

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

Session 1: Cervical Cancer Risks & Screening Access in Public Housing Communities



March 3rd, 2026 | 3 pm EST

Zoom Orientation

1

Captions

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2

Questions

Please add your questions for the speaker in either the Q&A tab or in the Chat box.

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Recording

This session will be recorded and made available to participants.

CC

Live Transcript

Q&A

Questions



Raise Hand



Recording

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- public health programming
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Today's Agenda

5 min - Welcome

20 min - Cervical Cancer Risk Factors

Annalynn Maguddayao Galvin, PhD, MSN, RN

- Overview of HPV-related cancer social risk factors and strategies to improve vaccination and screening among housing-insecure populations.

25 min- Public Housing and Access to Preventive Care

Dilara Koksal, RN Charles River Health Center

- How housing instability impacts cervical cancer screening and practical outreach strategies to improve follow-up and preventive care access.

10 min - Questions & Wrap-Up



Subject Matter Experts



Annalynn Maguddayao Galvin, PhD, MSN, RN
Assistant Professor, The University of Texas- Health
Science Center at Houston



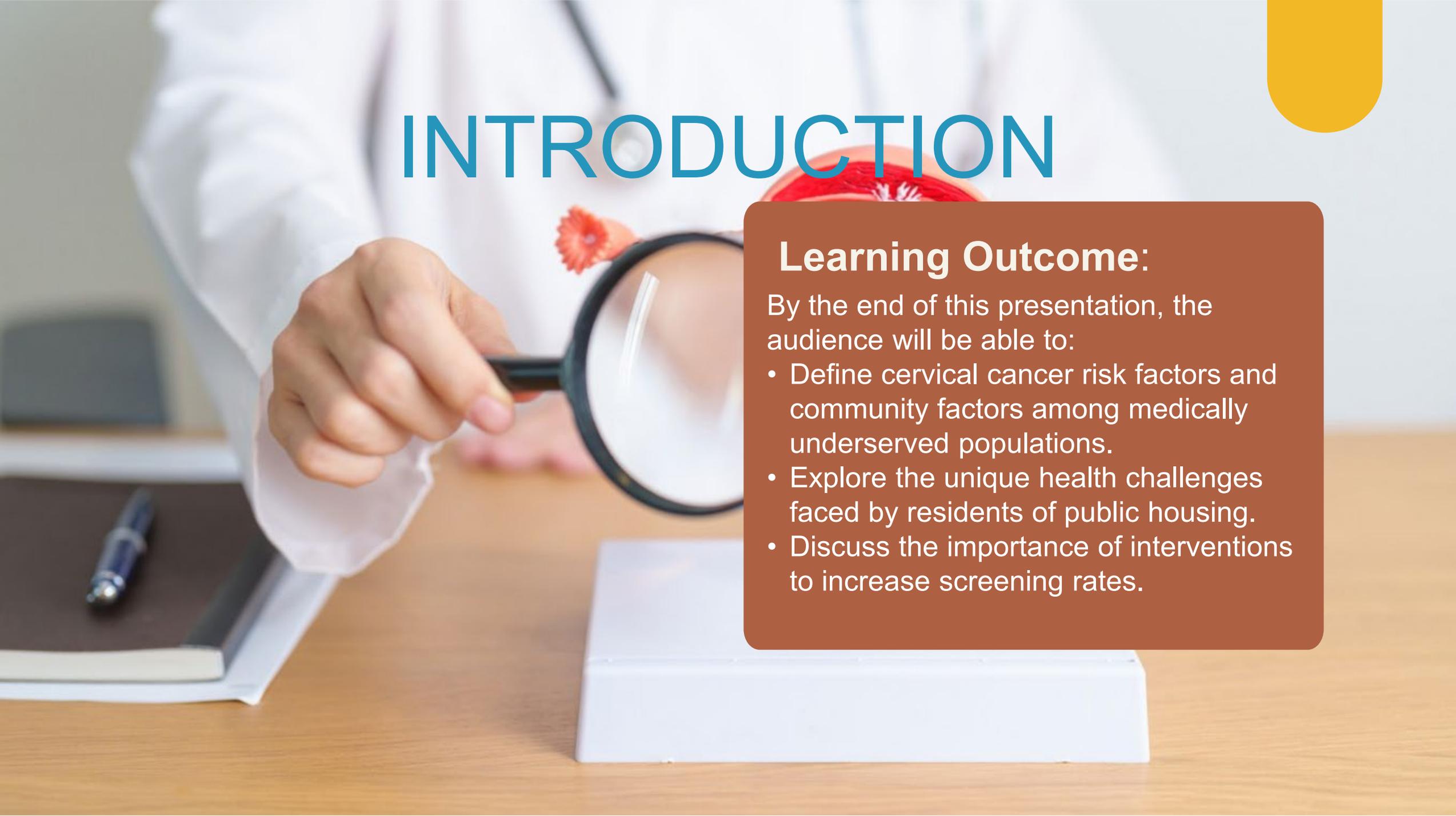
Cervical Cancer Risks & Screening Access in Public Housing Communities

Presented By: Annalynn M. Galvin, PhD, MSN, RN

UTHealth Houston, Cizik School of Nursing



INTRODUCTION

A person in a white lab coat is holding a magnifying glass over a small red object on a desk. The background is a blurred office setting with a wooden desk, a pen, and a book. A yellow decorative shape is in the top right corner.

Learning Outcome:

By the end of this presentation, the audience will be able to:

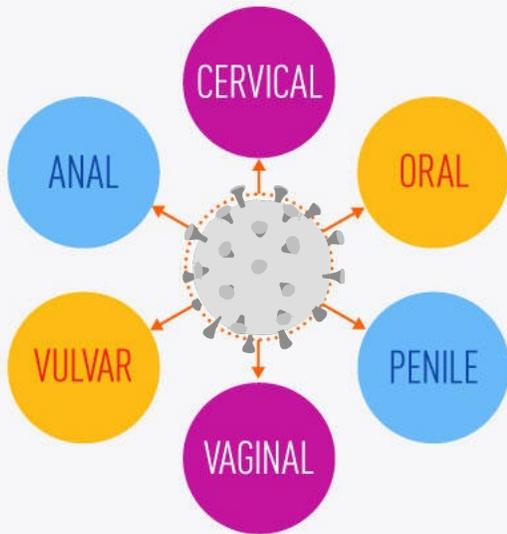
- Define cervical cancer risk factors and community factors among medically underserved populations.
- Explore the unique health challenges faced by residents of public housing.
- Discuss the importance of interventions to increase screening rates.

OVERVIEW

- ❖ Human Papillomavirus (HPV) Cancer Epidemiology
- ❖ Barriers to Cancer Prevention
- ❖ Homelessness Considerations

Cervical & Other HPV-Related Cancer

HUMAN PAPILLOMAVIRUS
**CAN CAUSE SEVERAL
TYPES OF CANCER**

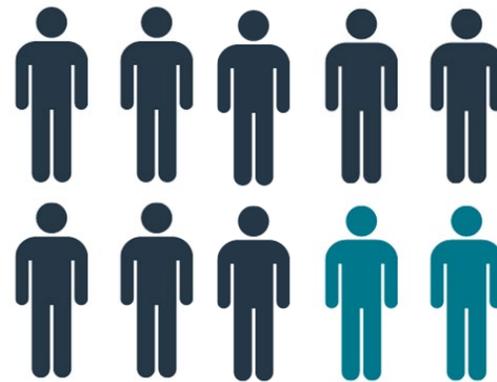


cancer.gov/hpv

At a Glance

Estimated New Cases in 2025	13,360
% of All New Cancer Cases	0.7%

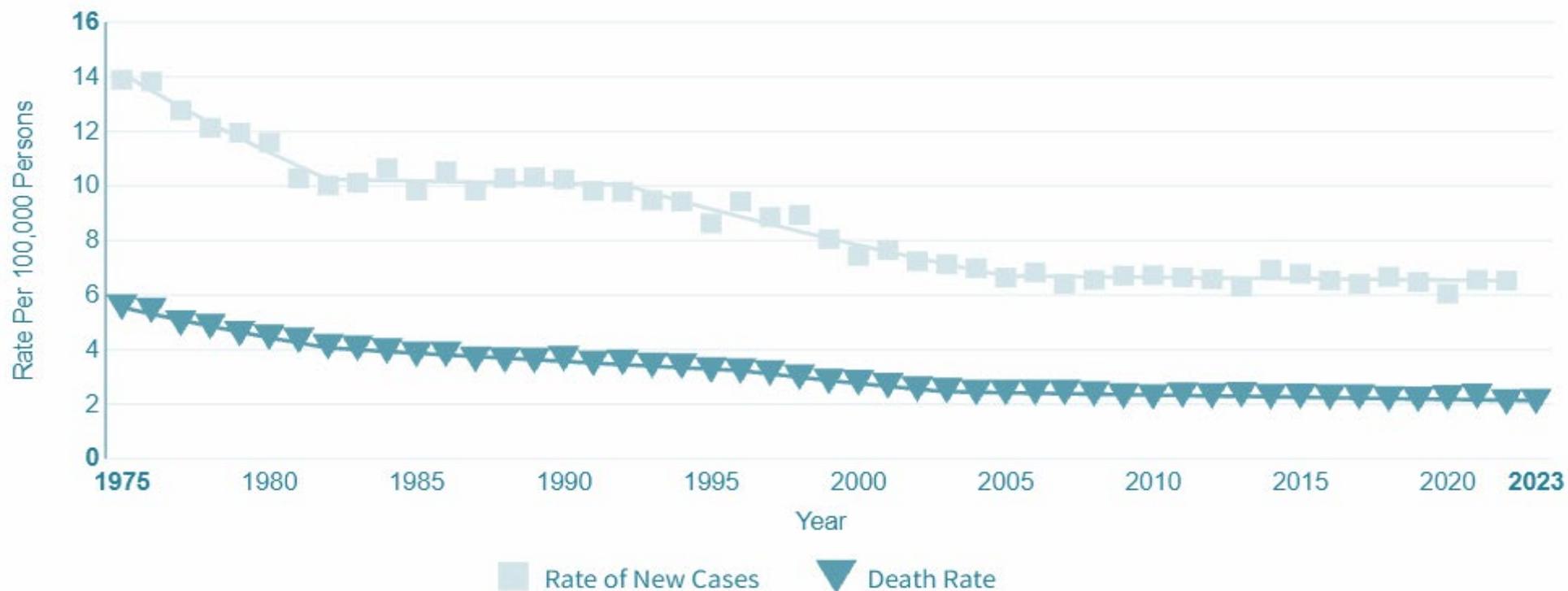
Estimated Deaths in 2025	4,320
% of All Cancer Deaths	0.7%



5-Year Relative Survival
68.0%
2015–2021

cancer.gov/hpv

New Cases, Deaths and 5-Year Relative Survival



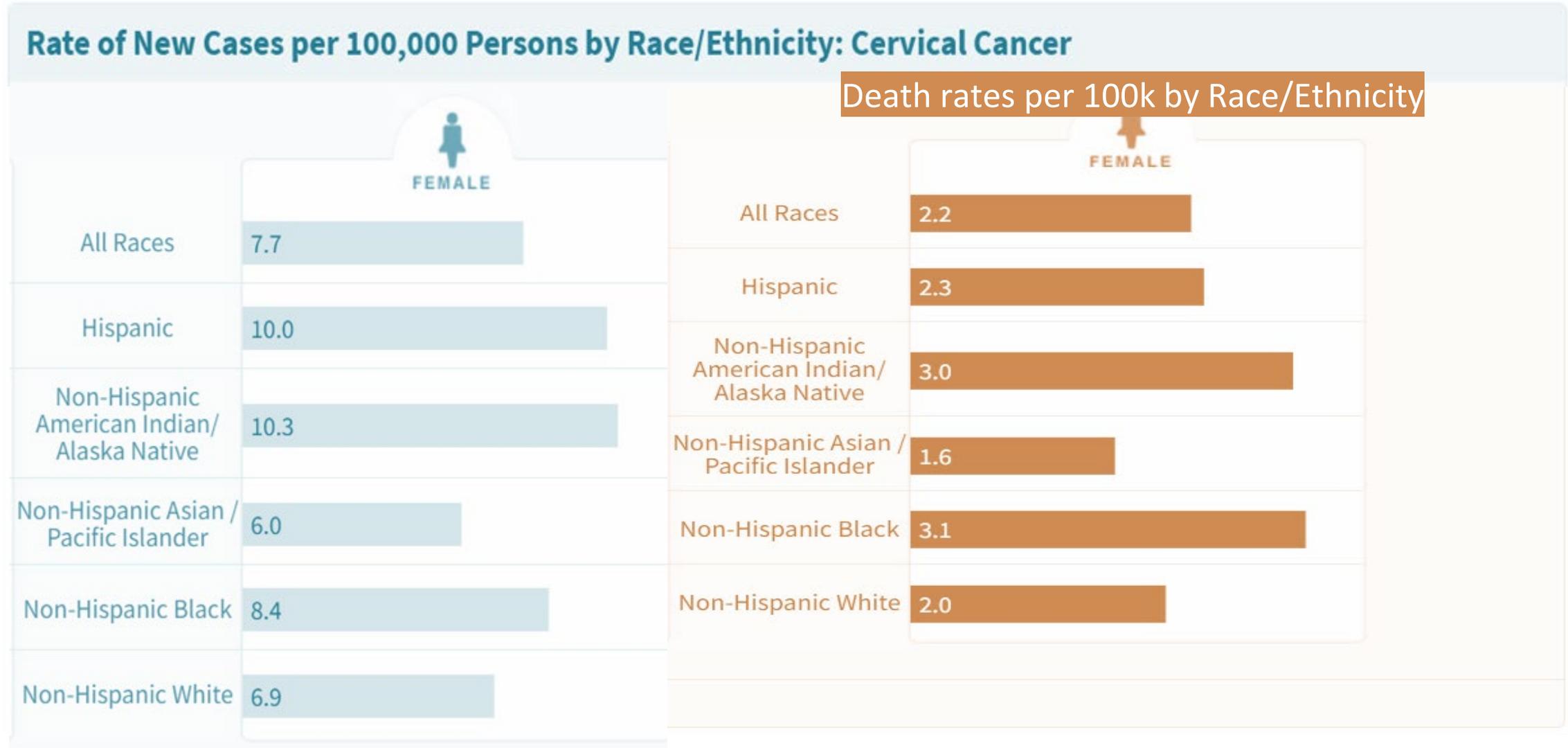
New cases come from SEER 8. Deaths come from U.S. Mortality.

All Races, Females. Rates are Age-Adjusted.

Modeled trend lines were calculated from the underlying rates using the [Joinpoint Trend Analysis Software](#).

The 2020 incidence rate is displayed but not used in the fit of the trend line(s). [Impact of COVID on SEER Cancer Incidence 2020 data](#)

Infection of the cervix with human papillomavirus (HPV) is the most common cause of cervical cancer, although not all women with HPV infection will develop cervical cancer. The rate of new cases of cervical cancer was 7.7 per 100,000 women per year based on 2018–2022 cases, age-adjusted.

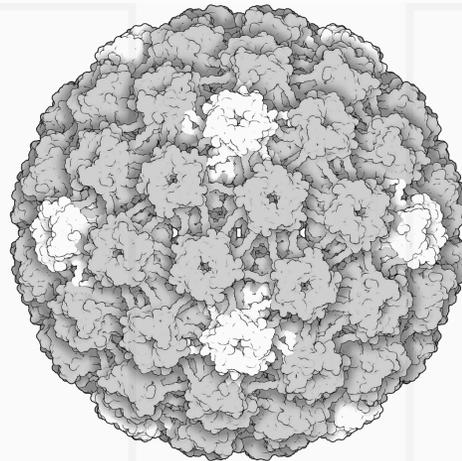


HPV-Related Cancer Prevention



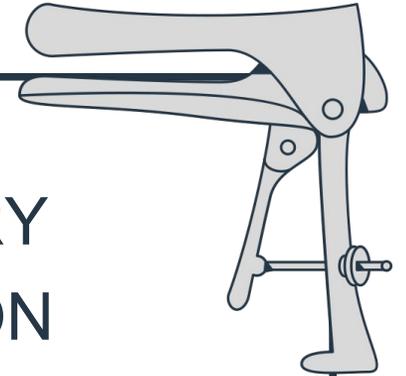
PRIMARY PREVENTION

Adult & Child
HPV Vaccination



SECONDARY PREVENTION

HPV Testing/Screening





Children 11-12 years old
(as early as 9 years old)



Adolescents and young
adults up to age 26

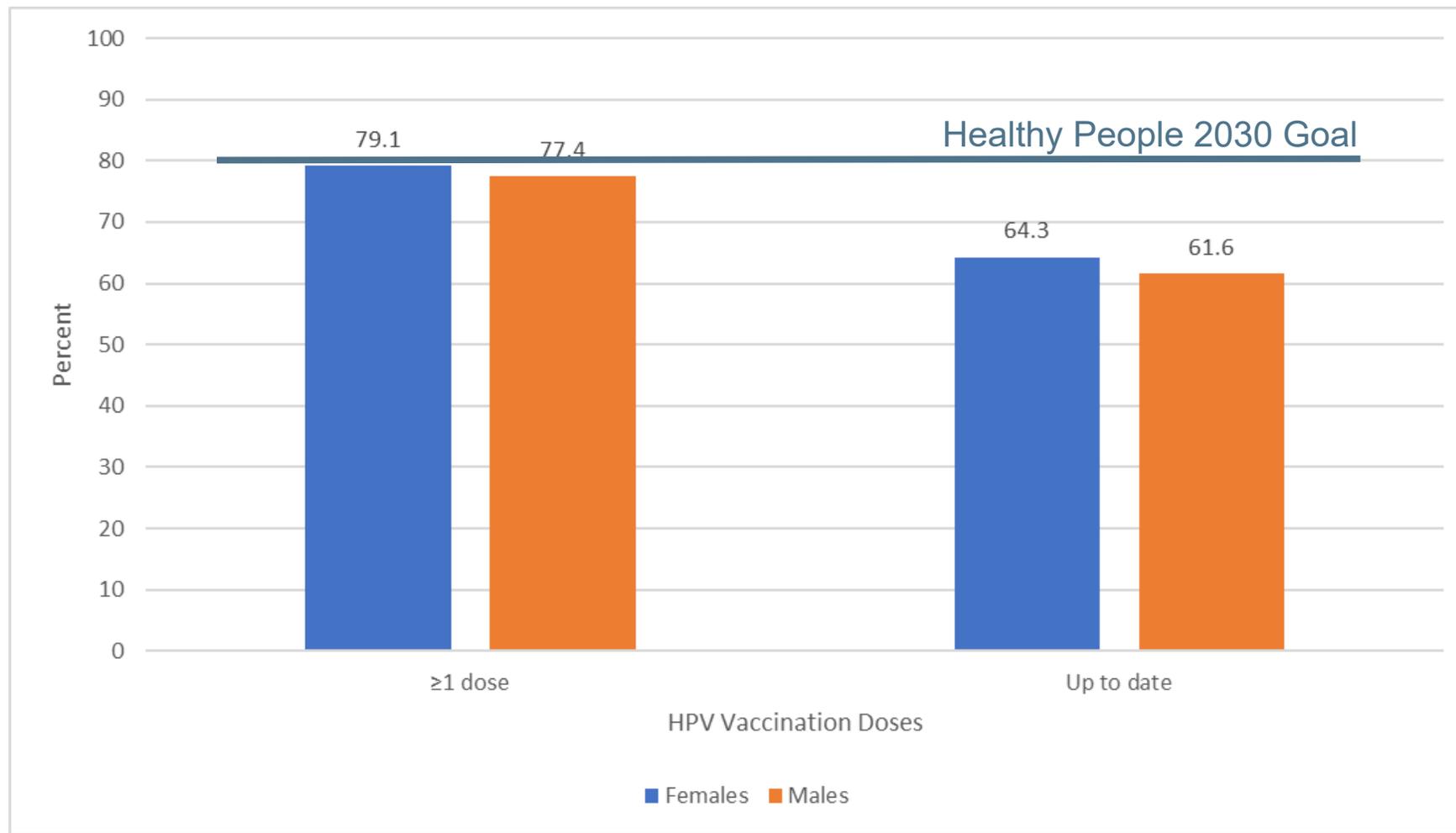


Adults aged 27-45
(shared clinical
decision with provider)



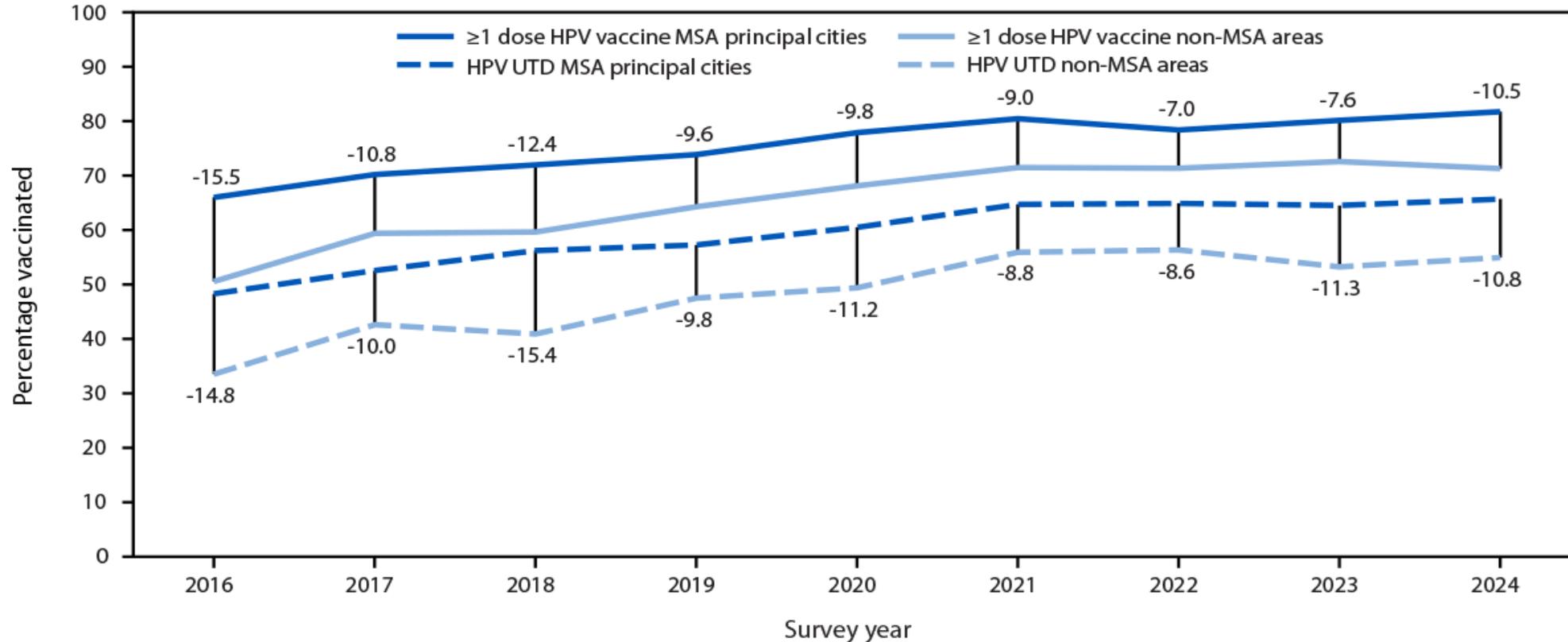
**PRIMARY
PREVENTION**
Adult & Child HPV Vaccination

Estimated HPV Vaccination Coverage Among Adolescents Aged 13–17* Years, By Sex — National Immunization Survey-Teen, United States, 2024



Pingali C, Yankey D, Elam-Evans LD, et al. Vaccination Coverage Among Adolescents Aged 13–17 Years — National Immunization Survey-Teen, United States, 2024. *MMWR Morb Mortal Wkly Rep* 2025;74:466–472. DOI: <http://dx.doi.org/10.15585/mmwr.mm7430a1>

FIGURE. Difference in vaccination coverage with ≥ 1 dose of human papillomavirus vaccine* and percentage of adolescents up to date with human papillomavirus vaccination† among adolescents aged 13–17 years, by metropolitan statistical area status§ — National Immunization Survey–Teen, United States, 2016–2024



Abbreviations: HPV = human papillomavirus; MSA = metropolitan statistical area; UTD = up to date.

* The difference in ≥ 1 -dose HPV vaccination coverage by survey year between adolescents living in MSA principal cities and non-MSA areas.

† The difference in percentage of adolescents UTD with HPV vaccination by survey year among adolescents living in MSA principal cities and non-MSA areas.

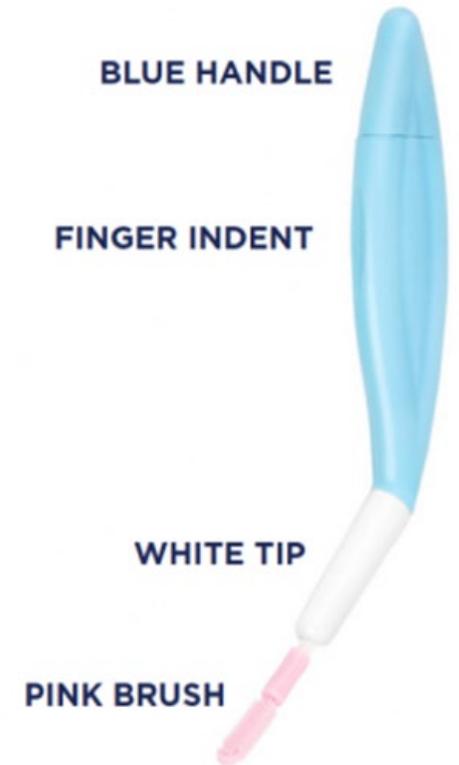
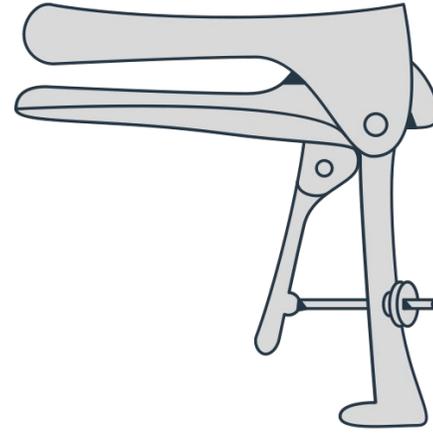
§ MSA status was determined from household reported city and county of residence and was grouped into three categories: MSA principal city, MSA nonprincipal city, and non-MSA. Non-MSAs include urban populations not located within an MSA and completely rural areas. <https://www.census.gov/programs-surveys/metro-micro.html> Metropolitan and Micropolitan | U.S. Census Bureau

<https://www.census.gov/programs-surveys/metro-micro.html>

SECONDARY PREVENTION

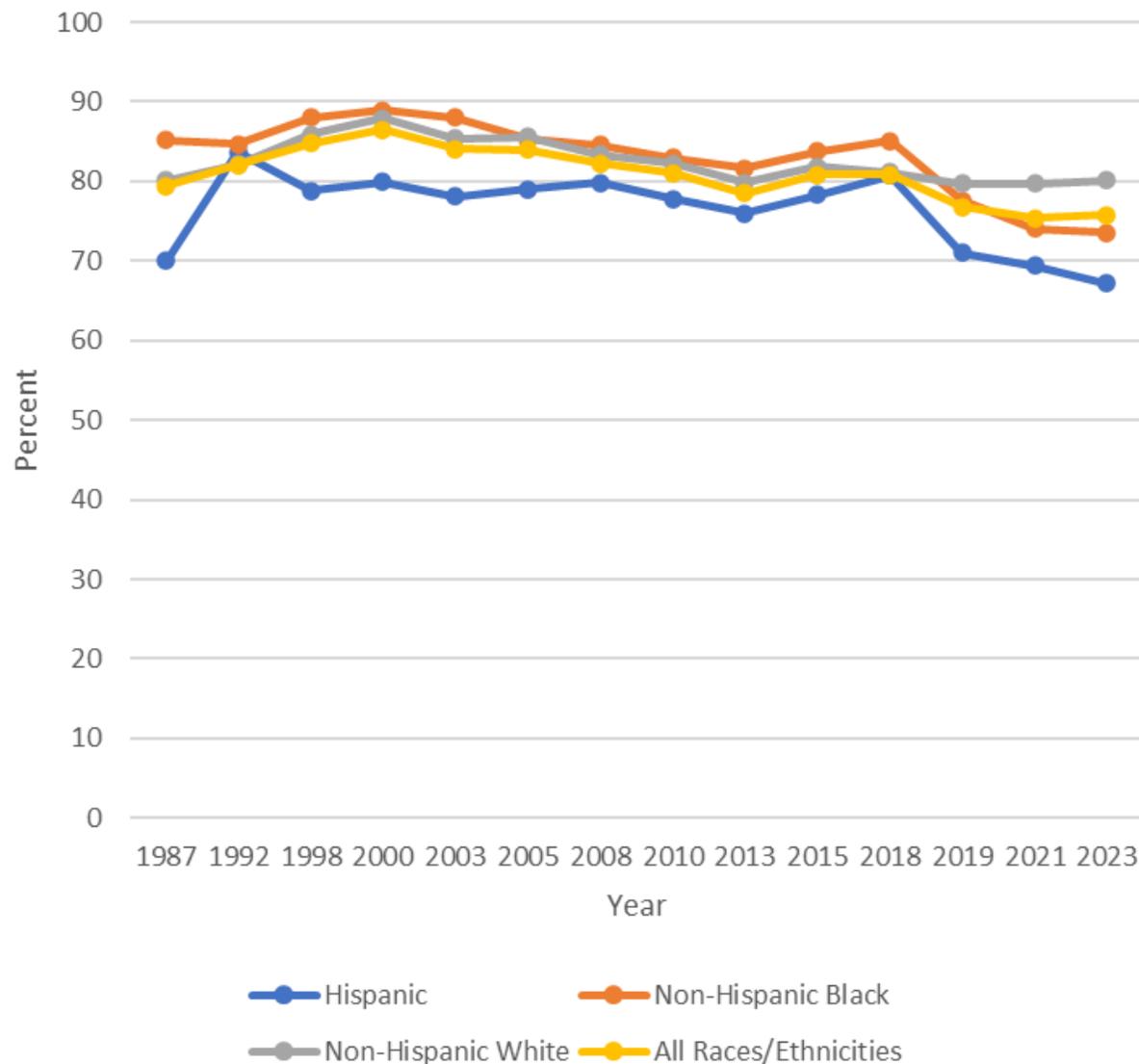
HPV Testing/Screening

- Technological screening advancements
 - Papanicolaou test (**Pap test**)
 - HPV DNA test (**HPV test**)
- Current screening guidelines:
 - **Pap test only** every 3 years
 - **Co-testing** (Pap test + HPV test) every 5 years
 - **HPV test only** every 5 years

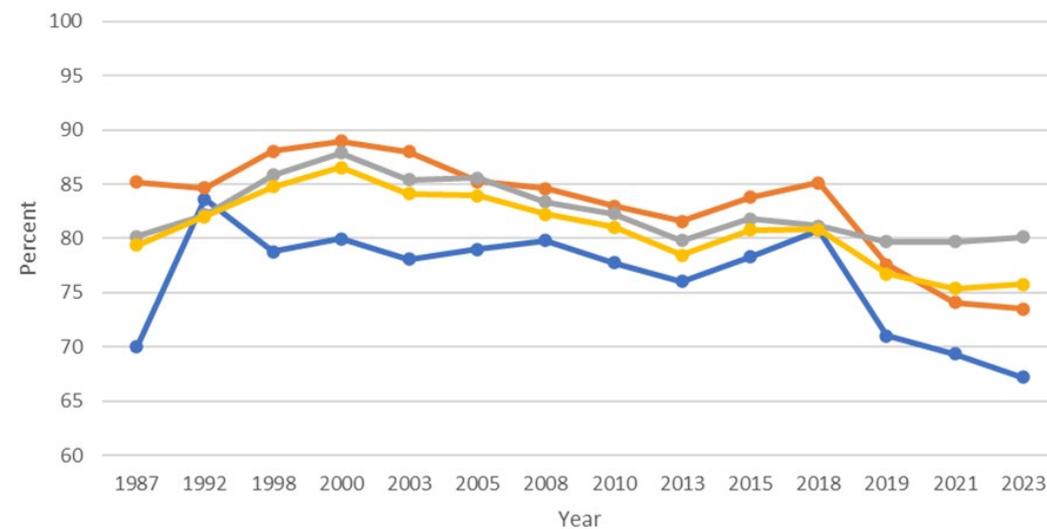


(self-sampling HPV test)

Percentage of females aged 21-65 years who were up-to-date with cervical cancer screening by race/ethnicity, 1987-2023



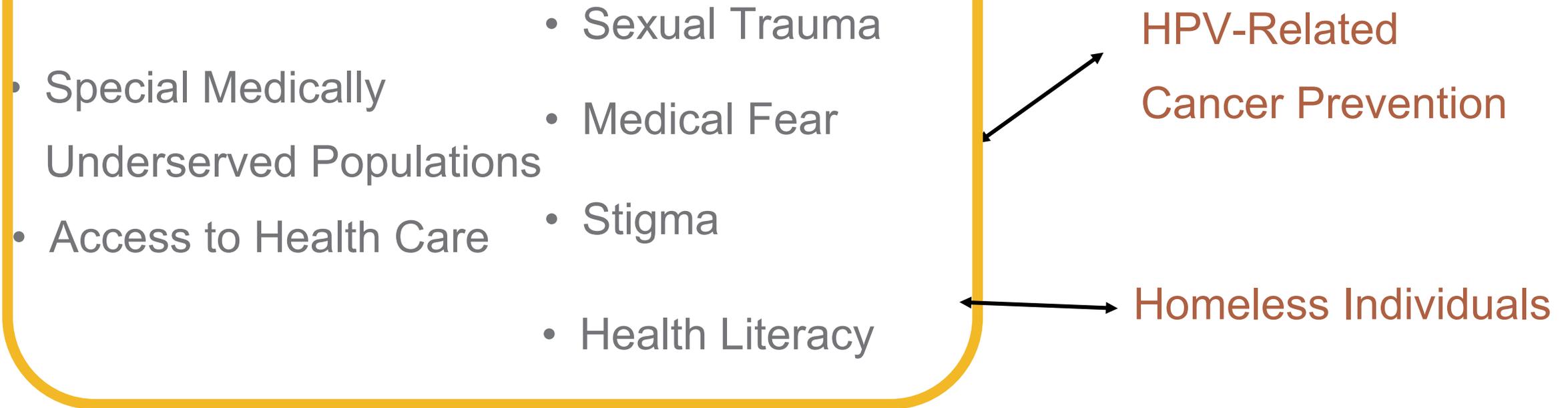
Percentage of females aged 21-65 years who were up-to-date with cervical cancer screening by race/ethnicity, 1987-2023



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Data are age-adjusted to the 2000 U.S. standard population using age groups: 21-34, 35-44, 45-65. For 2013 and before, up-to-date with cervical cancer screening was defined as having a Pap test within the past 3 years. For 2014-2018, up-to-date is defined as having a Pap test within the past 3 years for all women aged 21-65 years, with or without an HPV test in the past 5 years for women aged 30-65 years. For 2018 onwards, in women aged 30 to 65 years, up-to-date is also defined as having an HPV test alone within the past 5 years.

https://progressreport.cancer.gov/detection/cervical_cancer

OVERLAPPING RISKS



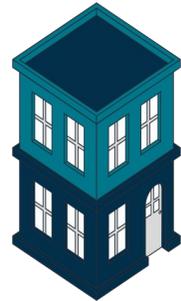
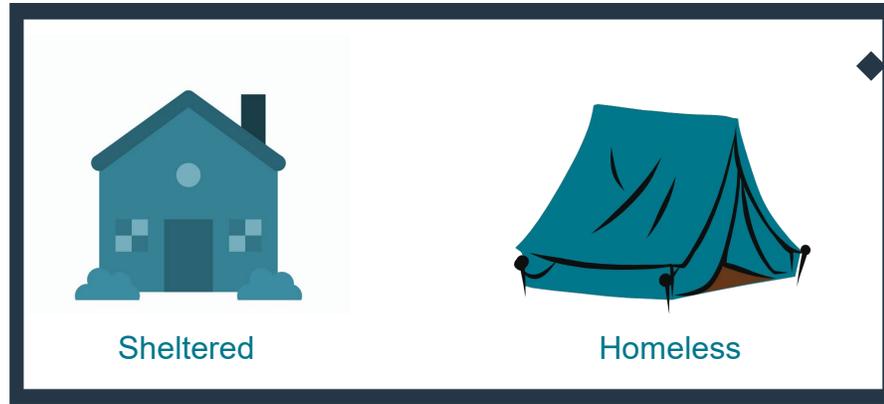
OVERVIEW

- ❖ HPV Cancer Epidemiology
 - HPV-related Cancer & Prevention
 - Housing Instability
- ❖ Barriers to Cancer Prevention
- ❖ Homelessness Considerations

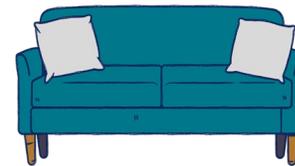
Housing Instability is a Critical Issue



1,240,135
students total
(903,903
doubled up)



Hotel/Motel



Doubled-up

771,480 U.S. people in a single night in January 2024



148,238 children under
the age of 18 (33%
increase since 2023)

METHODS

1

Databases

CINAHL
Available via EBSCOhost



Ovid MEDLINE



Embase[®]

2

Criteria: Full-text, peer-reviewed studies that measured HPV-related cancer prevention behaviors in homeless individuals were included.

3



...for **record sorting**
and **interrater**
reliability checks

Identification
(n=155)

+ 152 records from databases
+ 3 records through hand searching

Screening
(n=43)

- 85 duplicate records removed
- 27 records excluded by title/abstract

Eligibility
(n=21)

- 22 full-text articles excluded, based on eligibility criteria

WHAT DID WE FIND?

● Summary of Articles

- Settings: USA (e.g., CA, TX), France
- Data collection range: 1992-2020
- Sample sizes: 29-2,882
- Age ranges: 14-83 years
- HPV-related cancer prevention

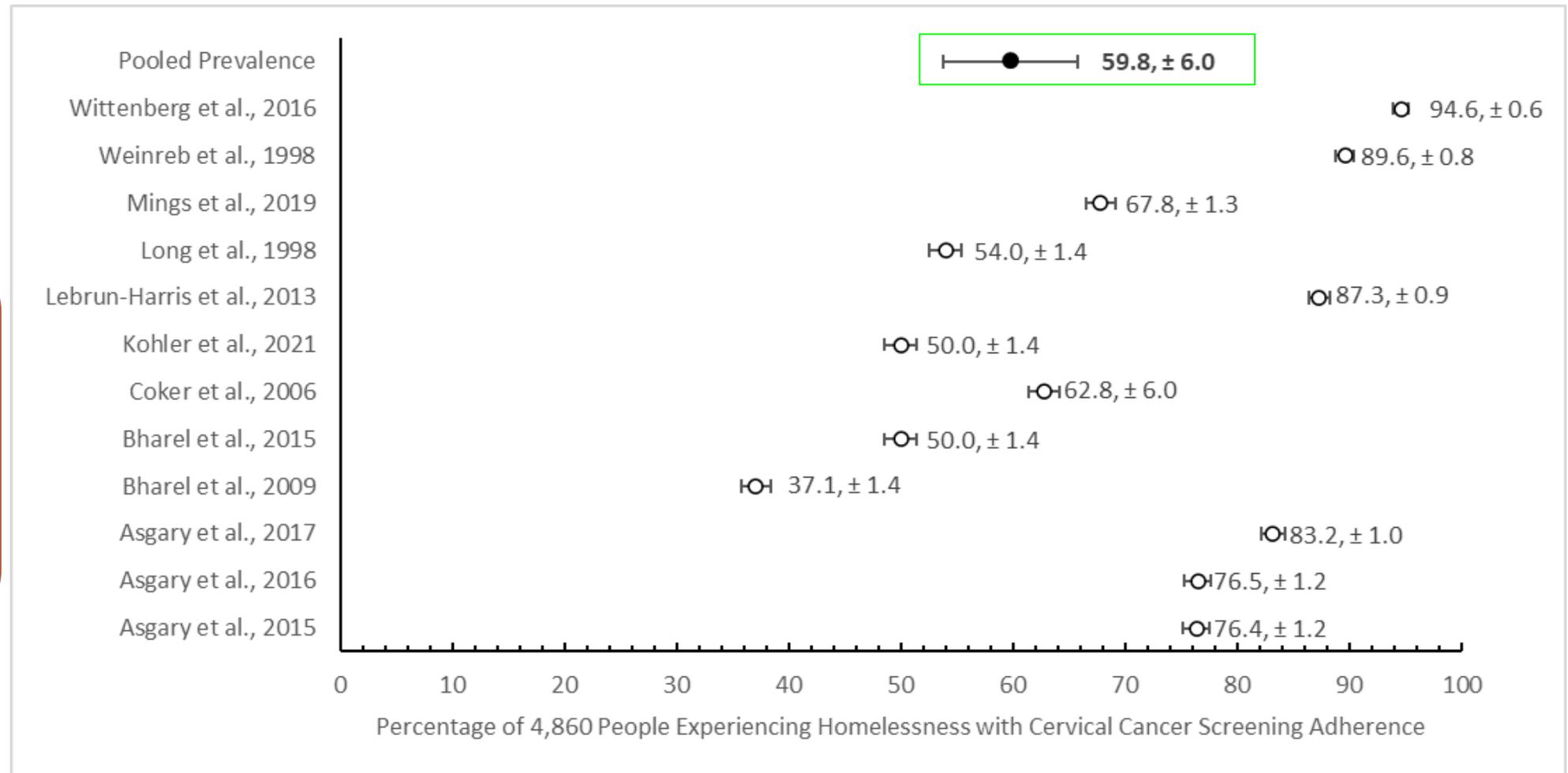
(some articles had more than one):

- Cervical cancer screening (n=18)
- HPV vaccination (n=5)
- Other HPV prevention (n=2)



[Galvin, A. M., Akpan, I. N., Garg, A., Cuccaro, P. M., Thompson, E. L., & Santa Maria, D. M. \(2024\). HPV-related cancer prevention among people experiencing housing instability: A systematic review. *Sexually Transmitted Diseases*, 10-1097.](#)

Individual and pooled prevalence of cervical cancer screening among samples of eligible homeless individuals

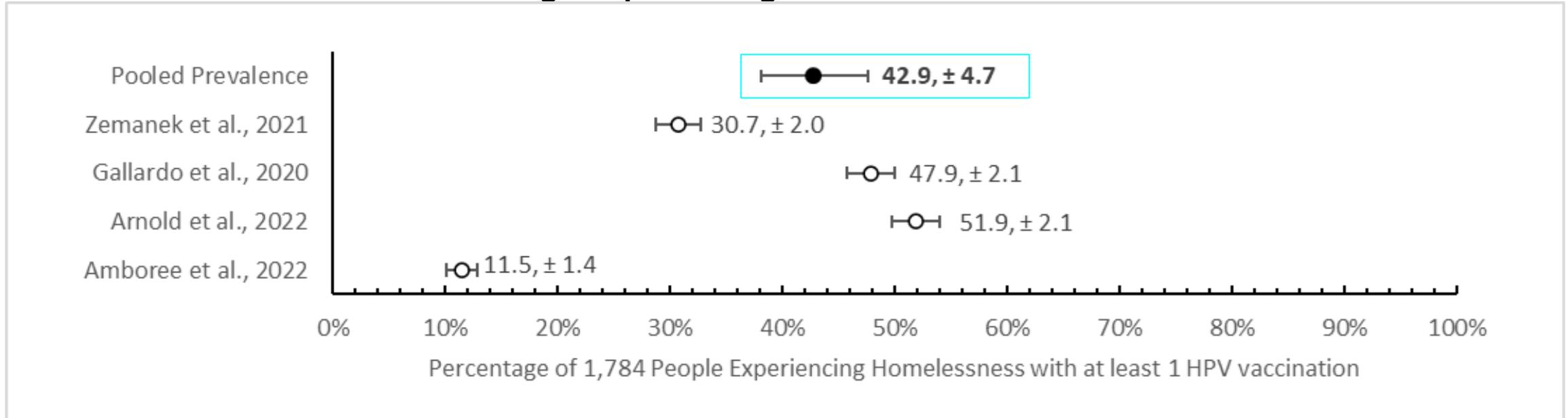


The prevalence of cervical cancer screenings among homeless individuals ranged from 37.1 to 94.6% (pooled prevalence around 59.8%).

Notes: Reported values are percentages and standard errors; pooled prevalence and pooled standard errors are calculated as noted below. Articles that did not include an examination of cervical cancer screening adherence (based on the individual's study measurement or < 3 years if not specified) or at least 1 HPV vaccination were not included in pooled prevalence calculations.

[Galvin, A. M., Akpan, I. N., Garg, A., Cuccaro, P. M., Thompson, E. L., & Santa Maria, D. M. \(2024\). HPV-related cancer prevention among people experiencing housing instability: A systematic review. *Sexually Transmitted Diseases*, 10-1097.](#)

Individual and pooled prevalence of Cervical Cancer Screening among samples of eligible homeless individuals



Notes: Reported values are percentages and standard errors; pooled prevalence and pooled standard errors are calculated as noted below. Articles that did not include an examination of cervical cancer screening adherence (based on the individual's study measurement or < 3 years if not specified) or at least 1 HPV vaccination were not included in pooled prevalence calculations.

The prevalence of cervical cancer among homeless individuals ranged from 37.1 to 94.6% (pooled prevalence of screenings around 59.8%).

The prevalence of HPV vaccination among homeless individuals ranged from 11.5 to 51.9% (pooled prevalence around 42.9%).

WHAT ELSE DID WE FIND?

In samples of homeless individuals...

Significant findings

- *Female/Male HPV vaccination*
- *Education, relationship status, duration of residence, and a gynecologist visit in the last 12 months and ever having a Pap test.*
- Themes related to *physical pain, sexual trauma discomfort, and potential re-traumatization with Pap testing*



[Galvin, A. M., Akpan, I. N., Garg, A., Cuccaro, P. M., Thompson, E. L., & Santa Maria, D. M. \(2024\). HPV-related cancer prevention among people experiencing housing instability: A systematic review. *Sexually Transmitted Diseases*, 10-1097.](#)

WHAT ELSE DID WE FIND?



In samples of homeless individuals...

Homeless individuals compared with those who are stably housed

Significant findings

- *Female/Male HPV vaccination*
- *Education, relationship status, duration of residence, and a gynecologist visit in the last 12 months and ever having a **Pap test**.*
- *Themes related to physical pain, sexual trauma discomfort, and potential re-traumatization with **Pap testing***

Non-significant findings

- *Homelessness and HPV vaccination*
- *Homelessness and HPV knowledge and awareness*

Galvin, A. M., Akpan, I. N., Garg, A., Cuccaro, P. M., Thompson, E. L., & Santa Maria, D. M. (2024). HPV-related cancer prevention among people experiencing housing instability: A systematic review. *Sexually Transmitted Diseases*, 10-1097.



WHAT ELSE DID WE FIND?

In samples of homeless individuals...

Significant findings

- *Female/Male HPV vaccination*
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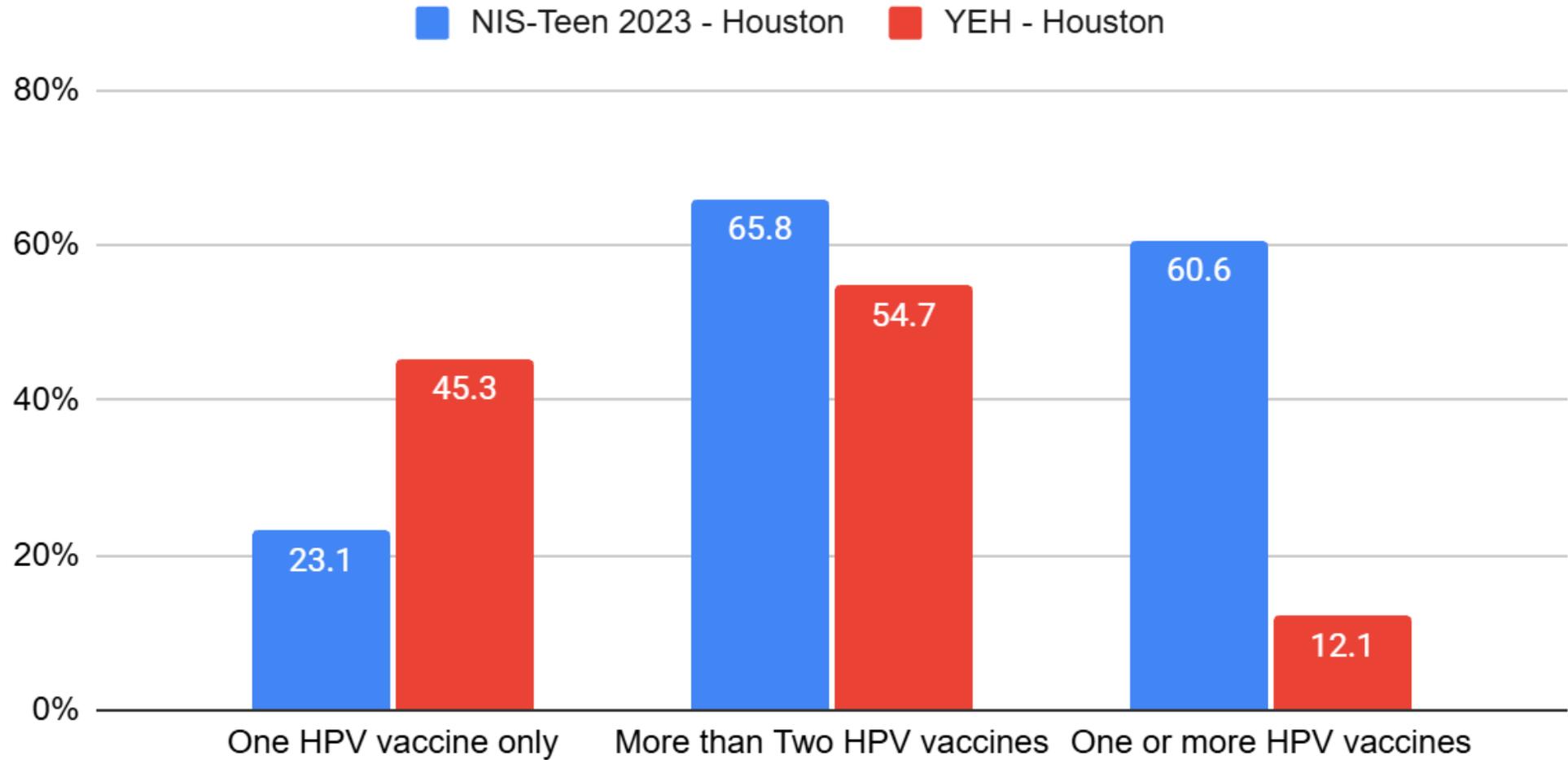
Homeless individuals compared with those who are stably housed

Significant findings

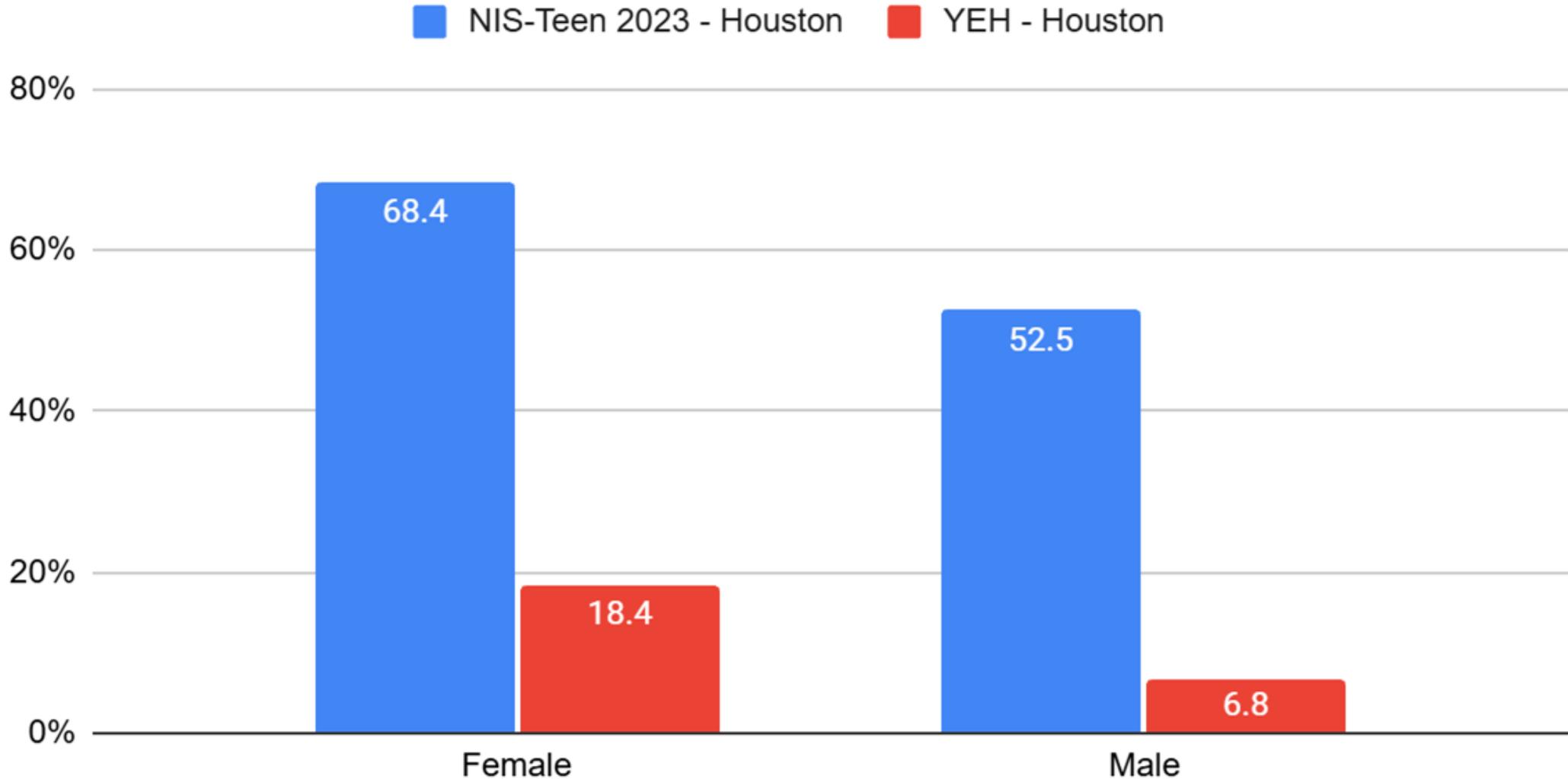
- *Clinics that serve homeless individuals had a lower incidence rate of cervical cancer screening compared to clinics that served less homeless individuals associated with the discontinuation of cervical cancer screening follow-up care*
- *Stably housed men who had sex with men had a lower odds of having a HPV-vaccine preventable anal HPV strain versus people unstably housed*

Prevalence of HPV Vaccines

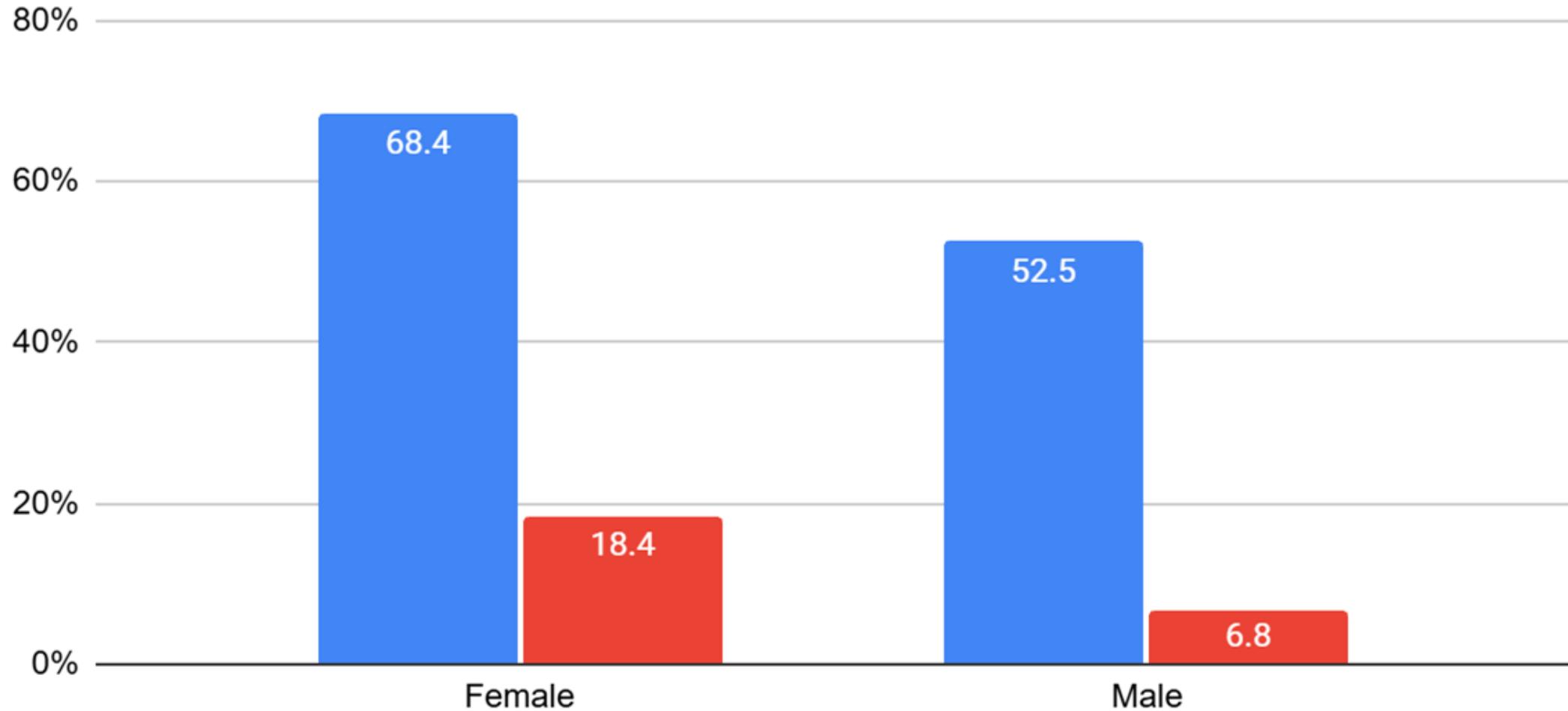
Homeless Youth and General Youth by Numbers of Doses



Prevalence of 1 or more HPV Vaccines: Homeless Youth and General Youth in Housing by Sex`



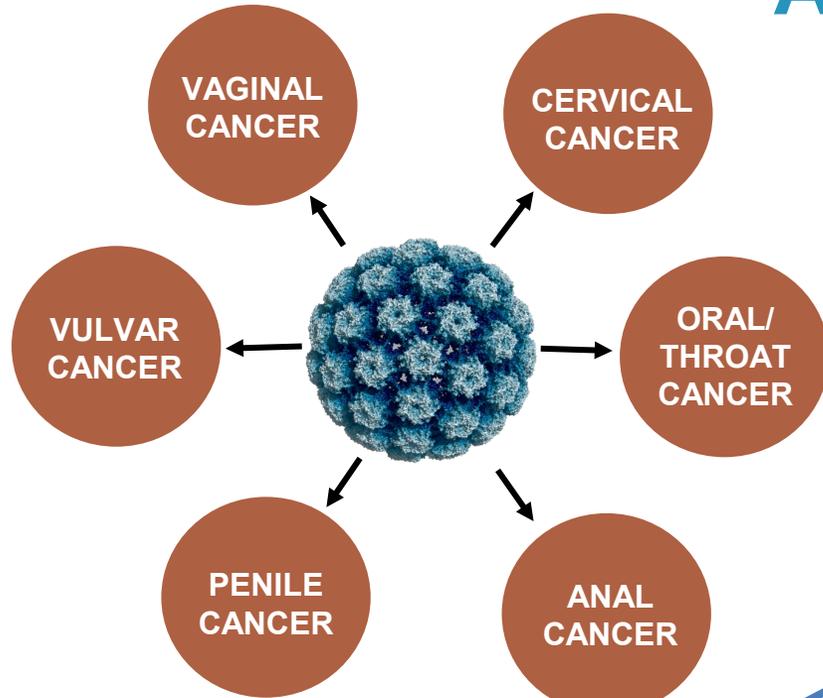
Prevalence of 1 + HPV Vaccines Homeless Youth and General Youth in Houston by Race/Ethnicity



OVERVIEW

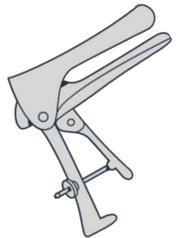
- ❖ HPV Cancer Epidemiology
- ❖ Barriers to Cancer Prevention
 - Cervical Cancer Screening Barriers
 - HPV Vaccination Barriers
- ❖ Homelessness Considerations

AN OUNCE OF PREVENTION...



- Medically Underserved Populations
- Social Factors
- Access to Health Care
- Medical Fear
- Sexual Trauma
- Health Literacy
- Stigma

HPV - Health
Related Cancer
Prevention



Homeless Individuals



Sheltered



Unsheltered



Hotel/Motel



Doubled-up

What are the biggest gaps in HPV vaccination delivery research?



1. How to increase HPV vaccine confidence through social media interventions
2. How to encourage providers to attend in-clinic quality improvement interventions
3. What are best practices for health insurers and plans
4. How to address rumors about HPV vaccine spread via social media
5. What is the impact of connecting immunization information systems to electronic health records and exchanging data bidirectionally

Barriers to HPV vaccination & cervical cancer screening	Homelessness-specific considerations
Parental vaccine hesitancy (Holloway, 2019)	A large proportion of PEH in/from the foster care system, lack of parental social support (Fowler et al., 2009; Marcenko et al., 2012)
Lack of access/affordability (Krivacsy et al., 2019)	Access to care sites, lack of transportation, parking costs, out-of-pocket costs (McCosker et al., 2022)
HPV vaccine safety (Brotherton & Bloem, 2018)	Mistrust of health care providers, inconsistency of providers (Omerov et al., 2020; Wen et al., 2007)
Lack of awareness, misinformation, disinformation (Cartmell et al., 2018)	Less education, less access to information from providers, more likely to use websites/social media due to accessibility (Sala & Mignone, 2014; Stockwell et al., 2015)
Lack of care coordination (Cartmell et al., 2018)	Usually, more social support care coordination, but several competing priorities (with basic needs) and health comorbidities (Galvin et al., 2023; Thompson et al., 2020)
STI connotations/HPV stigma (Xu et al., 2024)	Already stigmatized, (Markowitz & Syverson, 2021) may have a history of sexual trauma or exchange sex for housing/basic needs (Greene et al., 1999; Ulloa et al., 2016; Williams & Bryant, 2018)

OVERVIEW

- ❖ HPV Cancer Epidemiology
- ❖ Barriers to Cancer Prevention
- ❖ Homelessness Considerations
 - Population-Specific Considerations
 - Cervical Cancer Prevention Considerations

Evidence-Based Strategies for HPV Prevention

Homelessness-specific considerations

Strong provider recommendation
(Holloway, 2019)

Mistrust of health care providers, inconsistency of providers (Omerov et al., 2020; Wen et al., 2007)

One-on-one clinical counseling
(Gonul & Akyuz, 2019; Griffith, 2013)

Lack of clinical providers with training on how to work with PEH (McCosker et al., 2022)

Reminder systems (Holloway, 2019)

PEH are less likely to have consistent phones, addresses, and other means of contact
(Humphry, 2014; Thurman et al., 2021)

School-based approaches, (Cuccaro et al., 2023)
school-entry requirements (Cartmell et al., 2018)

Lower school enrollment for children experiencing homelessness, competing priorities with schools
(Cuccaro et al., 2023)

Data: State immunization registries, Health care effectiveness measures/funding for insurance (Holloway, 2019)

Some data available nationally, yet to be analyzed, data not linked to housing data

Peer + medical recommendation
(Hopfer, 2012)

PEH have smaller peer support groups and may not feel trusting of others (Cummins et al., 2022; Hwang et al., 2009; Johnstone et al., 2016)

Solutions for Other Health Care Prevention among PEH

HPV-specific considerations

**Shelter-based/outdoor-based care,
syringe site care** (Schwarz et al., 2008)

Would need a very good follow up for a second shot, identification of younger children

Motivational interviewing
(Orciari et al., 2022; Tucker et al., 2017)

Goes against strong provider recommendations and presumptive approach (Reno et al., 2019)

Incentives (McCosker et al., 2022)

May not be cost-effective, scaling considerations (McCosker et al., 2024)

Nurse vaccination delivery
(Nyamathi et al., 2009)

Address public nursing shortage concerns, need to recruit nurses to serve in lower-paid areas

**First appointment vaccination,
Accelerated vaccine schedules**
(McCosker et al., 2022)

We would need more infrastructure for EHR and other sites to track HPV series/time

Peer counseling
(Altena et al., 2010; Barker et al., 2017)

Shown in colorectal cancer screening, not as much evidence in HPV vaccine uptake

THANK YOU

Subject Matter Experts



Dilara Koksal, BSN, RN, PCN
Women's Health Nurse Coordinator,
Charles River Health

Cervical Cancer Screening and Housing Assistance: Improving Access, Stability and Screening

Presented by Dilara Koksai BSN, RN, PCN
Women's Health Coordinator

Daniela Jurado, MBA, CCHW
Community Health Lead



Objectives

Review health
related needs

Intersection of health
related needs,
access to care, and
preventive services

Importance
targeted
intervention to
access health care

Health Related Needs Screening

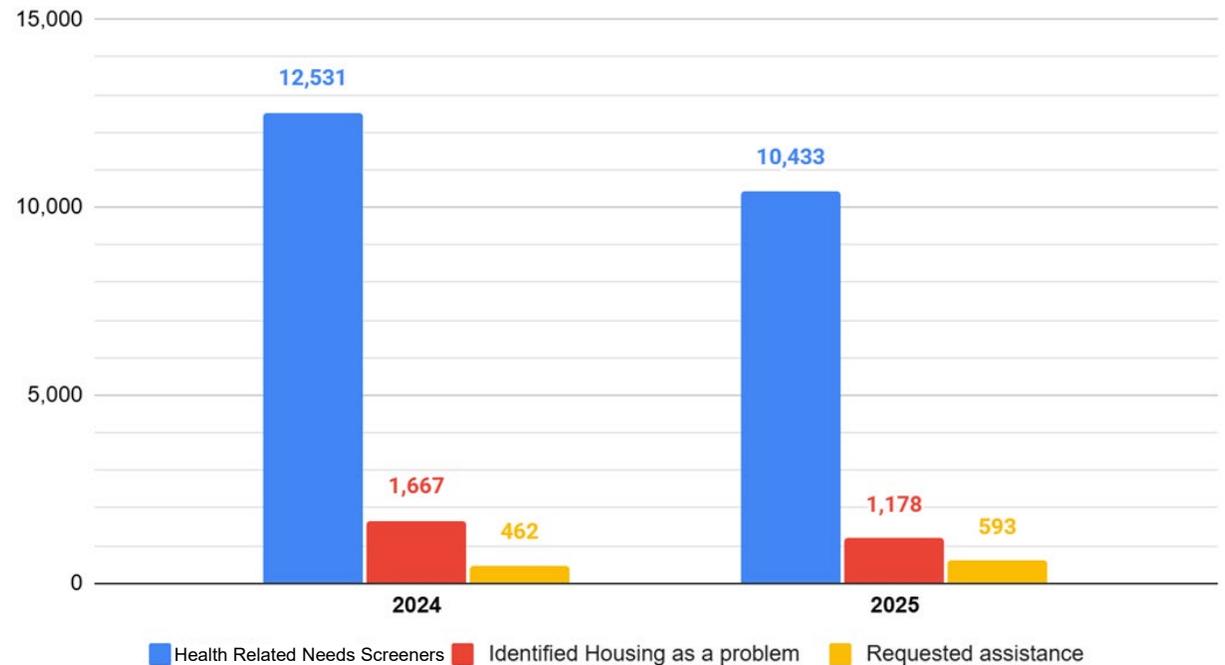
2. What is your housing situation today?

- I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- I have housing today, but I am worried about losing housing in the future
- I have housing
- I am not sure

3. Think about the place you live. Do you have problems with any of the following? (check all that apply)

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Inadequate heat
- Oven or stove not working
- No or not working smoke detectors
- Water leaks
- None of the above
- I am not sure

Health Related Needs Screening Form



Housing Consumer Education Center (HCEC) Referral Form

<p>Please complete the following preliminary information.</p> <p>Date: _____ Time: _____</p> <p>First Name: _____ Last Name: _____</p> <p>Client Address: _____ Child Under age 21 in household? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>What is your preferred language? _____</p> <p>Other languages spoken at home: _____</p>	<p>Client Information</p> <p>Date of Birth: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p>
<p>Referring Contact Name: _____</p> <p>Agency: _____</p> <p>Email: _____</p> <p>Phone Number: _____</p>	<p>Reason for Referral: Please check all that apply.</p> <p><input type="checkbox"/> Housing Resources <input type="checkbox"/> Workshops <input type="checkbox"/> RAFT</p>

What is the current Housing Crisis? Please check the most accurate description and provide documentation



Housing Challenges

- State Funding Issues
- Wait list
- Housing conditions
- Expenses
- Administrative Burdens; Documentation and Paperwork Burdens

Housing Challenges- Getting Documentation

- Having to connect to another agency or organization to access the records or documents needed for housing
- Requests to support homeless individuals
- Patients may just not have the necessary documents to show proof of citizenship
 - Example: Common situation- a family of five living in one room in an apartment. The apartment is under the name of someone else. In this case they do not have proof of residence at their location

Lack of documentation means tighter constraints on access to available resources

HOMELESS PRIORITY (HOUSING SITUATION PRIORITY)						
1-4(A-C) ELIGIBILITY CHECKLIST						
Checklist Verification Requirements	Homeless Priorities					
	1 - Fire or Natural Disasters	2 - Urban Renewal	3 - State Sanitary Code	4a - Court Ordered Eviction	4b - Severe Medical Emergency	4c - Abusive Situation
Response to Screening Packet (required for all Priorities)	You will need to explain your current housing situation in the applicant response on the CHAMP Form named Required Verification of Priority and Preference. Your explanation should match the priority you are claiming. You will also be asked to provide supporting documents as explained below.					
Proof of Primary Residence (required for all Priorities)	You must provide proof of your primary residence. Your primary residence is the place where you are currently living or, where you were living at the time you were displaced, provided you lived or intended to live at that address for at least 9 months of the year. Proof of your primary residence may include but is not limited to letters from the landlord, lease agreement, rent checks, utility bills, proof of child's enrollment in local schools.					
Proof of Displacement or Imminent Displacement (required for all Priorities)	<p>Fire:</p> <ul style="list-style-type: none"> An Official Fire Report that: <ul style="list-style-type: none"> Lists your primary residence. Indicates that residence is uninhabitable. If this information is missing, you can also provide a letter from the Board of Health or similar agency that the unit is not habitable. Does not state or show that you are at fault. Other natural disasters: <ul style="list-style-type: none"> A Federal Disaster Declaration. An Official Report from Red Cross or FEMA that should include your residence. 	<p>A Copy of Official Notification of land/property taking and the stated purposes thereof from public agency involved. Must have legislative authority exercised and date of displacement within the last 3 years.</p> <p><i>Note - relocated/displaced due to public housing redevelopment is an eligible reason to claim this priority</i></p>	<p>A copy of the Official Order of Displacement:</p> <ul style="list-style-type: none"> Must be due to minimum standards of fitness for human habitation established by the State Sanitary Code, State Building Code, or local ordinances (like zoning). With a date of displacement or future displacement. 	<p>A judgement or other Court Document (like an agreement of the parties) that:</p> <ul style="list-style-type: none"> Requires you to vacate your primary residence by a known date. Does not indicate that the reason for the eviction is your fault. <p><i>Note - If the document does not state "no fault", the eviction will be considered "no fault" if document does not show evidence of fault (i.e., property damage, unpaid rent not forgiven)</i></p>	<p>A completed CHAMP Form: Physicians Verification of Severe Medical Emergency. The form must verify an illness or injury which poses a severe and medically documented threat to life or safety and that your Primary Residence is or was a cause of the illness or injury or is a substantial impediment to treatment or recovery.</p>	<p>A document that verifies abuse, as defined in M.G.L. 209A, sexual assault, or stalking, such as, but not limited to:</p> <ul style="list-style-type: none"> Medical Documents. Court documents. Social Service Agency documents, etc.
Proof of current temporary living situation. (Required only if already displaced from primary residence)	Examples may include a shelter verification letter, a letter from a person you may be temporarily residing with, any letter from a community figure (police, church personnel, etc.)					
Proof the Applicant has not caused or substantially contributed to the safety-threatening or life-threatening situation.	<p>Fire:</p> <ul style="list-style-type: none"> The Official Fire Report has no indication that you caused or substantially contributed to the fire. <p>Other natural disasters:</p> <ul style="list-style-type: none"> Not Required. 	<p>Not Required</p> <p>Presumed with verification of Displacement by Public Action - Urban Renewal.</p>	<p>The Official Order of Displacement must not indicate that:</p> <ul style="list-style-type: none"> You or a household member has caused or substantially contributed to the cause of enforcement proceedings. 	<p>Not Required</p> <p>Presumed in the documents proving (imminent) displacement.</p>	<p>A completed CHAMP Physician or Other Medical Provider Verification Form. (A screening document that will be sent to you). You may also provide other evidence of the existence of the condition in your Primary Residence such as:</p> <ul style="list-style-type: none"> Photographs. Board of Health Citation. Other documentation. 	<p>Not Required</p> <p>Presumed with verification of Displacement due to Abusive Situation.</p>
Proof the Applicant has pursued ways to prevent or avoid the safety threatening or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.	<p>Not Required</p>	<p>Not Required</p>	<p>You must provide a written statement of your efforts to remedy the situation causing the displacement and documents (if available) to support your actions, such as:</p> <ul style="list-style-type: none"> Letters to/from your landlord. Board of health notice. Court records, etc. 	<p>Not Required</p>	<p>Not Required</p>	<p>Not Required</p>

Housing Intersects With Health Care



Intimate partner violence and a need to get out of their current housing for safety reasons

- One less income to pay rent
- Fear of getting help



Expenses: create conflicting priorities

- Getting healthy foods for conditions such as diabetes
- Nutritional support



Poor housing conditions are common: rats, pests, mold, stoves that don't work

- Leads to other health issues: respiratory issues, cardiac issues

How CRCH Helps w/ Health Related Needs

Community Health
Workers

Health Related Social
Needs (HRSN) Program
Referrals

Fresh food markets

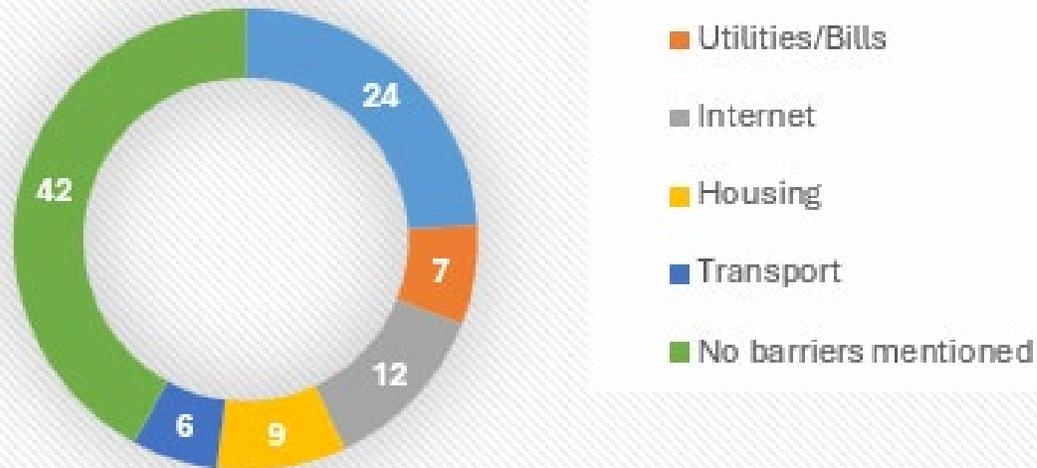
Farmers Markets-
vouchers

Insurance issues-
health benefits
consultants (Certified
Application
Counselor)

Van

Chart Review for Pap Smear Patients

Barriers Addressed For PAP Patients



- 76 patient Chart review
- Random sampling of Pap patients ages 21-70
 - 13 of the patients had multiple health-related needs

Other Challenges Faced

Fear of leaving
house

Child care

Work

Understanding
can be due to language
barrier/education

Fear of the
unknown

Finances

Phones

How CRCH has adapted to Challenges

Prevention and wellness team-
pap manager

Partnerships
(Larger Facilities)

Referral
streamlined for
patient needing
higher care

Training
providers in
colposcopies

Use of Epic Health
maintenance care
gaps

Hours – open
Saturdays, late
appointments

Opening more
patient slots to
see more patient

Outside GYN

Patients that prefer specialty care: pap smears, colposcopies, leeps, etc



Workflow is developed to schedule f/u and share results for different facilities



Direct email, Epic telephone calls, faxing of record

Prevention and Wellness- PAP Manager

Role

- Educating patients
- High Risk Patients
- Scheduling Colposcopies
- Making sure Pap plans are in place for patients after colposcopies/further treatment
- Communicating with providers

History of PAP Manager at CRCH



There has been some form of PAP management for at least 10 years



2 providers that are trained in colposcopies

Outreach Strategies

MyChart

- Able to send reminders

Sending letters

- Mailing information

Phone calls for necessary patients

- 2 calls and a letter

Provider Involvement

Using Native Language

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



March 3- Evaluation & Contact Hours: *Improving Access: Cervical Cancer Screening- Session 1*

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? *

Send me a copy of my responses

Submit

Powered by smartsheet



Certificate

Once you submit the evaluation, please wait approximately **20 minutes** for your certificate to arrive. It will come from “Smartsheet Automation,” and be linked at the **very bottom of the email** (as seen below). You will not need to request access.

NNCC Certificate for Optimizing Case Management for Patient-Centered T...

SA Smartsheet Automation <automation@app.smartsheet.com>
To Regina Brecker 10:27 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

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



Access Health Center Resources

NNCC Resource Library



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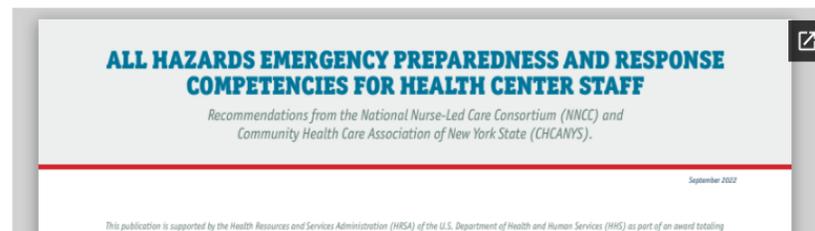
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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

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

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

- **March 10, 17 & 24, 2026 - 3pm EST - Sessions 2, 3 & 4**
- Registration: https://us02web.zoom.us/webinar/register/WN_Bs53T-k4S_C_LeRlXOQpUQ

Comprehensive Case Management for Prenatal Care in Health Centers: Improving Access & Outcomes

- **March 4, 2026 - 3 pm EST**
- Registration: https://us02web.zoom.us/webinar/register/WN_tZvwoSTTT3-ey4vVznEgmg

Expanding Access: Leveraging Patient Support Services to Increase Cancer Screening Rates

- **March 5, 2026 - 3 pm EST**
- Registration: https://us02web.zoom.us/webinar/register/WN_B8A7zQ1XTbqemrnfPh8cWg

Health Center Preparedness & Response Forum Series: Session 3 - Workforce Readiness

- **March 11, 2026 - 2 pm EST**
- Registration: https://us02web.zoom.us/webinar/register/WN_8c4vJMkpS_uL7Bnl7X6Hsw



Thank You!

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

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