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Prioritizing Prevention: An Educational Intervention for Hispanic Women

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Background

- Hispanic women experience the highest rates of cervical cancer morbidity and mortality in the United States.[1]
- Cervical cancer incidence rates are 40% higher, and mortality rates are 20% higher in Hispanic women compared to non-Hispanic white women.[2,3]
- Barriers to cervical cancer screening among Hispanic women include lack of access to women's healthcare services and lack of knowledge of cervical cancer risk factors.[4]

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Problem Statement

- Approximately 19% of Hispanic women in the United Stats are non-compliant with current United States Preventive Services Task Force (USPSTF) cervical cancer screening guidelines.[5]
- Primary care providers (PCPs) often do not discuss individual cervical cancer risk factors during routine office visits due to time constraints and language barriers.
- Theory-based, culturally-sensitive educational interventions demonstrate success in increasing cervical cancer screening rates among Hispanic women.[1]
- **Purpose Statement:** To implement an educational intervention discussing cervical cancer risk factors during primary care office visits to increase women's health referral acceptance rates among Hispanic women.

Methods

- **PICO:** Among Hispanic women age 21 to 65 presenting for a primary care office visit, does one-on-one education regarding individual cervical cancer risk factors increase the rate of women's health referral acceptance when compared to no education?
- **EBP Model:** Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP)
- **Literature Search**
  Search terms: access to care, cervical cancer risk factors, education, educational intervention, Hispanic women, Latina women
  Databases searched: CINAHL Complete, Cochrane Library, MEDLINE Complete, PsychINFO, PubMed, and Google Scholar

Articles Included	Articles Excluded
Published between 2013-2020	Published before 2013
Available in English	Did not include Hispanic women
Included Hispanic women	Did not include education intervention
Included cervical cancer screening and risk factor education	

Level of Evidence	# of Studies	Summary of Findings	Quality Rating
Level I	4	• Individual cervical cancer risk factor education increases knowledge of the perceived benefits of cervical cancer screening among Hispanic women.[6] • Knowledge of cervical cancer risk factors increases the intention to pursue cervical cancer screening.[7]	A/B
Level II	7	• One-on-one educational interventions increase cervical cancer screening rates.[8,9] • Community-based, culturally-sensitive education significantly increases knowledge of cervical cancer screening benefits and self-efficacy.[10,11]	A
Level III	10	• Use of theory-based educational interventions increases the understanding of the need for cervical cancer screening among Hispanic women.[1] • Regular discussion of cervical cancer risk factors and screening guidelines with a trusted healthcare provider is a significant external cue to obtaining appropriate cervical cancer screening.[12]	A
Level V	2	• Health literacy and knowledge of cervical cancer risk factors are predictors of cervical cancer screening compliance among Hispanic women.[13]	B
Total	23		

- **Translation Model:**
  JHNEBP Practice Question, Evidence, Translation (PET) Process

Practice Question → Evidence → Translation
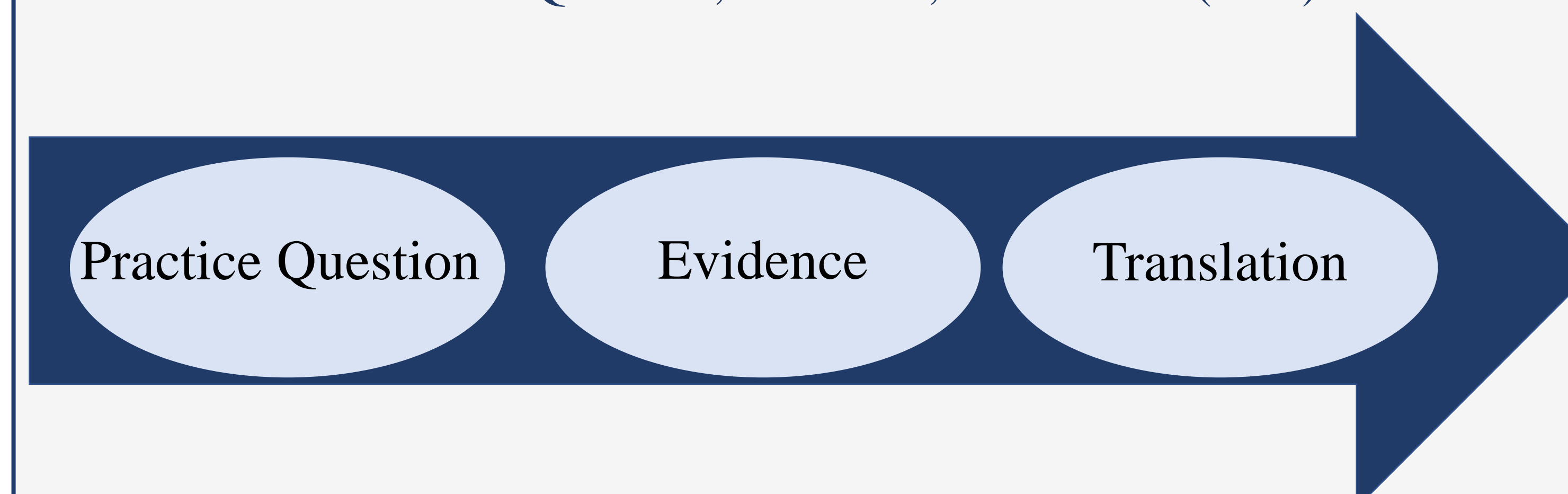
Dang, D., & Dearholt, S. L. (2017). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (3rd ed.). Retrieved from https://www.hopkinsmedicine.org/evidence-based-practice/ijhn_2017_ebp.html

- **Project Design:** This project met the criteria for a quality improvement (QI) project to fill a gap in clinical practice and processes at the local level. This project was designed to increase women's health referral acceptance rates utilizing an educational intervention during primary care visits.

Intervention

- Participants: A convenience sample of patients aged 21 to 65 presenting for a primary office visit who self-identify as female and Hispanic.
- Participants were approached before or after the office visit at two free medical clinics located in central Pennsylvania.
- Baseline data was collected for the control group (n=10) who received usual care (no education).
- During the intervention, each participant was asked if they would like to receive education regarding individual risk factors for cervical cancer.
- Education provided to the intervention group (n=65) used educational materials from the Centers for Disease Control and Prevention (CDC) as well as the current USPSTF cervical cancer screening guidelines.
- Participants received education in either English or Spanish depending on personal preference.
- Post-intervention, each participant was asked if they would like to receive a referral for women's health services and response was recorded.

Results

- **Sample Demographics:** The final sample size included a total of 75 participants, all of whom self-identified as female and Hispanic.
  - Mean age: 43.55 years (SD=12.2)
  - Mean years since last cervical cancer screening: 3.38 (SD=3.87)
  - Mean years since last well woman exam: 2.97 (SD=2.82)
  - Current or former smoker: 20.0% (n=15)
  - More than one lifetime sexual partner: 57.3% (n=43)
  - History of HPV: 14.7% (n=11), unknown 25.3% (n=19)
- **Demographic Analysis:** no statistically significant difference (a-level = 0.05) between groups for
  - age [$t(73) = -.17, p = .86$],
  - years since last cervical cancer screening [$t(63) = -.10, p = .92$], and
  - years since last well woman exam [$t(64) = -.64, p = .52$].

Outcome Measure: Compared to the control group, there is a statistically significant difference in the women's health referral acceptance rate among those who received the educational intervention [$x2(1) = 60.58, p = .000$].

	Received Education	Accepted Referral
Control (n=10)	0%	0%
Intervention (n=75)	100%	96.9%

- **Effect size:** Large effect size ($\phi = .899$)

Conclusion

Limitations: There was a smaller sample size than expected due to the COVID-19 pandemic and patient restrictions at the project sites. Geographic restrictions and the use of a convenience sample may impact the generalizability of project findings.

Recommendations:
- PCPs should integrate cervical cancer risk factor education into routine primary care office visits.
- Recommendations for project replication include trialing the intervention at clinics that serve a large population of Hispanic patients.
- Power analysis results: 4 participants per group (n=8) for 80% power and an alpha of 0.05 to replicate this project
- Interprofessional collaboration between PCPs and women's health providers is essential to ensure access to quality care for Hispanic women.

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