

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Partnering with federally qualified health centers to increase cervical cancer screening guideline knowledge and confidence

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Cervical cancer burden is high in the Chinese and Latinx communities. Partnerships between Comprehensive Cancer Centers and federally qualified health centers (FQHCs) in these communities is critical to build capacity among primary care providers (PCPs) and staff (e.g., medical assistants) to deliver high quality cervical cancer screening (CCS). Objective: To assess CCS knowledge and current practice among FQHC PCPs and staff. Study Design and Analysis: Following exploratory sequential mixed methods design, we conducted in-depth interviews (IDIs) and pre/post-surveys to assess knowledge of HPV, CCS and guidelines and confidence. Pre/post comparison of proportion of correct responses used fisher's test and χ^2 test for domain mean scores ($p < .05$). Confidence Likert scale was dichotomized (low = not/slightly confident; high = confident/very confident). Setting or Dataset: In 4 clinics in a multi-site FQHC serving predominantly Chinese and Latina women, 23 IDIs, 24 pre-surveys (11 PCPs, 13 staff), 21 post-surveys (7 PCPs, 14 staff) were conducted in June 2023. Population Studied: PCPs and staff Intervention/instrument: A 25-minute training adapted from Federal Cervical Cancer Collaborative was delivered by an outreach coordinator. Consolidated Framework for Implementation Research informed IDI guides. Pre/post-survey contained 13-items assessing knowledge of human papillomavirus (HPV, $n=7$), CCS ($n=3$), guidelines ($n=3$), and confidence ($n=3$). Outcome Measures: IDIs assessed for CCS barriers and facilitators and surveys measured CCS knowledge and confidence. Results: Pre-survey and IDIs revealed opportunities to improve knowledge of cervical cancer risk factors and prevention among staff and guideline adherence for PCPs and staff. Pre/post-survey mean significantly increased for knowledge of HPV (Staff=69% to 93%); CCS (PCPs=91% to 100%; staff=90% to 91%); and guidelines (PCPs=67% to 91%; staff=49% to 69%). Proportion of PCPs reporting high confidence responding to CCS related questions, hesitancy, and dispelling myths significantly increased (94 to 100%) but change among staff was not significant. Conclusions: Findings show partnerships between Cancer Centers and

FQHCs can facilitate capacity building by increasing CCS knowledge and providing technical support. Modest change in staff confidence warrants further study to design workforce development tools that increase their CCS knowledge/confidence, as they play critical roles in patient education in FQHCs.

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