

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

Session 3: Patient-Directed Approaches to Cervical Cancer Screening



March 17th, 2026 | 3 pm EST

Zoom Orientation

1

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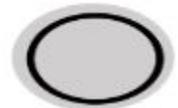
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- training and technical assistance
- public health programming
- consultation
- direct care

To learn more about NNCC, please visit our website at www.nurseledcare.org.

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Anna Fry, MPH, BSN, RN
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Today's Agenda

5 min - Welcome

20 min - Lauren Lastauskas - Cervivor, Inc.

- Centering the patient voice
- Emotional and psychological barriers to screening (fear, stigma, mistrust)
- Empowering survivors to shape messaging and outreach strategies

10 min - Gigi Gaona, RN - People's Community Clinic

- Health center highlight
- Data validation, care gap tracking, and quality reviews for improving screening rates

10 min - Anna Fry, MPH, BSN, RN - NNCC

- Case study

10 min - Questions & Wrap-Up



Subject Matter Expert



Lauren Lastauskas
Program Coordinator
Cervivor, Inc.



cervivor[®]

Community Engagement with Cervivor, Inc.

March 17, 2026





Hello, I'm Lauren Lastauskas

**CERVIVOR
AMBASSADOR
&
PROGRAM
COORDINATOR**

cervivor[®]
informed. empowered. alive.

THIS HAS BEEN MY journey



- Normal Pap Test at 21
- Ignoring Symptoms
- Abnormal Pap Test at 22
- Colposcopy
- LEEP (Loop Electrosurgical Excision Procedure)
- Diagnosed in January, 2016
- Second Opinion
- Cold Knife Cone
- Radical Hysterectomy, Ovarian Transposition, & Pelvic Lymphadenectomy

Who is Cervivor?

Cervivor is a global community of patients who inspire and empower those affected by cervical cancer by educating and motivating them to use their voices for creating awareness to end stigma, influence decision and change, and end cervical cancer.

While everyone experiences cancer individually, Cervivor strives to unite patients, survivors, and caregivers through their shared wisdom and strength.



AWARENESS

Education and awareness are essential for eradicating cervical cancer. We empower our community members to share their **Cervivor Stories** to make the impact of this disease real and relatable.

SUPPORT

Survivorship is a lifelong journey, and ongoing support and resources are crucial. Cervivor serves as a safe space. Our engaged community and curated events support individuals at every stage.

CHAMPIONING

Cervical cancer is nearly 100% preventable with HPV vaccination, regular screening, and early detection. Our dedicated **Cervivor Ambassadors actively promote** for stronger awareness, prevention, and other critical healthcare measures.



EMPOWERMENT

We **equip patients, survivors, and caregivers** with the tools and resources to thrive post-cancer and promote prevention. Our signature annual events, the Cervical Cancer Summit and Cervivor School, are acclaimed for their transformative programming.

WELCOMING

We **meet people where they are**, creating a welcoming environment for those impacted by cervical cancer through support groups, care packages, fertility assistance, and more. With Cervivor groups **worldwide** and active outreach to affected communities, we aim to fuel **global change**.

COLLABORATION

As a **grassroots non-profit**, Cervivor relies on collaboration with a wide range of partners including organizations, associations, agencies, corporations, influencers, and other allies to amplify our efforts.



WHO WE WORK WITH





2014



2015



2016



2016



2016



2016



2017



2018



2019



2022



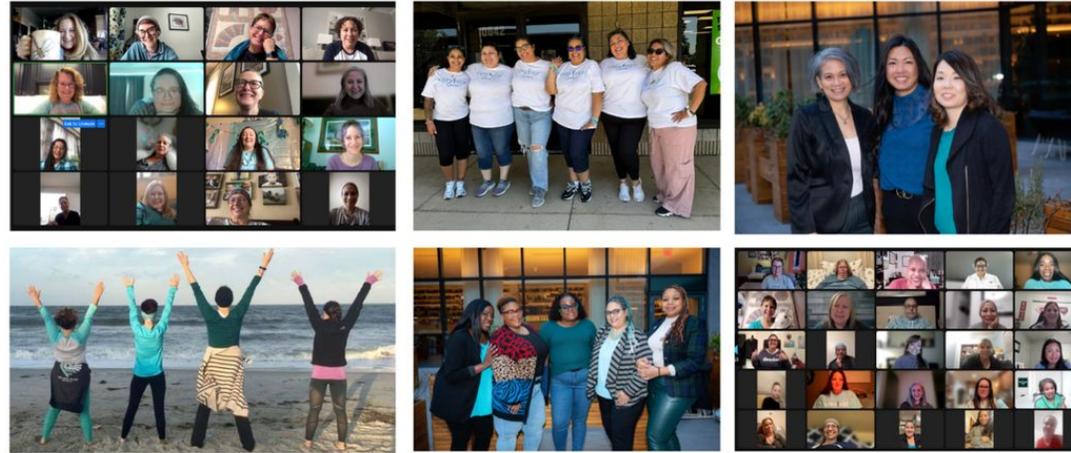
2023



Community and survivor led events that focus on specific needs and barriers to cervical cancer screening and prevention.



You Are Never Alone.



In the United States each year, approximately 13,360 people are diagnosed with invasive cervical cancer, and about 4,320 will die from the disease.¹

Cervivor is a survivor-led community dedicated to education, support, empowerment, and connection for those affected by cervical cancer, ensuring no one faces this disease alone. Cervivor's mission amplifies survivor voices, promotes life-saving prevention (like HPV vaccination and screening), and builds a supportive community for every stage of the cervical cancer journey.

[1American Cancer Society, Cervical Cancer Statistics, 2025](#)

Centering the Patient Voice: How & Why it Matters

- Active Listening
- Respecting Goals, Values, and Lived Experiences
- Treat Patients as People
- Shared-Decision Making
- Involvement in Research

Addressing Fear & Stigma

- Your Words Matter
- Information & Education
- Normalization
- Collaboration
- Peer & Community Support
- Community Beliefs



Why Cervivor Matters?

Cervivor plays a unique role by:

- **Connecting** survivors and patients worldwide
- Translating **lived experience** into powerful public health messaging
- Training leaders from within the **community**
- **Amplifying voices** often missing in health care and policy spaces

Together, we not only support individuals, we drive systemic change.



LET'S CONNECT



INSTAGRAM

<https://www.instagram.com/iamcervivor/>



FACEBOOK

<https://www.facebook.com/cervivor/>



LINKEDIN

<https://www.linkedin.com/company/cervivor-org/>



TIK TOK

<https://www.tiktok.com/@wearecervivor>



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LINKEDIN

[linkedin.com/in/lauren-lastauskas/](https://www.linkedin.com/in/lauren-lastauskas/)



Subject Matter Expert



Gigi Gaona, RN

Director of Clinical Quality and Risk Management
People's Community Clinic

Health Center Highlight: People's Community Clinic

Data Validation

- Transition from NextGen to OCHIN
- Performance plateaued ~70-72% from Jan 2025 - Jul 2025, despite efforts to improve the measure
- Investigation: Not getting credit for some of the cervical cancer screenings (CCS) done while still on NextGen. Discovered during manual chart audits
 - Procedure codes were referenced against the UDS value set and determined to be countable
- OCHIN adjusted the mapping and began capturing work already done in NextGen
 - Result: Almost **10% increase** in performance and increased provider trust in data

Health Center Highlight: People's Community Clinic

Care Gaps tracked by Medical Assistants

- ▶ Adult Department Medical Assistants (MAs)
 - ▶ Check for open care gaps and discuss with the PCP whether a Pap can be accommodated during the visit
 - ▶ If not, the provider will schedule the patient for an annual exam to address the CCS gap as well as any other open care gaps. Instructions for the visit are written in “wrap-up.”
- ▶ Women's Health Department: Mas do pre-visit planning and prep to complete the pending CCS with any acute visit type (support preventive care integration, patient-directed convenience, and access optimization)
 - ▶ Keep track of a gap list for this measure, do outreach, especially related to any pending CCSs that warrant earlier surveillance and pending colposcopies.

Health Center Highlight: People's Community Clinic

Quality Reviews

- ▶ Review performance on all UDS measures monthly with department leadership at department-specific quality meetings – keep track of trends, identify reversals early, and shift priorities as needed
- ▶ New strategies
 - ▶ Outreach to “Never Done.”
 - ▶ Segmentation to find trends
 - ▶ Pap tracking & outreach – reports and data quality improving with time
 - ▶ Pap-only clinics in 2025

Subject Matter Expert



Anna Fry, MPH, BSN, RN
Clinical Nurse Educator
National Nurse-led Care Consortium

CERVICAL CANCER SCREENING

BEST PRACTICES FOR RESIDENTS OF PUBLIC HOUSING

A Case Study



BACKGROUND FACTS

60%

HIGHER RATES

Homeless women have 60% higher rates of abnormal cervical screening results compared to housed populations.

3.5X

GREATER RISK

Women experiencing homelessness are 3.5 times more likely to be lost to follow-up after abnormal screening.

89%

SUCCESS RATE

Integrated support services increase follow-up completion rates to 89% among underserved populations.

References: Bharel, M., Casey, C., & Wittenberg, E. (2015). Disparities in cancer screening: Acceptance of Pap tests among homeless women. *Journal of Women's Health, 24*(1), 912-919. | Hahn, J. A., Kushel, M. B., Bangsberg, D. R., Riley, E., & Moss, A. R. (2006). The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine, 21*(7), 775-778. | U.S. Preventive Services Task Force. (2018). Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *JAMA, 320*(7), 674-686.

CASE STUDY

MEET TARINA

Current Situation

Tarina is experiencing housing instability, alternating between staying at her mom's Philadelphia Housing Authority (PHA) residence in West Philadelphia, where she sleeps on the couch with her 2-year-old son Marcus, and staying with her partner Martin at his apartment in Northeast Philadelphia.

- Tarina says her mom wants her to move out, but she has been having trouble finding employment since Marcus was born, and she lacks childcare.
- She can stay with Martin, but he wants her to contribute to the rent if she is going to move in on a more permanent basis, and they need to buy additional supplies and a bed for Marcus to live there. He is outgrowing the pack and play that they have and can climb out or knock it over.

Like many housing-insecure women, Tarina faces significant barriers to accessing preventive care, including cervical cancer screening—a critical component of women's health that's often deprioritized during a housing crisis. Despite her busy life, Tarina made it in this year for her PAP at the West Philadelphia Health Center on Cedar.



WHAT WOULD YOU DO NEXT?

Tarina's initial Pap test results show:

1. ASCUS (atypical squamous cells of undetermined significance)
2. Positive HPV test. Current ASCCP guidelines recommend colposcopy for this result. Consider the following challenges:

1

TRACKING CHALLENGE

How can we ensure Tarina doesn't get lost to follow-up given her housing instability and lack of consistent contact information?

2

PATIENT OUTREACH

What communication strategies will help Tarina understand the importance of follow-up while respecting her immediate survival priorities?

WHAT WOULD YOU DO NEXT?

1

SUGGESTED APPROACHES: TRACKING

- Create multiple contact points: partner's phone, mom's phone, alternate phone numbers
- Use patient navigator system with dedicated staff for high-risk follow-ups
- Coordinate with case management to schedule appointments around known changes in housing location
- Offer same-day colposcopy when possible to reduce follow-up burden

2

SUGGESTED APPROACHES: OUTREACH

- Use plain language to explain risks without creating alarm: "We found some cells that need a closer look"
- Frame follow-up in context of her role as mother: "Staying healthy helps you care for Marcus"
- Provide written materials in accessible format with clinic hours and walk-in policy
- Assign consistent care team member for trust-building

TARINA'S FOLLOW-UP

NEW CHALLENGES EMERGE

Tarina agrees to return for colposcopy—a significant win for continuity of care. However, two critical barriers have emerged that require immediate problem-solving:

CHILDCARE BARRIER

Tarina has no one to watch Marcus during the procedure. She cannot leave him with her mom, who is unable to care for him on her own, and Martin works during clinic hours.

RELATIONSHIP CONCERNS

Tarina expresses anxiety about maintaining sexual activity after the colposcopy, which may affect her relationship with Martin and her housing stability.

"I want to do this, but I can't bring Marcus into the room with me. And Martin... he's going to want to know why we can't be together for a while."

— **Tarina**

Reference: Weinreb, L., Buckner, J. C., Williams, V., & Nicholson, J. (2006). A comparison of the health and mental health status of homeless mothers in Worcester, Mass: 1993 and 2003. *American Journal of Public Health, 96*(8), 1444-1448.

NOW WHAT?

COMPREHENSIVE SOLUTIONS FOR COMPLEX BARRIERS

Addressing Tarina's concerns requires coordinated, person-informed responses that recognize how healthcare decisions intersect with housing stability and relationship dynamics.

IMMEDIATE: CHILDCARE SOLUTION

Arrange on-site childcare through clinic volunteer program or partner with local family services agency. If unavailable, consider: mobile play area in consultation room with toys, brief procedure with Marcus present (using child life specialist techniques), or rescheduling when partner available.

RELATIONSHIP SUPPORT: PARTNER COMMUNICATION

Offer to provide Martin with educational materials or include him in post-procedure discussion (with Tarina's consent). Frame recommendations in terms of healing and health rather than restrictions. Discuss alternative intimacy during recovery period.

1

2

3

4

EDUCATION: POST-PROCEDURE EXPECTATIONS

Provide clear, written guidelines about post-colposcopy care. Typical recommendations: abstain from sexual activity for 2-3 days, avoid tampons for one week, expect light spotting. Emphasize this is temporary and supports long-term health.

LONG-TERM: CARE COORDINATION

Connect Tarina with social work services to address housing stability. Document all contact information updates. Schedule follow-up before she leaves, ideally coordinating with other services she regularly uses.

References: Bharel, M., Casey, C., & Wittenberg, E. (2015). Disparities in cancer screening: Acceptance of Pap tests among homeless women. *Journal of Women's Health, 24*(1), 912-919. | Hahn, J. A., Kushel, M. B., Bangsberg, D. R., Riley, E., & Moss, A. R. (2006). The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine, 21*(7), 775-778. | U.S. Preventive Services Task Force. (2018). Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *JAMA, 320*(7), 674-686.

PROMISING PRACTICES

Evidence-based strategies have shown significant success in improving cervical cancer screening rates among housing insecure populations. These person-informed approaches prioritize dignity, flexibility, and meeting patients where they are.



FLEXIBLE SCHEDULING

Offer same-day appointments and walk-in screening options to accommodate unpredictable living situations.

- Extended evening hours for shelter or working residents
- No-penalty rescheduling policies
- Text-based appointment reminders



SENSITIVE CARE

Create safe, non-judgmental environments that acknowledge past experiences and current stressors.

- Private screening spaces
- Patient-controlled pacing during exams
- Clear communication about each step



INTEGRATED SUPPORT SERVICES

Connect screening visits with wrap-around services addressing immediate needs.

- On-site childcare during appointments
- Transportation assistance coordination
- Food and hygiene product distribution

Reference: American College of Obstetricians and Gynecologists. (2021). Health care for homeless women. *ACOG Committee Opinion No. 576*. Retrieved from <https://www.acog.org>

EMERGING TECHNOLOGIES & UPDATED SCREENING GUIDELINES

UPDATED CERVICAL CANCER SCREENING GUIDELINES

Women's Preventive Services

These guidelines also include crucial information regarding insurance coverage. "Non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage must cover without cost-sharing the services and screenings listed on the updated Women's Preventive Services Guidelines for plan years (in the individual market, policy years) that begin 1 year after this date. Thus, for most plans, this update will take effect for purposes of the Section 2713 coverage requirement in 2027." ([FR Doc. 2025-24235](#) Filed 1-2-26; 8:45 am)

1

AGES 21-29

- Cervical cytology (Pap test) every 3 years.
- Co-testing with hrHPV **not recommended**.

2

AGES 30-65

- Primary hrHPV testing every 5 years (preferred)
- OR co-testing every 5 years.
- Patient-collected hrHPV testing is an appropriate option

3

KEY CONSIDERATIONS

- No screening more than once every 3 years for average risk
- If hrHPV screening is not available, continue screening with cytology alone every 3 years
- Additional testing (biopsy, colposcopy) may be required

CERVICAL SELF-SAMPLING

Cervical self-sampling offers a groundbreaking approach to screening, allowing individuals to collect their own samples privately. This method holds immense potential for overcoming critical barriers, especially for medically underserved populations like Tarina.



INCREASED ACCESS

Removes transportation and childcare barriers, allowing screening to occur in convenient, private settings.



ENHANCED COMFORT & PRIVACY

Reduces anxiety associated with clinical visits and offers a more comfortable, dignified experience.



IMPROVED FOLLOW-UP

Boosts screening participation and follow-up rates among historically underserved and marginalized communities.



ALTERNATIVES TO COLPOSCOPY

While colposcopy is a standard procedure for evaluating abnormal cervical screening results, several innovative alternatives are gaining traction. These methods aim to improve patient accessibility and reduce the need for invasive procedures, offering new pathways for triage and follow-up.

HPV DNA TRIAGE & PRIMARY SCREENING

High-risk Human Papillomavirus (hrHPV) testing can be used as a primary screening method or to risk-stratify individuals with abnormal cytology, guiding decisions on immediate colposcopy versus surveillance, thereby reducing unnecessary procedures.

MOLECULAR BIOMARKERS (P16/KI-67)

Immunostaining for p16/Ki-67 dual-stain in cytology samples identifies women with underlying high-grade squamous intraepithelial lesions (HSIL), improving diagnostic accuracy and reducing the number of benign referrals for colposcopy.

AI-ASSISTED VISUAL INSPECTION

The integration of artificial intelligence with visual inspection with acetic acid (VIA) provides real-time, objective assessment of cervical lesions. This technology enhances accuracy and can be particularly transformative in low-resource settings lacking colposcopic expertise.

References: ASCCP. (2020). 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. *Journal of Lower Genital Tract Disease*, 24(2), 102-131. | Schiffman, M., Doorbar, J., Wentzensen, N., de Sanjosé, S., Castellsagué, X., Goodman, A., ... & Stoler, M. H. (2015). Carcinogenic human papillomavirus infection. *Nature Reviews Disease Primers*, 1(1), 1-20. | Wu, D., Zhang, X., Li, X., Wu, Q., Liu, Y., Zhang, R., & Lv, Y. (2023). Deep learning for cervical cancer screening: Current progress and future challenges. *Cancers*, 15(1), 226.

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.



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March 17- Evaluation & Contact Hours: *Improving Access: Cervical Cancer Screening- Session 3*

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To Regina Brecker



10:27 AM

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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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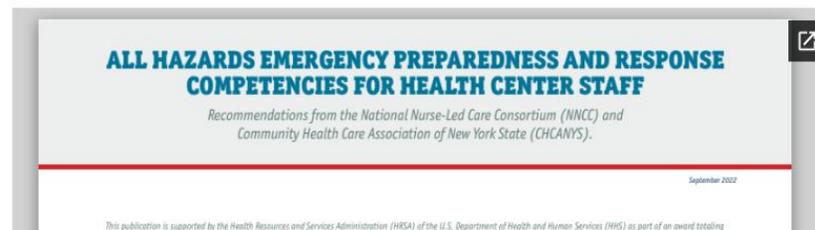
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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

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 18th , 2026 - 2pm EST

- **Session 1: Treating More Than the Disease: Whole Person Approaches to Managing Chronic Conditions**
- *Registration:*
https://us02web.zoom.us/webinar/register/WN_wvZhXfg_RImOTIo2fyUdfA

March 24th, 2026 - 3 pm EST

- **Session 4: 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_LeRlXO2pU2



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