10th, 2026 | 3 pm EST

Zoom Orientation

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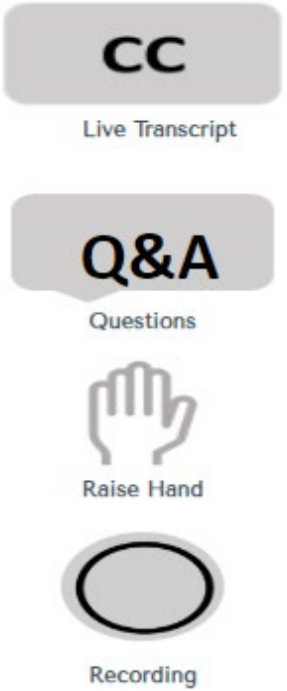

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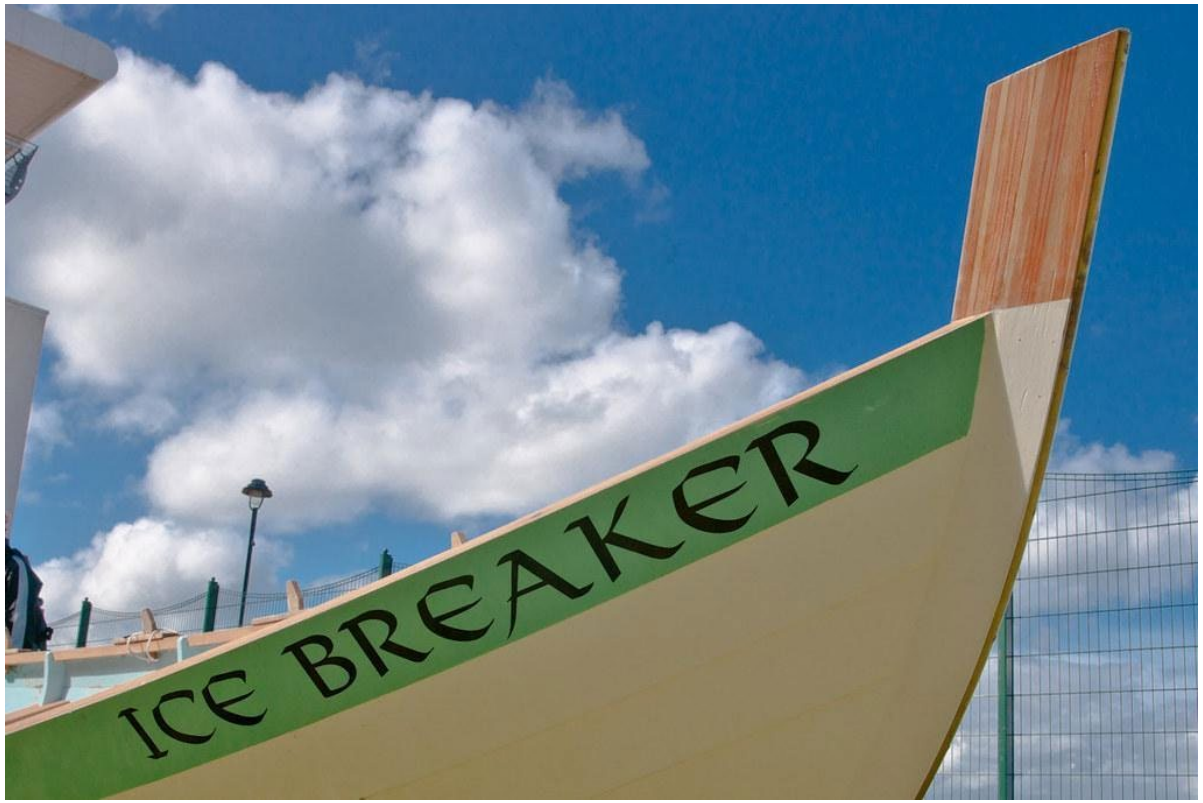

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-training and technical assistance
-public health programing
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Today’s Agenda

5 min - Welcome

20 min – Practice-Based Strategies to Improve Screening Access - Celeste Vaughan-Briggs, LCSW

- Patient navigation and addressing financial and logistical barriers upfront
- Patient-directed workflows, care coordination, follow-up, and provider partnerships

20 min – Evidence-Based Screening Guidelines and Implementation - Michelle Shin, PhD, MPH, MSN, RN

- Federal committee guidelines, emerging guidance on HPV self-sampling
- Adapting evidence-based screening strategies within health center settings

10 min - Questions & Wrap-Up

Learning Outcomes

1. Identify high-risk factors for cervical cancer among public housing residents and other medically underserved populations

2. Implement strategies to reduce barriers to cervical cancer screening, including challenges related to cost, transportation, trust, and access to preventive care

3. Apply patient-directed and patient-directed care approaches to ensure cervical cancer prevention and screening services are tailored to community needs and preferences

4. Strengthen care coordination by linking patients to appropriate follow-up care, resources, and support services to improve long-term health outcomes

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Subject Matter Expert

Celeste Vaughan-Briggs, LCSW
Program Manager, Jefferson Breast and
Cervical Cancer Screening Program
Oncology Social Worker

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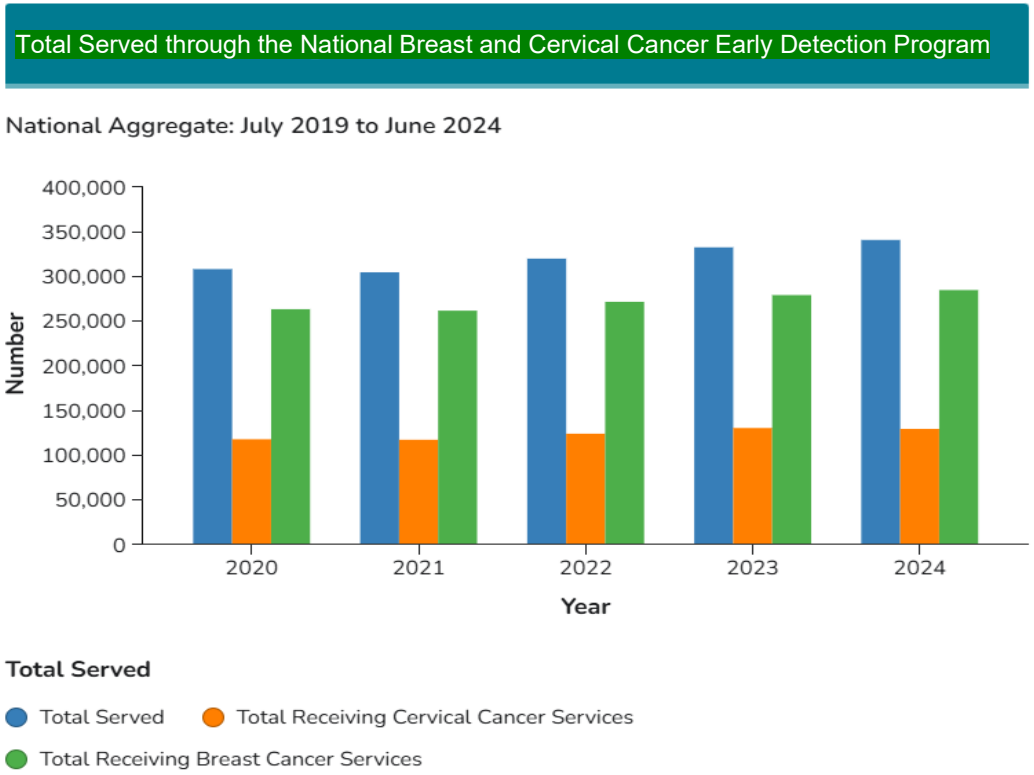
Goals:

- Program resources for uninsured/underinsured
- Patient navigation across the screening continuum
- Addressing financial and logistical barriers upfront
- Patient-directed workflows and communication tool
- Care coordination, follow-up and provider partnerships

National Breast and Cervical Cancer Educational Program

Since passing of the Breast and Cervical Cancer Mortality Prevention Act of 1990 and subsequent amendments- Preventative Health Amendments of 1993 and the Breast and Cervical Prevention and Treatment Act of 2000, over 6.5 million women have been served.

Approximately 5,378 invasive cervical cancers and 255,743 premalignant cervical lesions, of which 38% were high grade, were identified.



Source: https://ftp.cdc.gov/pub/publications/cancer/nbccedp/data/summaries/profiles/national_aggregate.htm#:~:text=Tables%20and%20graphs%20report%20on,Minimum%20Data%20Elements%20(MDE)

Pennsylvania Breast & Cervical Cancer Early Detection Program (PA-BCCEDP)

Call the PA-BCCEDP Hotline for your area

Adagio Health
Hotline number: 1-800-215-7494

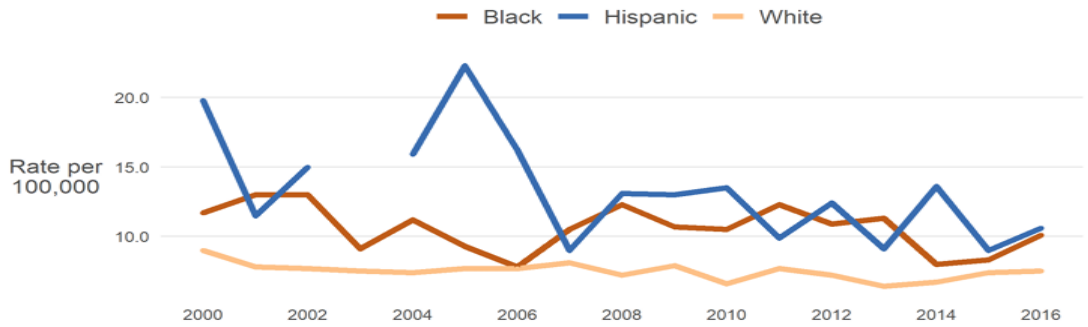
AccessMatters
Information Hotline number:
215-985-3300 or 1-800-848-3367
Or text the phrase "ScreeningMatters" to 66746

PA- BCCEDP

Pennsylvania Cervical Cancer Burden

Pennsylvania Cervical Cancer

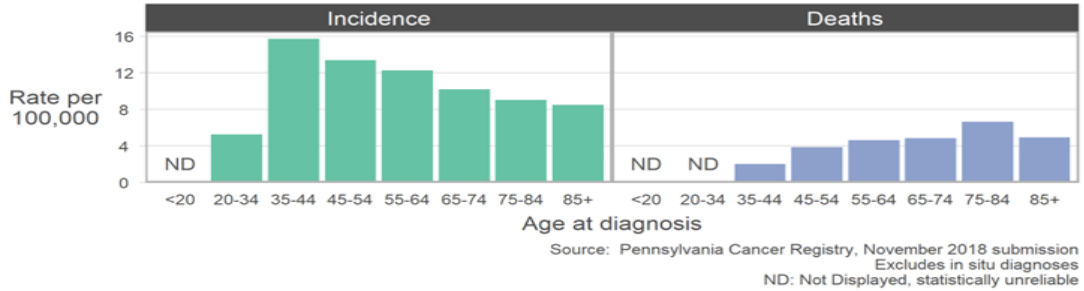
Figure 1: Cervix Uteri Cancer Incidence Rates by Race, Pennsylvanian Women, 2000-2016



Source: Pennsylvania Cancer Registry, November 2018 submission
Rates are age-adjusted
Excludes in situ diagnoses
Rates based on less than 20 cases are not shown

There were 535 cases of cervical cancer diagnosed, a rate of 7.8 cases per 100,000 Pennsylvanian women in 2016. Of all the invasive cancer types diagnosed among Pennsylvania females, cervical cancer accounted for 1.4 percent. Approximately 1 out of 164 Pennsylvanian women will develop cervical cancer in her lifetime (Division of Health Informatics, Pennsylvania Department of Health, 2018).

Figure 2: Cervix Uteri Cancer Incidence Rates by Age at Diagnosis, Pennsylvanian Women, 2016



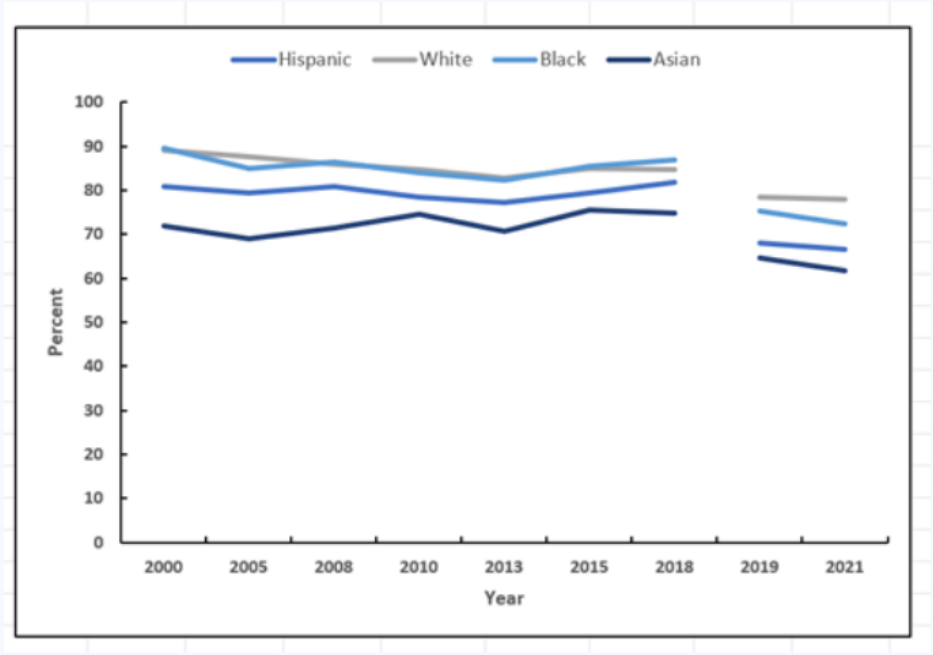
Source: Pennsylvania Cancer Registry, November 2018 submission
Excludes in situ diagnoses
ND: Not Displayed, statistically unreliable

The incidence rates of cervical cancer have decreased since 2000 in Pennsylvania at an annual decrease rate of 1.0 percent (AAPC of -1.0 percent) and the U.S. (AAPC of -1.6 percent). The PA rate and U.S. rate remained close for the whole period. In 2016, the Pennsylvania rate (7.8 per 100,000) was close to the U.S. rate (7.3 per 100,000) (Division of Health Informatics, Pennsylvania Department of Health, 2018).

Pennsylvania Cancer Coalition Cancer Burden Report Cancer_Burden_Report.pdf

Trends in Cervical Cancer Screening

Trends in Cervical Cancer Screening, Ages 21 to 65, by Race/Population 2000–2021*



This graph shows the percentage of women who were screened for cervical cancer from the years 2000 to 2021 for Asian, Black, Hispanic, and White females ages 21 to 65. Screening rates are declining for females of all races. Source: *Cancer Prevention & Early Detection Facts & Figures 2025-2026*

Before the pandemic: From the 2000 until the start of the pandemic (2020), a higher percentage of people were up to date with the recommended cervical cancer (dark teal) screening guidelines than were up to date with recommended screenings for breast (light teal/gray) or colorectal cancer (teal).

After the pandemic: The gap in up-to-date screening prevalence between the 3 types of cancer greatly narrowed because cervical cancer screening declined sharply during the pandemic, and per another ACS study, has yet to rebound after the pandemic.

Source: https://www.cancer.org/research/acs-research-news/not-enough-females-are-being-screened-for-cervical-cancer.html

Trends in five-year relative survival (%), US, 1975-2021

Site	1975-77	1995-97	2015-2021
All sites	49	63	70
Breast (female)	75	87	92
Colon & rectum	50	61	65
Leukemia	34	48	68
Liver & intrahepatic bile duct	3	7	22
Lung & bronchus	12	15	28
Melanoma of the skin	82	91	95
Non-Hodgkin lymphoma	47	56	74
Ovary	36	43	52
Pancreas	3	4	13
Prostate	68	97	98
Uterine cervix	69	73	68
Uterine corpus	87	84	81

Survival is age adjusted for normal life expectancy and are based on cases diagnosed in the Surveillance, Epidemiology, and End Results (SEER) 9 areas for 1975-1977 and 1995-1997 and in the SEER 21 areas for 2015-2021; cases followed through 2022.
Data source: Surveillance, Epidemiology, and End Results program, National Cancer Institute, 2025.

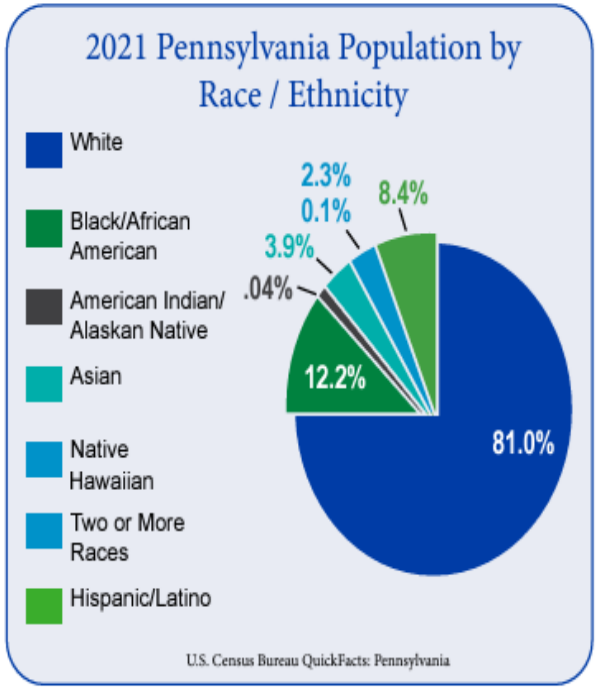
Key Demographic Information PA

DEMOGRAPHIC SUMMARY

Pennsylvania has a diverse population, both by area and community. PA is the 5th largest state in the country. The population has grown over the past decade to approximately 13 million residents. During this period:

- Population growth has been greatest in Hispanic and Asian/Pacific Islander populations
- PA has an Amish population of nearly 87,000
- The population over age 65 is 19%
- The population over age 40 is 51%, or 6.5 million people (2019)
- The population under age 18 is 20.6%
- The population (18+) identifying as LGBTQ+ is 4.1%
- PA ranks 16th in the nations for percent of the population with a disability
- Persons in poverty is 12.1%; children in poverty is 17%
- Racial and ethnic minority children in poverty is 28.75%[1]
- Of PA's 67 counties, 48 are considered rural
- About 26% of PA's population live in a rural community
- There are 52 PA counties within the Appalachian region
- The definition of rural and urban in plan is based on population density

Source: Center for Rural Pennsylvania



CANCER BURDEN

Complete cancer burden data including incidence, mortality, and trends are found on the PA Department of Health website. *Certain data may be suppressed if data is considered statistically unreliable or insignificant.*

2019 PA Cancer Statistics

PENNSYLVANIA'S LIFETIME RISK of DEVELOPING CANCER: 1 in 2

PENNSYLVANIA'S LIFETIME RISK of DYING FROM CANCER: 1 in 5

79, 000 PENNSYLVANIANS were DIAGNOSED with CANCER

6% of PENNSYLVANIANS are CANCER SURVIVORS

27,700 PENNSYLVANIANS DIED from CANCER

THE 4 MOST DIAGNOSED CANCERS IN PA: Breast, Colorectal, Lung, and Prostate

CHILDHOOD CANCER INCIDENCE RATE 20.6 per 100,000

BRAIN CANCERS and LEUKEMIA ARE THE MOST DIAGNOSED CANCERS in PENNSYLVANIANS UNDER AGE 20

62.8% OF CANCERS OF THE ORAL CAVITY AND PHARYNX ARE DIAGNOSED AT THE LATE-STAGE

Source: PA Cancer Registry. 2019 Dataset

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2023-2033 Pennsylvania Cancer Control Plan (2023) Commonwealth of Pennsylvania Department of Public Health. www.pa.gov/agencies/health/diseases-conditions/cancer

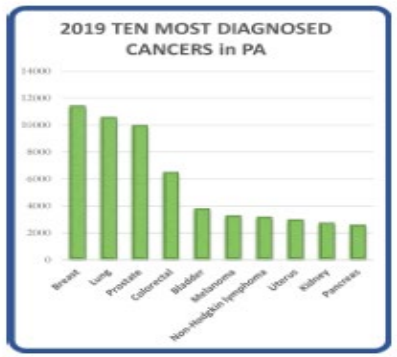
PA Cancer Control Plan- Incidence, Mortality Trends and Screening Goals

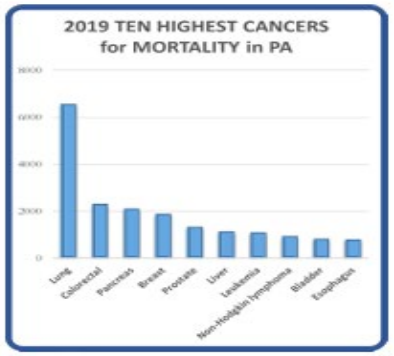
PA CANCER SUMMARY

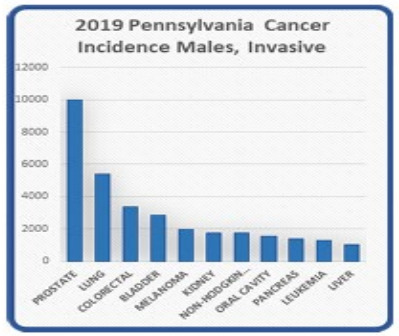
The cancer burden summary identifies the cancer incidence and mortality trends in PA using the most current data available at the time of plan preparation. Data are updated annually.

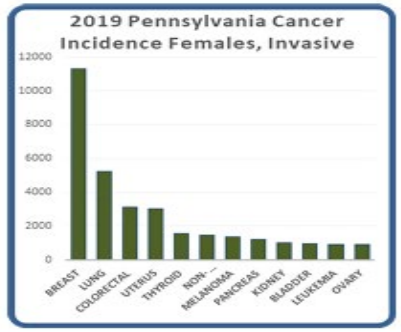
The Plan priorities are identified by aligning national priorities, indicators, and strategies with state cancer and surveillance data.

Plan emphasis is placed on areas of highest burden, known gaps, and where opportunity exists to implement policy, systems, and environmental approaches for long term sustainable improvements.









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GOAL 3 SCREENING

Many types of cancer can be detected at an early stage before signs or symptoms are apparent. Screening for cancer and detecting cancers at an earlier stage can improve outcomes resulting in decreased cancer mortality and improved quality of life. The Community Preventive Services Task Force (CPSTF) recommends multicomponent interventions to increase screening for breast, cervical, colorectal, lung, and prostate cancers. Currently, lung and prostate cancer screening guidelines include Shared Decision-making between patient and provider.

OBJECTIVE 3:1

Increase screening for early detection of breast, cervical, colorectal, lung and prostate cancers using recommended national guidelines by 2033

HEALTH EQUITY FOCUS

Racial And Ethnic Minorities, Lower Social Economic Status (SES) Under-Served Rural Communities, LGBTQ+, Males

STRATEGIES

- Share best practice models on community education and engage trusted community agencies and organizations in cancer screening education and promotion
- Increase understanding of Shared Decision-making for lung and prostate cancer screening
- Conduct a small media awareness campaign about the importance of early detection
- Identify, use, and refer to screening facilities known to be culturally competent in delivering health services to minority populations, LGBTQ+, and individual with disabilities
- Promote employer policies to reduce barriers and increase screening with initiatives such as scheduling at worksites and where high-need individuals access other services
- Collaborate with tobacco control partners who implement evidence-based interventions for reducing cigarette smoking to incorporate lung cancer screening education
- Support provider education on the use of current screening guidelines and evidence-based interventions to increase cancer screening
- Support provider education to increase shared decision making for cancer screening
- Promote patient navigation to facilitate access to primary care services and timely access to screening
- Educate health systems, providers, staff, and navigators in cultural competency to promote cancer screening and related services in minority populations
- Reduce structural barriers and increase access to screening services (e.g., transportation assistance, flexible clinic hours, alternative screening sites (mobile mammography vans), childcare, and translation services
- Engage with partners to advocate for and support policies to reduced out-of-pocket costs to patients, including co-pays and deductibles

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2023-2033 Pennsylvania Cancer Control Plan (2023) Commonwealth of Pennsylvania Department of Public Health. www.pa.gov/agencies/health/diseases-conditions/cancer

Sidney Kimmel Cancer Center at Jefferson: Breast and Cervical Cancer Screening Program overview

The Sidney Kimmel Cancer Center (SKCC) at Jefferson's Free Breast and Cervical Cancer Screening program has served well over several thousand uninsured or underinsured women since 2008 (17+) years.

The program employs an evidence-based patient navigation strategy that helps medically underserved women access screening, diagnostic, and treatment at our institution. Our Screening and Treatment Program provides access to breast and cervical cancer screening and diagnostic testing for women from the Greater Philadelphia area with prompt follow-through diagnosis to treatment.

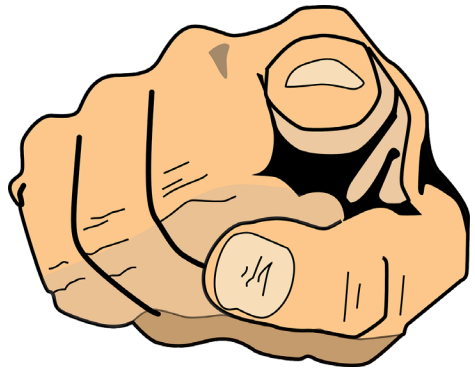
Additionally, program staff are also Master's level social workers who provide psychosocial oncologic support to patients diagnosed from the program as well as breast cancer patients receiving care at Jefferson.

The Jefferson program currently operates at Thomas Jefferson University Hospital (TJUH) Center City.

How Patients are Referred:

Pennsylvania Breast & Cervical Cancer Early Detection network managed regionally by Access Matters https://www.accessmatters.org

- Community Based Partnerships
- Previous MOU's with community-based organizations and health centers in the Greater Philadelphia Area
- Jefferson Cancer Outreach Van
- Referral pathway for uninsured patients who need follow up imaging
- Internal referrals from providers and staff



Access

There are multilayered and multifactorial challenges to access preventative & acute health care.

Key Barriers include but are not limited to:

- Access - Insurance, entry point to care
- Transportation/Location - Urban, suburban and rural environments have unique challenges
- Education/Information - Accurate medical information about when and how to access care
- Language/Literacy Barriers - Language difference, health literacy
- Poor previous experiences with health care system

What other barriers have you encountered in your work with patients?

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet (British Edition)*, *389*(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X

Addressing Barriers

- Use of community health workers; health educators are key components of reaching medically underserved populations
- Consistent adoption of language appropriate services at all interfaces of the patient encounter
- Working with philanthropic partners to support concrete solutions to logistical barriers: i.e., support for transportation assistance
- Enriching existing community connections through community partnerships with faith communities, community groups, non-profit organizations and other health care facilities and providers
- Utilizing patients who have lived experiences to connect to their communities at educational programming and community events

Takeaways

- Medical recommendations are important. Clear, accurate, accessible in multiple languages, and adapted for different levels of health literacy.
- Addressing barriers to cancer screenings is important and vital work that is ongoing.
- Engagement with the community is important via different connections (individuals, organizations, systems).
- Stable funding and reimbursement pathways are needed to maintain navigation, community partnerships, and follow-up services that support continuity across the screening-to-resolution pathway.
- Each of us can play a vital role.

Questions

Contact Information

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JeffersonHealth.org/SKCC

JeffersonHealth.org

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School of Nursing, University of Washington

Developing a team -based care models to increase cervical cancer screening in medically underserved communities

Assistant Professor
Department of Child, Family, and Population Health Nursing
School of Nursing, University of Washington

UNIVERSITY of WASHINGTON | SCHOOL OF NURSING

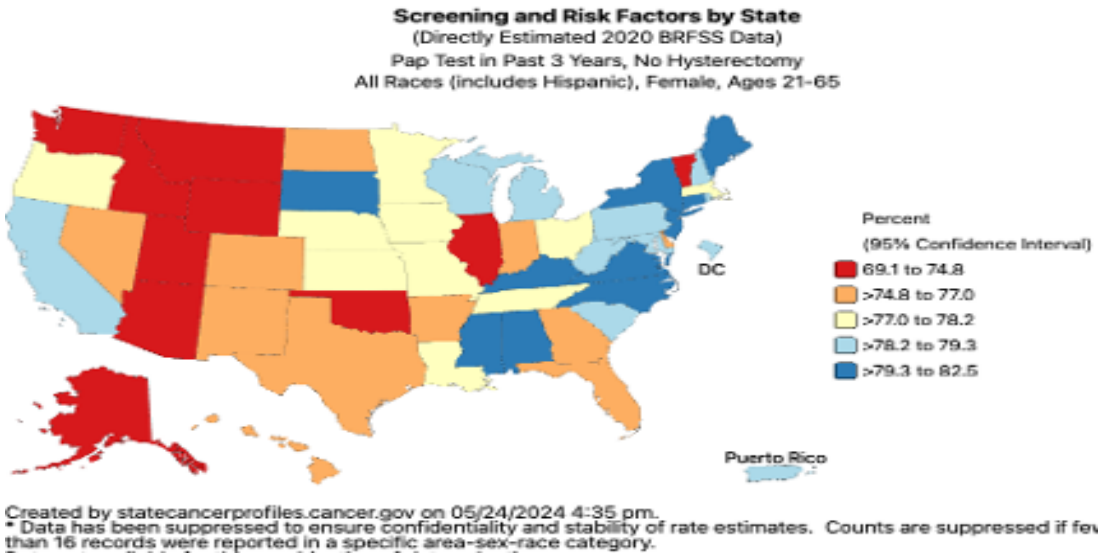
Acknowledgements & Disclosures

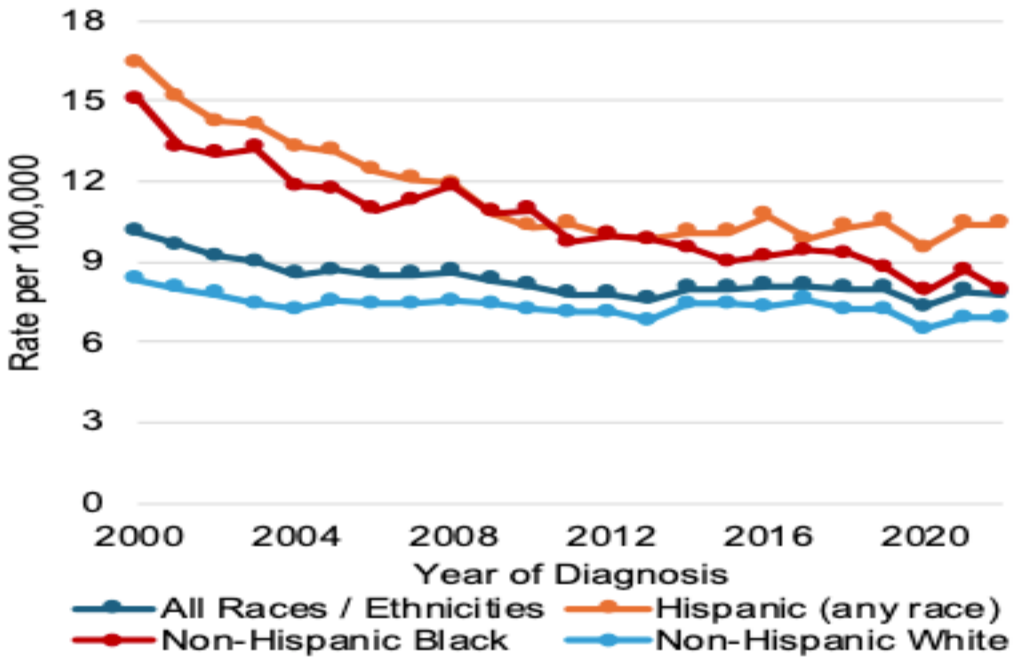
I have no conflicts to disclose.

The research being presented was supported by the UW School of Nursing, UW Population Health Initiative, Prevent Cancer Foundation, and Royalty Research Fund

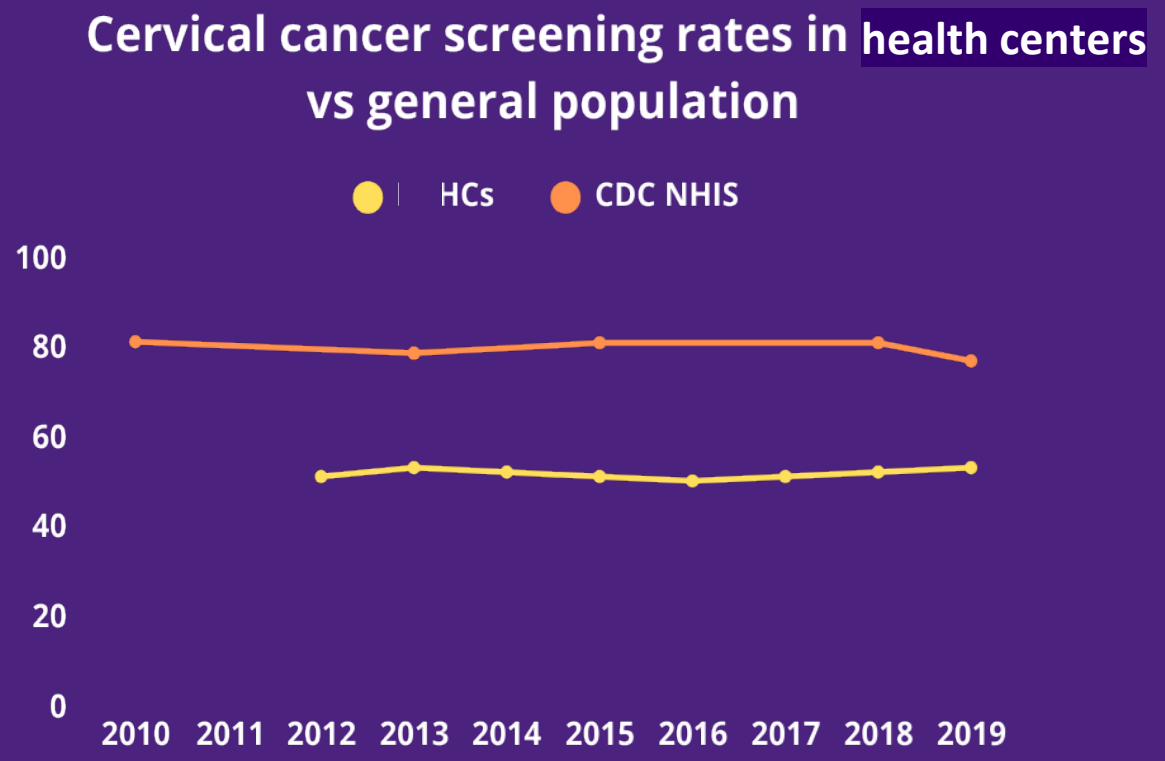
WHY CERVICAL CANCER?

Despite being almost completely preventable, access challenges persist.





Building capacity to deliver high quality cervical cancer screening in health centers can address health outcomes in medically underserved communities.



US Cervical Cancer Screening Guideline Changes

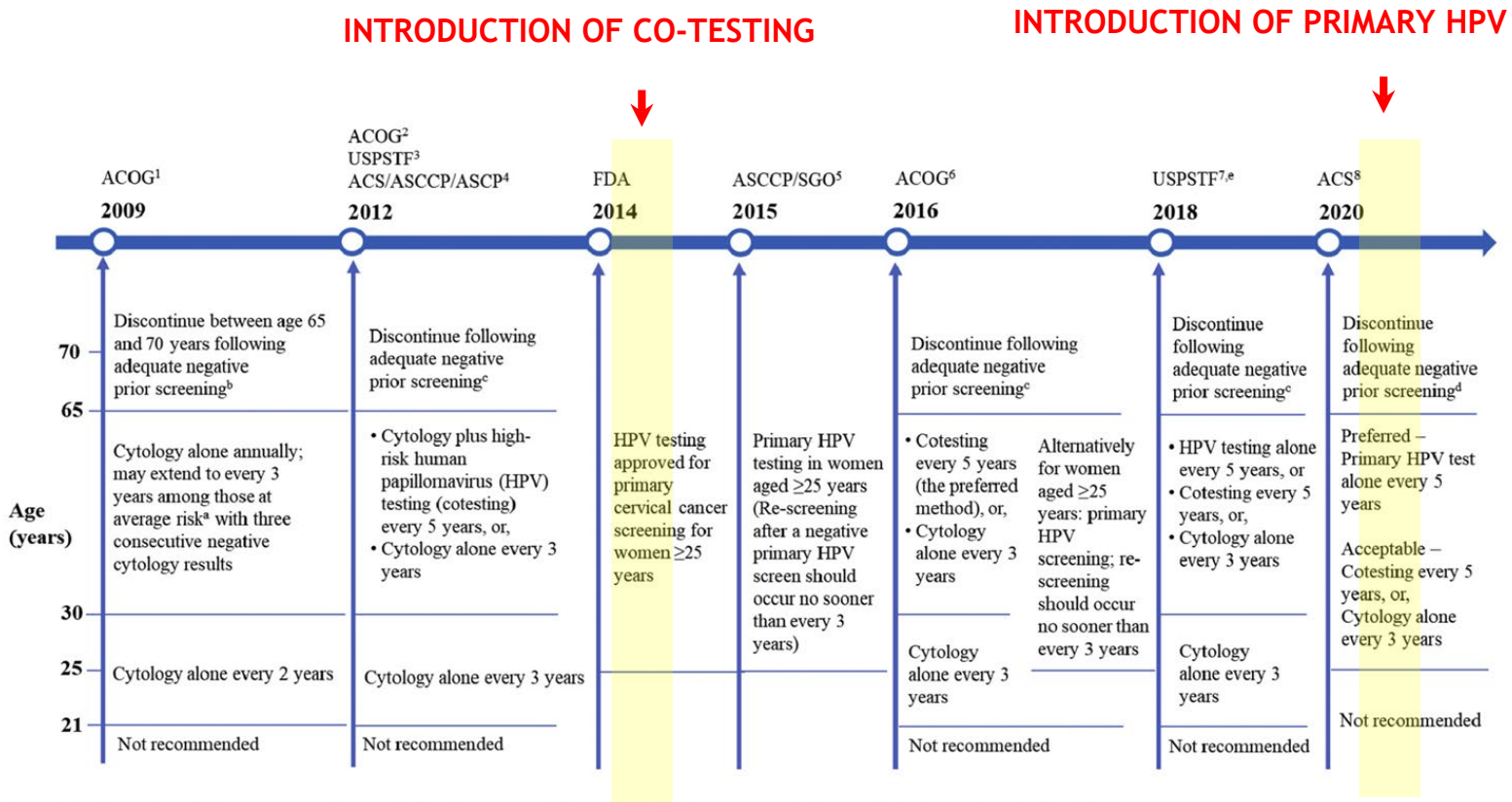


Fig. 1. Chronicle of cervical cancer screening guidelines for average-risk individuals[a], recommendations, and testing options, 2009–2018.

2024 - draft USPSTF guideline released

2025 - ACS added self-collection

Qin J, Shahangian S, Saraiya M, et al: Trends in the use of cervical cancer screening tests in a large medical claims databas e, United States, 2013–2019. Gynecologic Oncology, 2021

The USPSTF Cervical Cancer Screening Guidelines for Average-Risk Women

Year	Age 21-29	Age 30-65	Age <21 and >65
2012	Cytology every 3 years	· Cytology every 3 years · Co-testing (HPV testing & cytology) every 5 years	Do not screen for cervical cancer
2018	Cytology every 3 years	· Cytology every 3 years · Co-testing (HPV testing & cytology) every 5 years · Primary HPV every 5 years	Do not screen for cervical cancer
2024 Draft	Cytology every 3 years	· Cytology every 3 years · Co-testing (HPV testing & cytology) every 5 years · Patient OR Provider-collected Primary HPV every 5 years	Do not screen for cervical cancer

These recommendations apply to individuals who have a cervix, regardless of their sexual history or HPV vaccination status. These recommendations do not apply to individuals who have been diagnosed with a high-grade precancerous cervical lesion or cervical cancer, those with in utero exposure to diethylstilbestrol, or those who have a compromised immune system (eg, individuals living with HIV).

US Preventive Services Task Force: Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement. JAMA 320:674-686, 2018

JAMA Network | Open

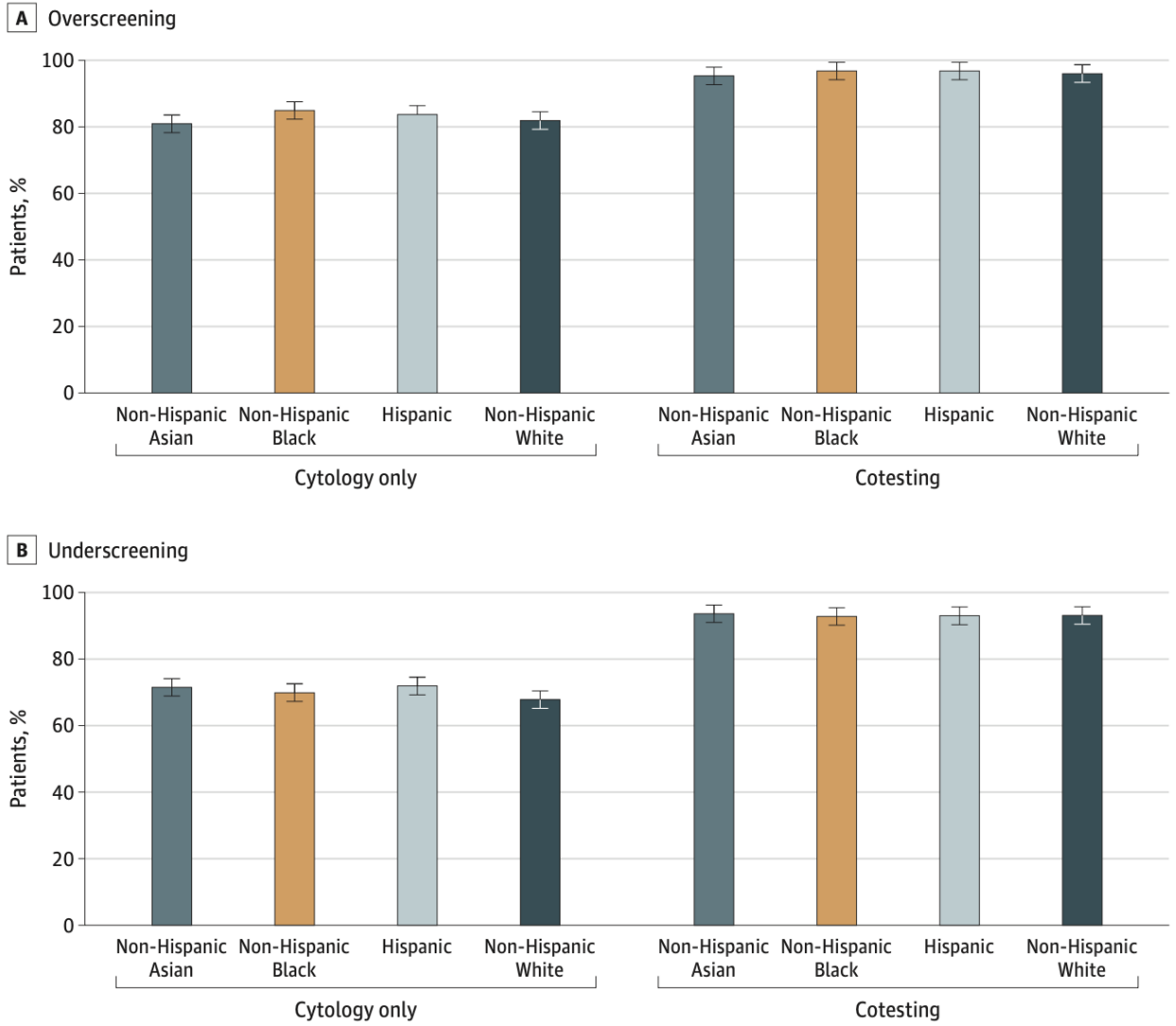
Research Letter | Public Health

Nonadherence to Cervical Cancer Screening Guidelines in Commercially Insured US Adults, 2013-2021

Michelle B. Shin, PhD, MPH, MSN, RN; Sarah Axeen, PhD; Allison M. Cole, MD, MPH; X. Mona Guo, MD; Jessica Y. Islam, PhD, MPH; Linda K. Ko, PhD, MPH; Connor R. Volpi, PhD, MPH; Rachel L. Winer, PhD, MPH; Jennifer Tsui, PhD, MPH

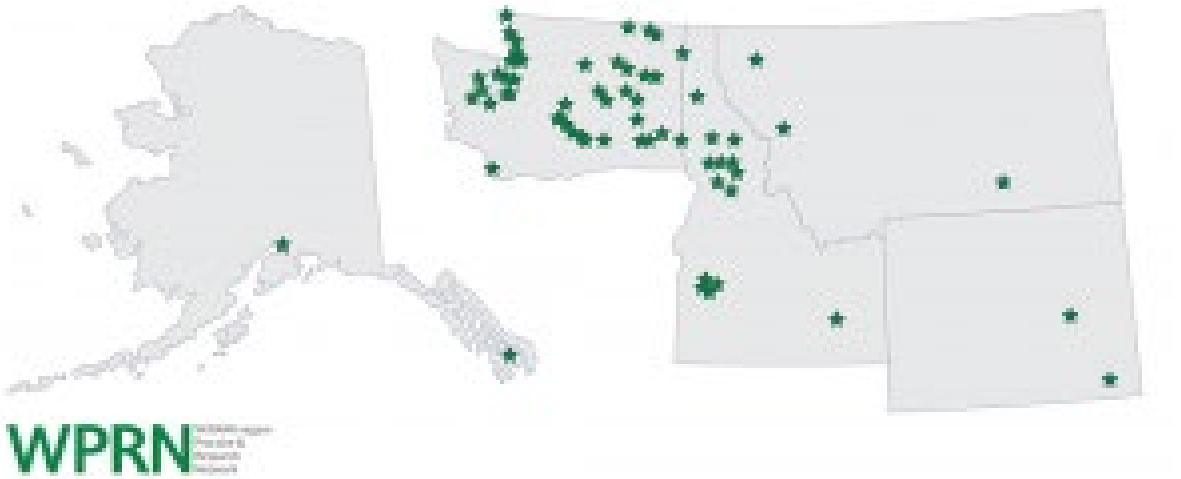
- **Only 7.3% were guideline adherent**
- **Over - and under-screening were higher for those screened with co-testing across all racial community groups**

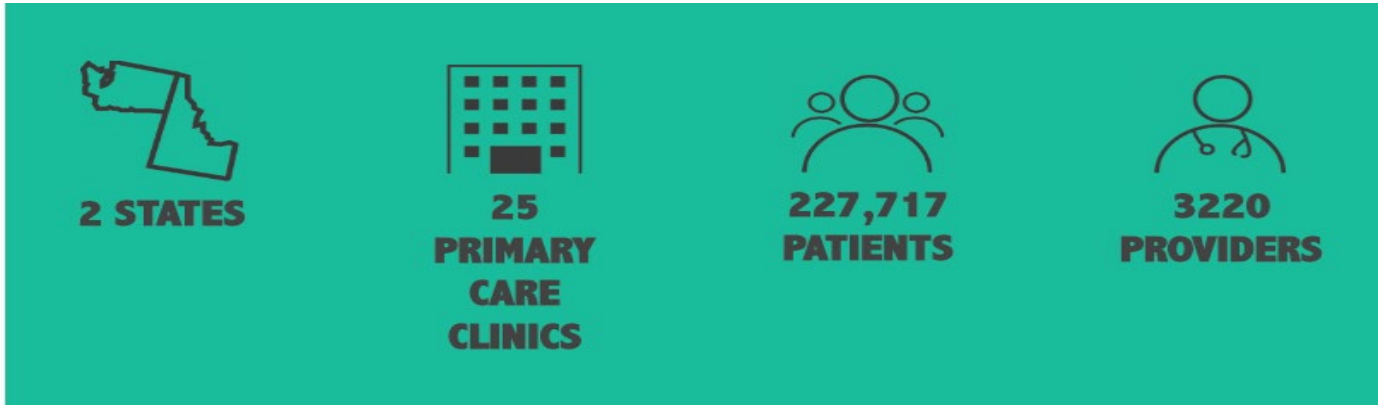
Figure. Predicted Probabilities of Overscreening and Underscreening by Index Screening Modality and Race and Ethnicity



WPRN Cervical Cancer Screening Study

Objective: Examine the Trend of HPV-Based Screening Uptake Across 3 Health Centers 2012-2022

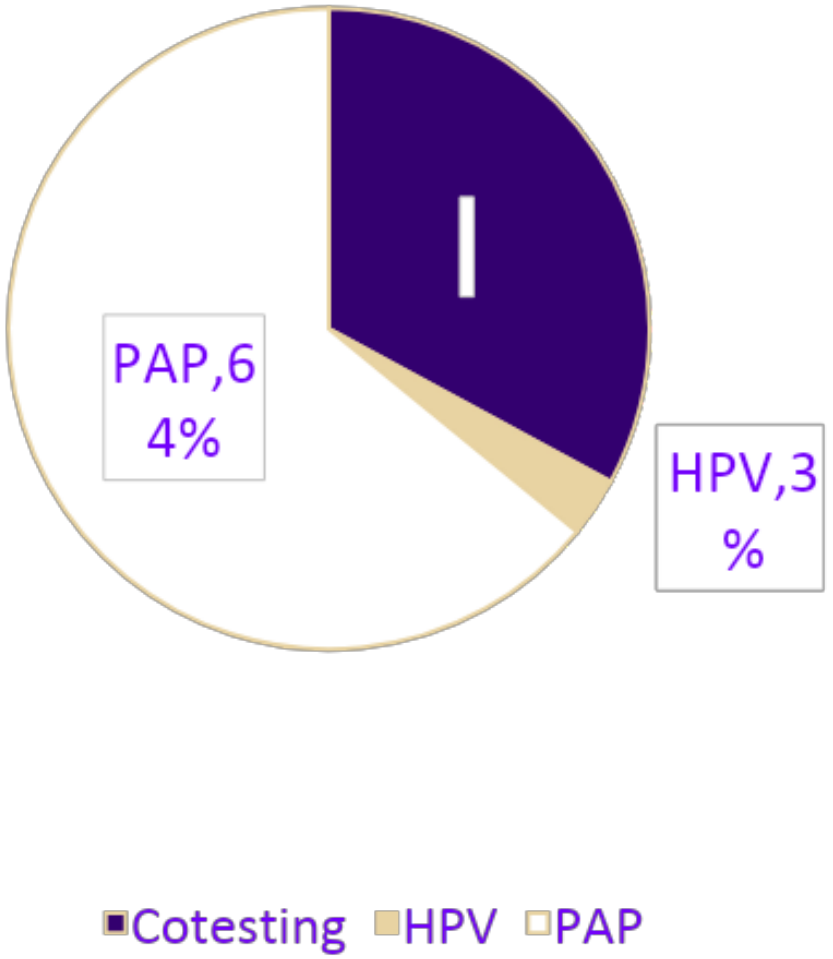




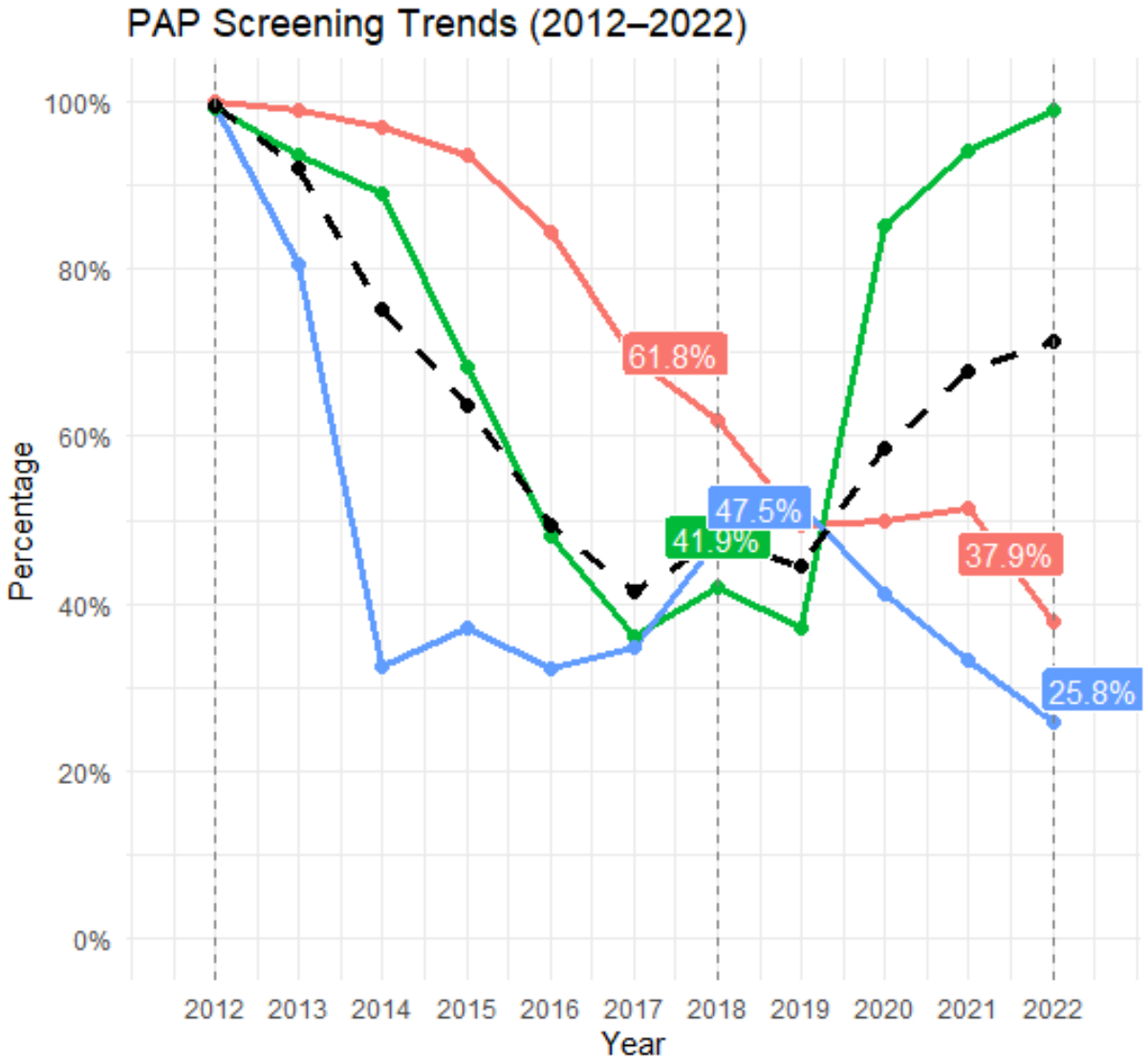
Data QUEST

Cervical Cancer Screening in DataQUEST 2012-2022

	# of screenings (unique patients)
Total	16,015
Org A	3,487 (21.8%)
Org B	8,234 (51.4%)
Org C	4,294 (26.8%)

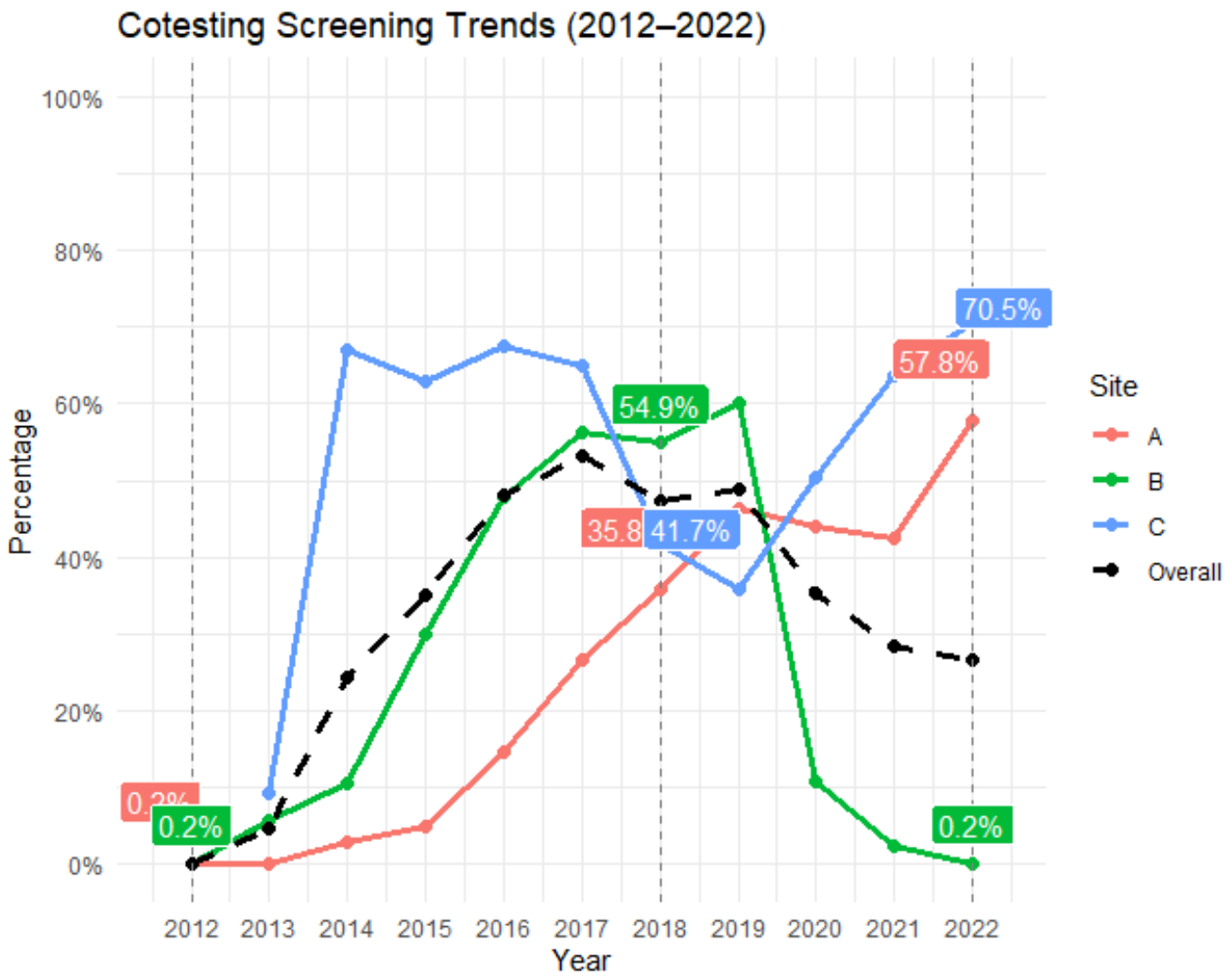


Use of PAP Testing 2012 -2022



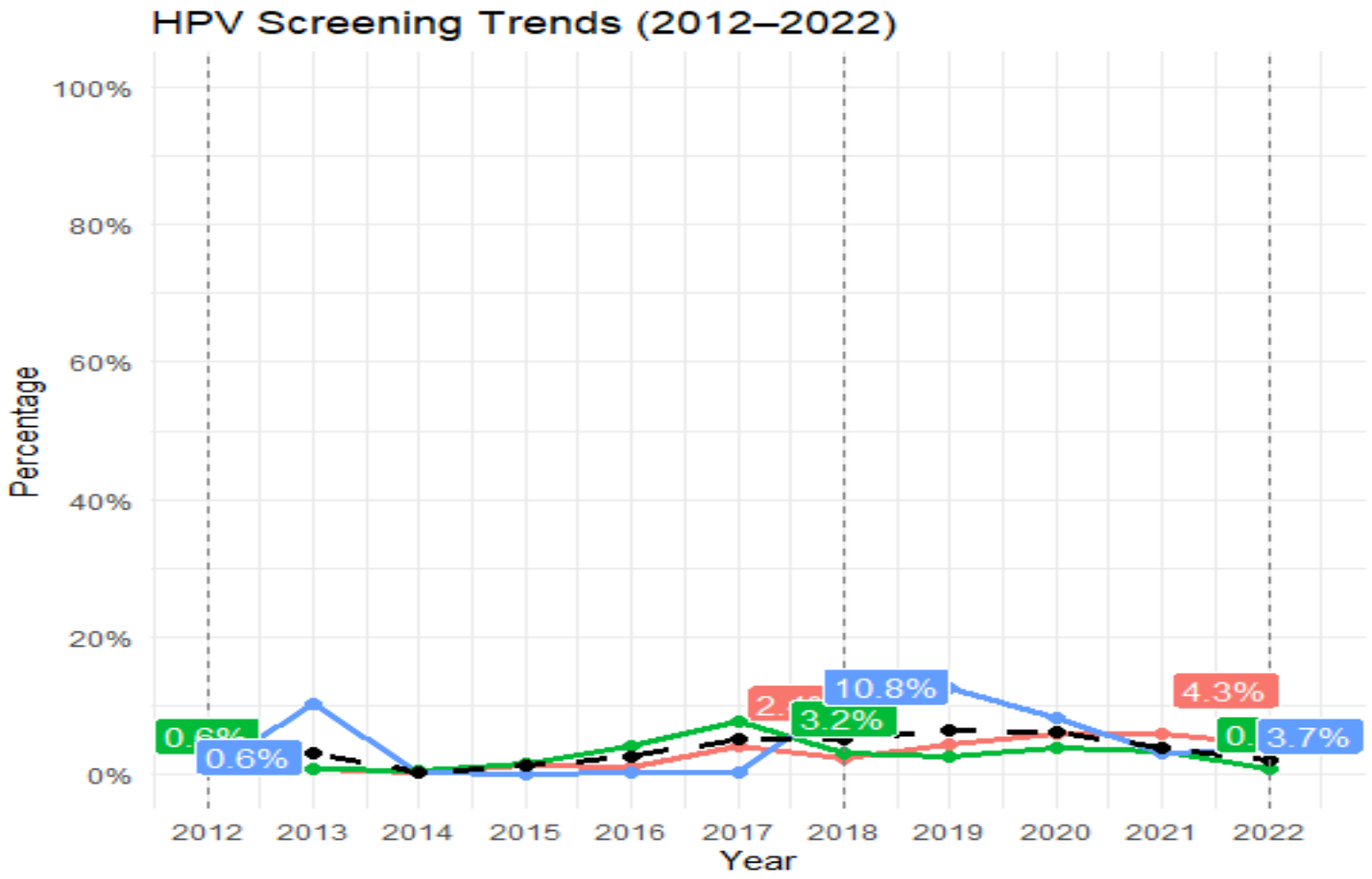
Organization	Pap Tests	Total Screenings	Calculated %
Total	10,263	16,015	64.1%
Org A	2,798	3,487	80.3%
Org B	5,593	8,234	67.9%
Org C	1,872	4,294	43.6%

Use of Co-Testing 2012 -2022



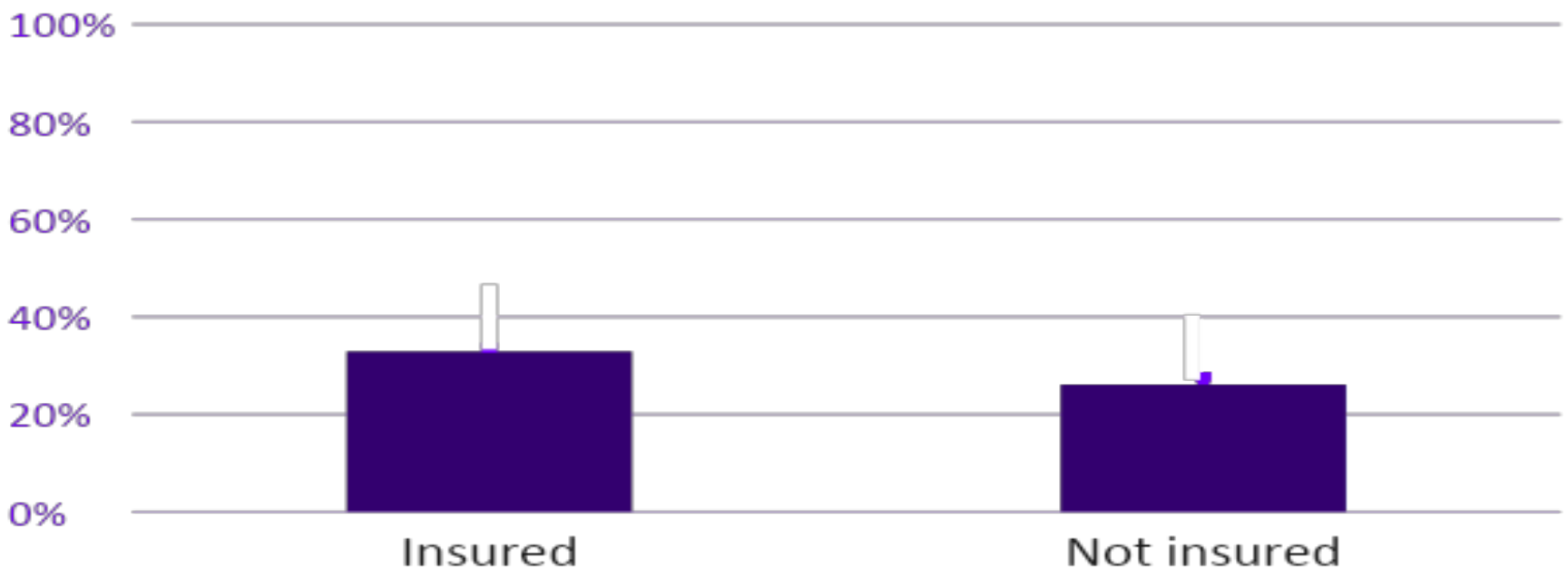
Organization	Co-testing	Total Screenings	Calculated %
Total	5,272	16,015	32.9%
Org A	616	3,487	17.7%
Org B	2,412	8,234	29.3%
Org C	2,244	4,294	52.3%

Use of Primary HPV Testing 2012 -2022



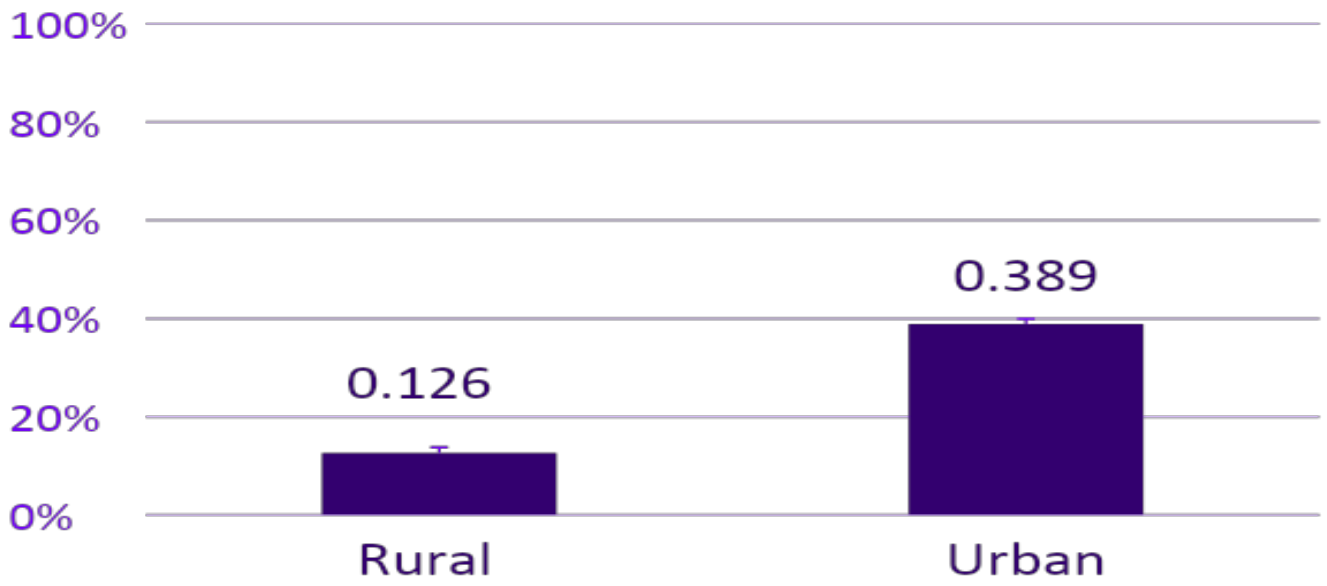
Organization	HPV testing	Total Screenings	Calculated %
Total	480	16,015	3.0%
Org A	73	3,487	2.1%
Org B	229	8,234	2.8%
Org C	178	4,294	4.1%

Predicted Probability of Co -testing by Insurance Status



Multivariate adjusted logistic regressions including age, race, population, insurance status, and organization

Predicted Probability of Co -Testing by Rurality

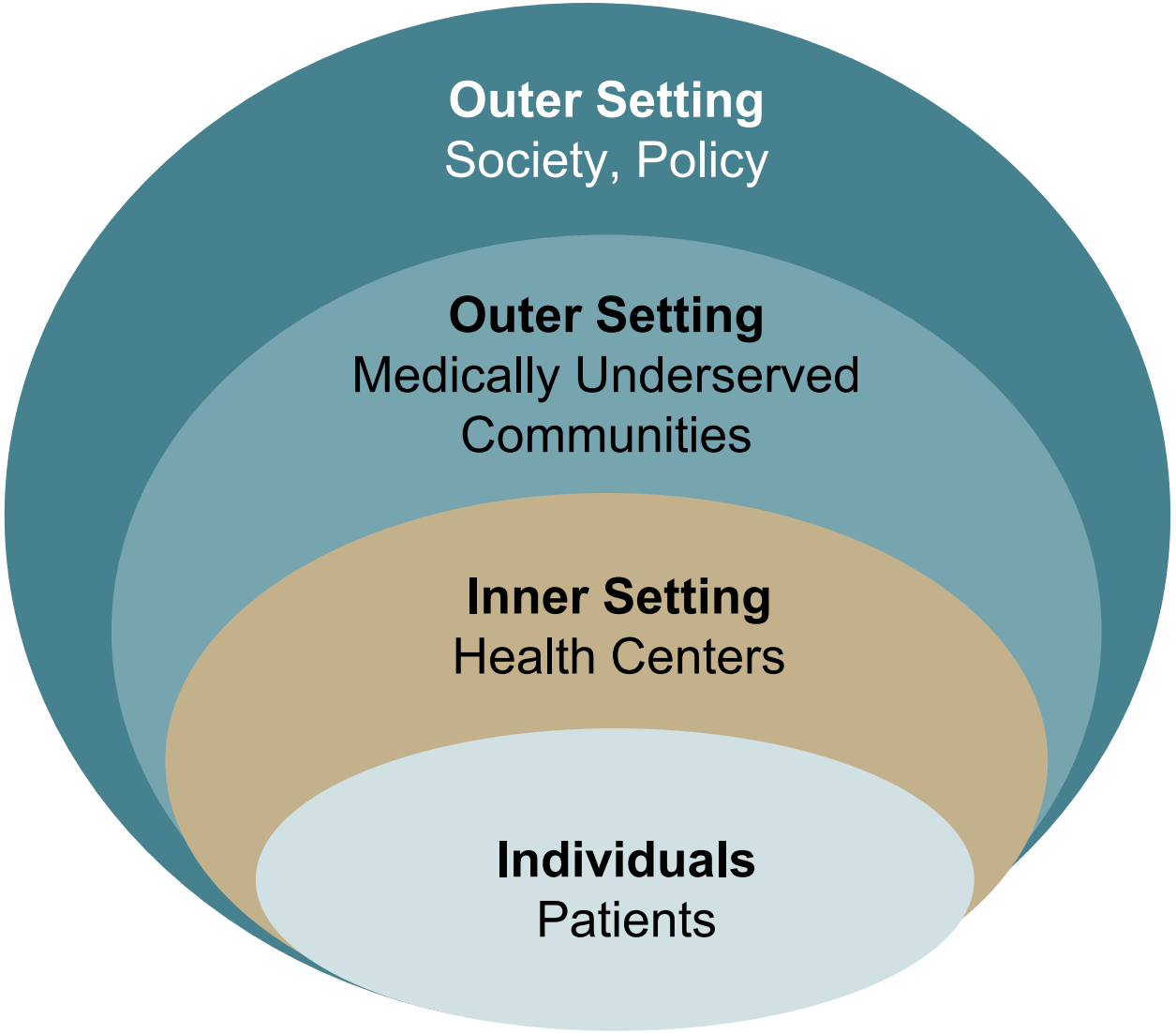


Multivariate adjusted logistic regressions including age, race, population, insurance status, and organization

Discussion

Access to Screening	Various patient characteristics, including organization, were associated with being screened with co-testing and/or HPV testing vs. pap-only after its introduction in 2012 and 2018, respectively
Implementation Gap?	Implementation and adoption of new screening modalities take time, especially in health centers with limited resources
Research Gaps	Additional research is needed, including qualitative interviews with clinicians and patients to understand adoption of new screening modalities
Emerging Modalities	With new screening methods (e.g., HPV self-sampling), efforts to advance access for all to cervical cancer screening modalities in health centers should consider multi-level factors

Increasing Cervical Cancer Screening

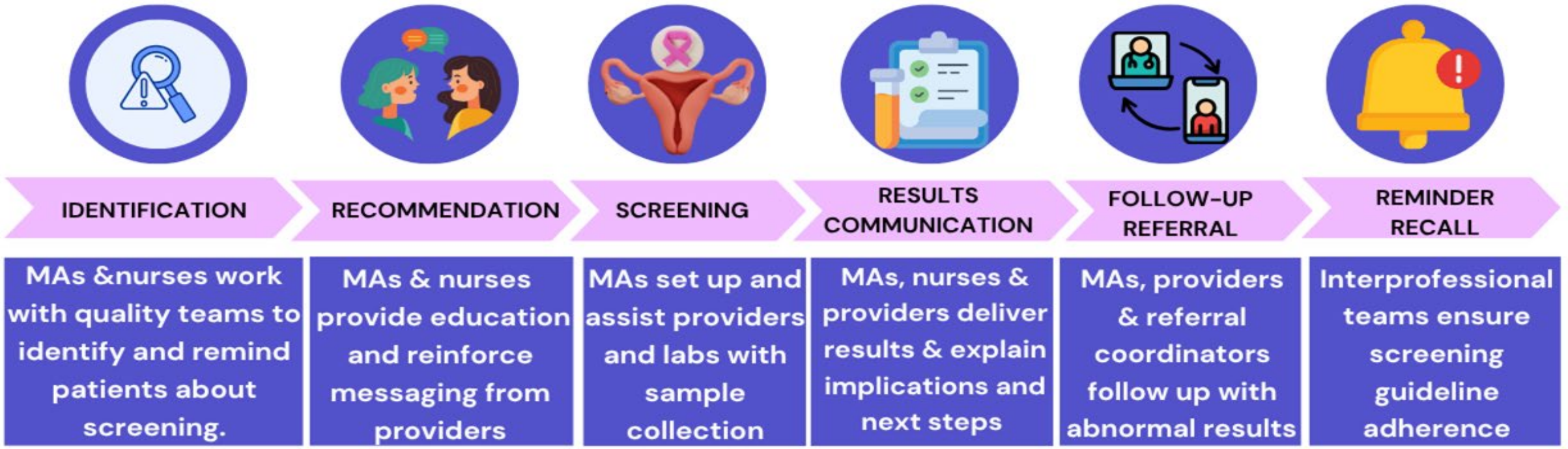


The Center for Implementation: The Consolidated Framework for Implementation Research (CFIR) 2.0. Adapted from "The updated C onsolidated Framework for Implementation Research based on user feedback" 2022

Team-Based Care and Cervical Cancer Screening

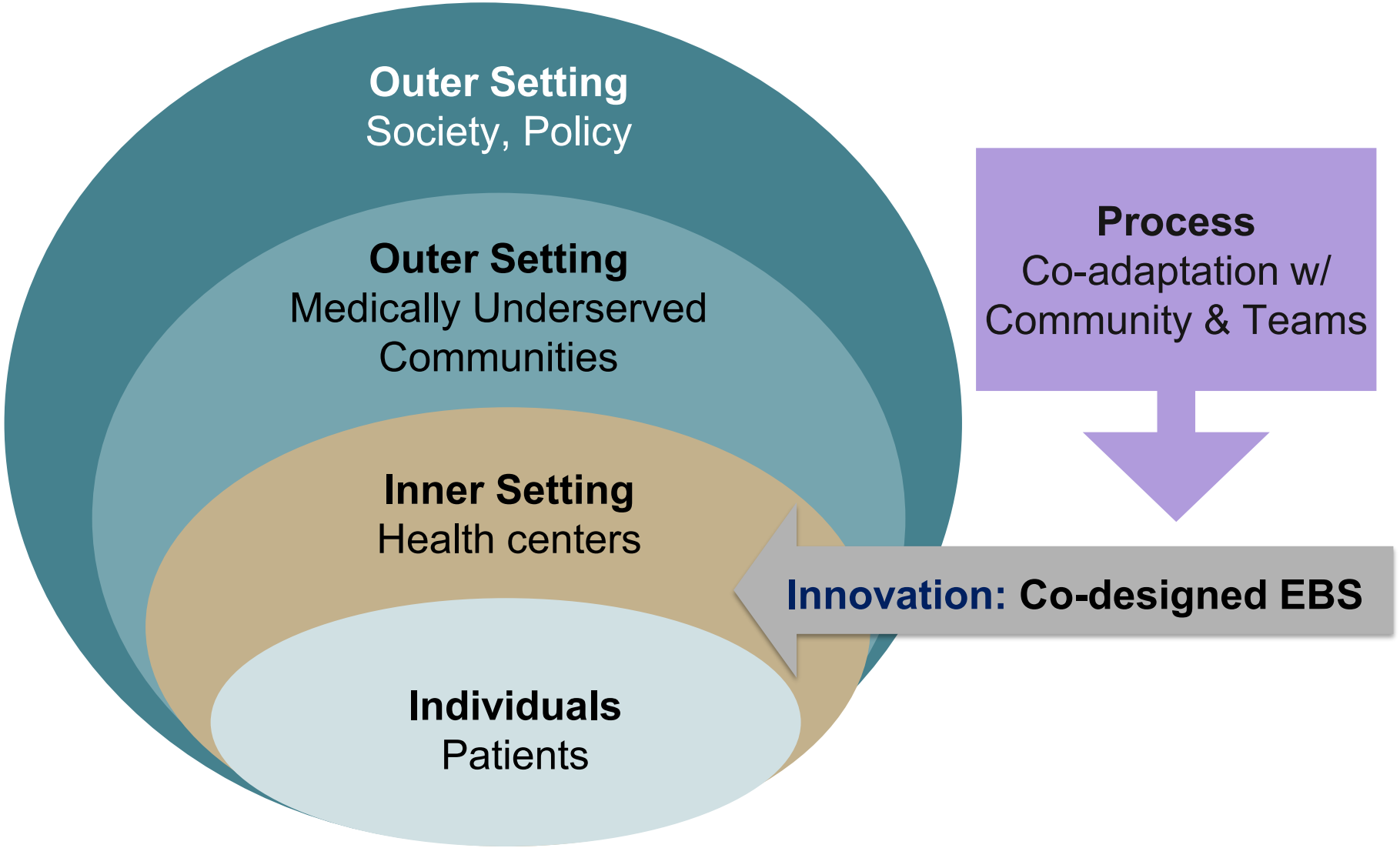
Health centers rely on interprofessional teams, especially medical assistants and nurses due to provider shortage and low resources

- ~90% are females, higher % in medically underserved communities
- Often are from, and hired to connect with the communities served by health centers



The Role of Interprofessional Teams in Cervical Cancer Screening Delivery

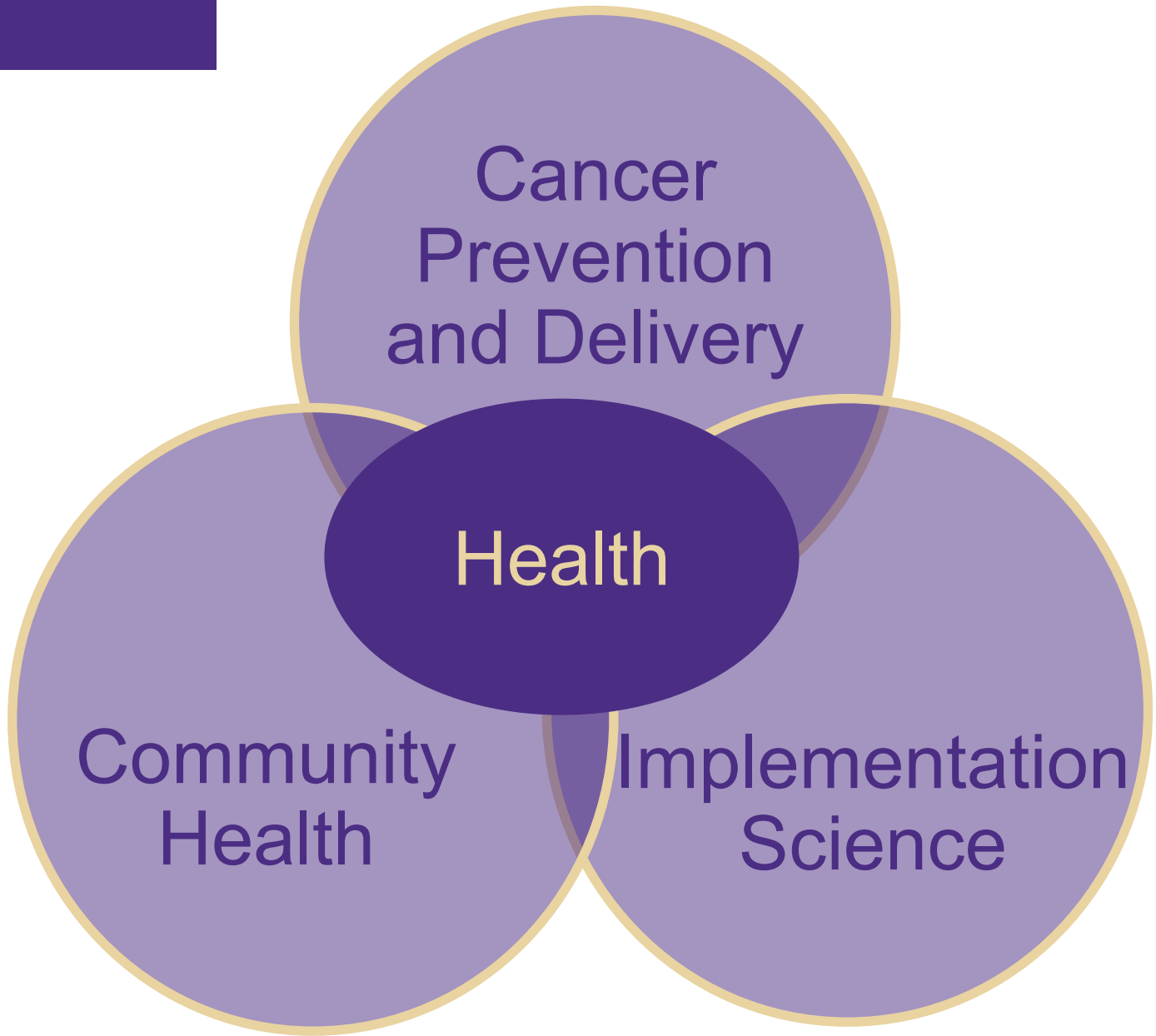
Health Centers and Cervical Cancer Screening



The Center for Implementation: The Consolidated Framework for Implementation Research (CFIR) 2.0. Adapted from "The updated C onsolidated Framework for Implementation Research based on user feedback" 2022

Take Home

- **Health Centers/safety-net settings** are key contexts for addressing health barriers
- These settings need to be supported when introducing and implementing new screening modalities so that existing disparities do not worsen
- **Interprofessional teams,** including medical assistants play critical roles in health center operations
- **Multilevel perspectives** are needed to inform tailored approaches for communities and health centers to increase cervical cancer screening



Thank You!

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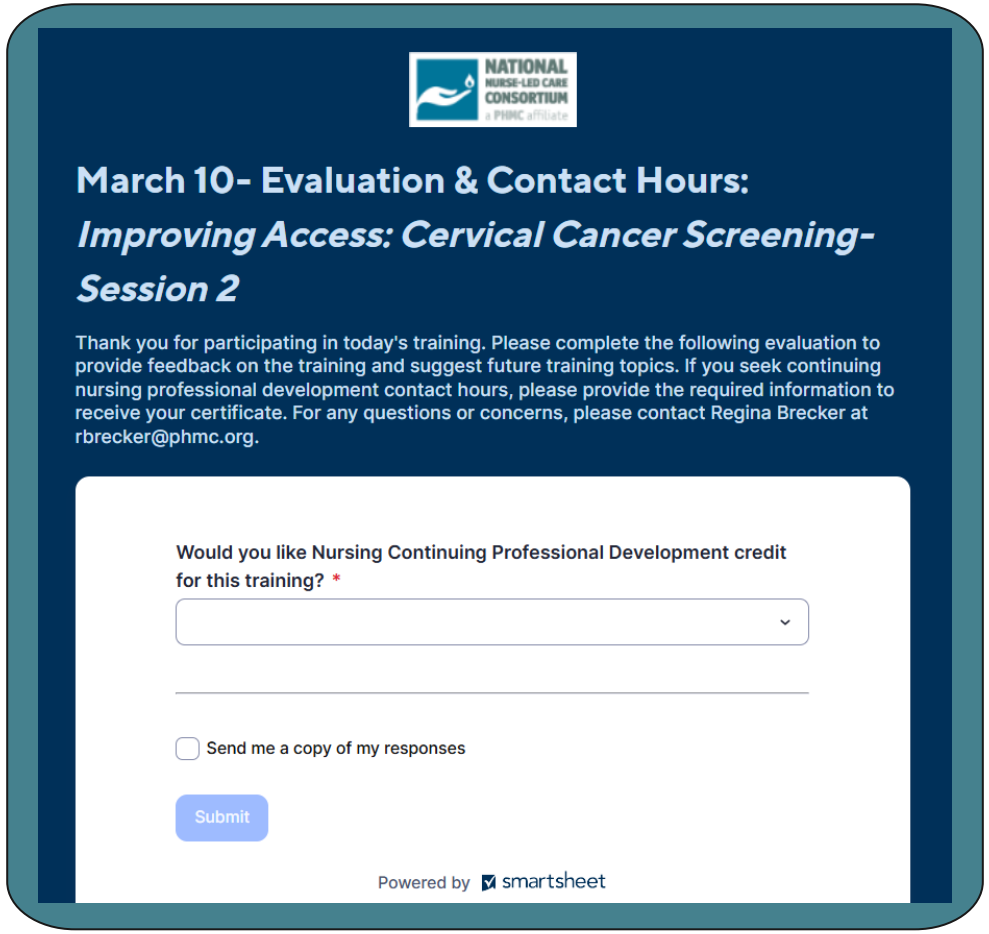
Questions?

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

Evaluation



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March 10- Evaluation & Contact Hours: *Improving Access: Cervical Cancer Screening- Session 2*

Thank you for participating in today's training. Please complete the following evaluation to provide feedback on the training and suggest future training topics. If you seek continuing nursing professional development contact hours, please provide the required information to receive your certificate. For any questions or concerns, please contact Regina Brecker at rbrecker@phmc.org.

Would you like Nursing Continuing Professional Development credit for this training? *

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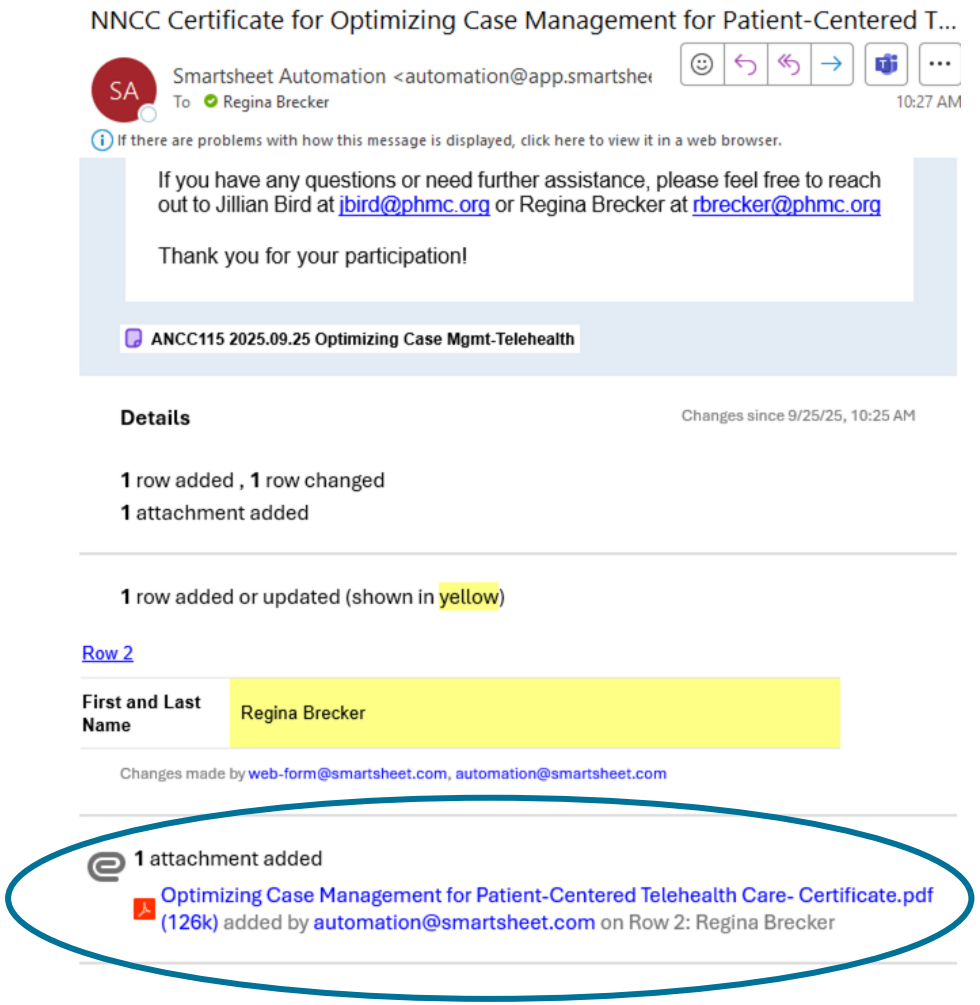
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To Regina Brecker 10:27 AM

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If you have any questions or need further assistance, please feel free to reach out to Jillian Bird at jbird@phmc.org or Regina Brecker at rbrecker@phmc.org

Thank you for your participation!

ANCC115 2025.09.25 Optimizing Case Mgmt-Telehealth

Details Changes since 9/25/25, 10:25 AM

1 row added , **1** row changed

1 attachment added

1 row added or updated (shown in yellow)

Row 2

First and Last Name	Regina Brecker

Changes made by web-form@smartsheet.com, automation@smartsheet.com

1 attachment added

Optimizing Case Management for Patient-Centered Telehealth Care- Certificate.pdf (126k) added by automation@smartsheet.com on Row 2: Regina Brecker

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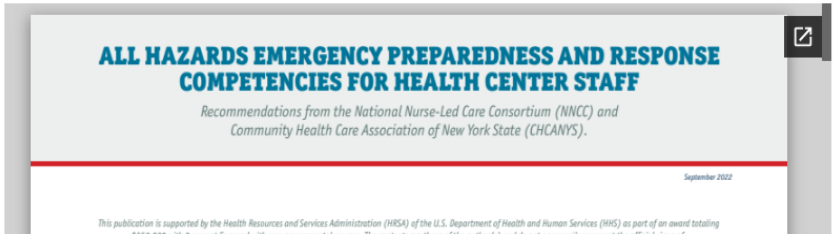
All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.



Upcoming Trainings

March 11th, 2026 – 2 pm EST

- **Session 3: Health Center Preparedness & Response Forum Series**
- Registration: https://us02web.zoom.us/webinar/register/WN_8c4vJMkpS_uL7Bnl7X6Hsw

March 17th, 2026 - 3 pm EST

- **Session 3: Improving Access: A Training Series on Cervical Cancer Screening and Prevention for Health Centers**
- Registration: https://us02web.zoom.us/webinar/register/WN_Bs53T-k4S_C_LeRlXOQpUQ

Thank You!

If you have any further questions
or concerns please reach out to
Regina Brecker at rbrecker@phmc.org

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