

Assessing acceptance of intervention strategies to increase cervical cancer screening and follow-up among women living with HIV

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BACKGROUND

- Inadequate cervical cancer screening and follow-up among women living with HIV (WLWH) eligible for screening in our integrated safety-net healthcare system:
 - 53% Screened within 12 month
 - 42% Completed follow-up within 6 months after screen
- Barriers to screening identified through a research/quality improvement collaboration. Recommendations for interventions included:
 - Intensified appointment reminders via mail, phone, and text
 - Patient navigation
- Patient-led community advisory panel recommended patient education and tailored materials to increase screening and follow-up

AIMS

To ensure interventions were patient-centered, we sought patient feedback on:

1. Acceptability of clinic-level interventions aiming to increase cervical cancer screening and follow-up among WLWH
2. Educational messages for WLWH to increase cervical cancer screening and follow-up

METHODS

- **Setting:** Urban integrated safety-net system:
 - Safety net system for ~1M under/uninsured residents
 - Patients predominantly enrolled in Medicaid or community assistance programs
 - Network of 12 community primary care clinics, including 4 HIV specialty clinics
 - Services ~1,800 WLWH, 80% Hispanic or African American
- **Data collection:** Semi-structured interviews (n=11) with WLWH accessing healthcare in our safety-net system:
 - Knowledge and awareness of cervical cancer screening and follow-up
 - Feedback on two sets of patient education materials (brief messages vs. statistics and medical information) and recommendations for tailoring
 - Acceptability of intensified appointment reminders and patient navigation

- **Data analysis:** Thematically analyzed transcribed data using an iterative deductive and inductive coding scheme

RESULTS

Acceptability of intensified appointment reminders and patient navigation

- All participants **receptive to intensified appointment reminders** via mailed letters and phone calls
 - Most did not like text messages due to privacy concerns
 - All agreed letters and phone calls should also be used for women who are overdue for screening and do not have appointments
 - Important messages to include:
 1. It is important to take care of yourself
 2. Facts about cervical cancer prevention
- All participants **felt a patient navigator would be a valuable resource for patients** and an important tool to increase cervical cancer screening and follow-up
 - Recommended job responsibilities included:
 1. Sending letters and calling patients to remind them of appointments
 2. Calling patients “to check in”
 3. Providing facts and information
 4. Attending appointments with women who were uncomfortable going alone

Feedback on educational messages

- Most participants **felt materials with statistics and medical information were more impactful** and would prompt WLWH to take action
 - Important aspects of materials included
 1. Simple language
 2. Representative photos/images
 3. Symptoms of cervical cancer
 4. Guidelines for screening and follow-up for WLWH
 5. Facts about morbidity and mortality

Additional strategy identified by participants

- Half of participants noted that they **would enjoy having workshops or being part of a women’s group to “build community”** and talk about health issues
- This was unprompted and emerged as a potential intervention strategy. One participant suggested a women’s group could be a place where women could engage in peer to peer mentoring or where a patient navigator could lead discussions and answer questions.

Q: What information should be included in letters or calls?

“If you love yourself, you’ll take care of yourself...and if you love your kids, you’ll take care of yourself.”

“Explain to them about coming in, getting your test, the results of the test, and what the abnormal cells and all of that means.”

Q: How could a patient navigator be helpful?

“There’s people out there that need the extra boot in the rear end, I guess you could say...to get them going back [to the doctor’s office].”

“I know that in a case like mine, you know, if I had somebody that could – even once in a while – just call and say ‘Hey, how you doing?...’ it would kinda help with my situation.”

Q: What is it that appeals to you? [After participant points to material she likes]

“They’re giving a lot of information like the symptoms, what to typically look out for...It tells you [about HPV] and what it is...how you can get cancer...It also tells you why it’s important, like if you get screenings you can get it caught early and you have better quality of life...I like this one – it’s very informational.”

Q: What would you like to see in seminars or workshops? [After participant mentioned “seminars”]

“I would [include] people that already kind of are...dealing with the same situation, you know,...people that can relate to each other. Like seminars like that and then [talk about] prevention ways and stuff like that and maybe how to deal with it...how to deal with situations because...I don’t talk to anyone else [about] that so just other people that I can relate to.”

CONCLUSION

- Patient perspectives and feedback are critical to designing patient-centered interventions for increasing cervical cancer screening and follow up. Without patient input, we would not have identified an additional intervention opportunity – women’s groups/workshops.
- Next step: Refine educational materials based on feedback and incorporate messages recommended by participants.