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Education Combined with Reminder Strategies to Improve Cervical Cancer Screening Rates

Christiana E. McLean, BSN, RN, CRRN

Cervical cancer is the second most common cancer among women worldwide, and in some countries, is a leading cause of death (Jayasekara, 2020). Approximately 13,800 cases of cervical cancer were diagnosed in the U.S. last year, and about 4,290 women died (American Cancer Society [ACS], 2020). Regular cervical cancer screening (CCS) reduces morbidity and mortality, but screening rates are low in the U.S. and at the project site (ACS. 2020). The purpose of this evidence-based practice (EBP) project was to increase CCS at a Federally Qualified Health Center (FQHC) with six clinic locations in Northwest Indiana; the primary project site was a clinic in Porter County. Participants included female patients age 24 to 65 due for CCS (N = 475) who received an educational email on CCS, including an appointment reminder. Two weeks after the initial email, patients who had not scheduled an appointment received a second reminder email. Five weeks after the second email, participants who had not made an appointment received a phone call. If participants identified Spanish as their preferred language, emails and phone calls were conducted in Spanish. The emails were also sent to patients at the other five clinics due for CCS. Data on CCS completed were collected from patient charts every two to four weeks for a period of five months. The primary outcome examined was CCS uptake at

the primary site, compared with uptake in a comparison group of patients from 2019. Following the interventions, 16.42% of the intervention group completed CCS, while only 11.36% of the comparison group did so; the increase was statistically significant $\chi^2(1, N = 1109) = 5.96, p < .05$. In addition, CCS completions were collected following each intervention; McNemar's test was conducted and found a significant increase in CCS after the second email ($\chi^2 = 25.04, df = 1, N = 475, p = .000$) and the phone call intervention ($\chi^2 = 36.03, df = 1, N = 475, p = .000$). Another secondary outcome was CCS completions for participants from the other five clinics who only received the emails, which will be reported as frequencies. Findings from this project will be used to recommend continued annual phone call and email interventions at all six clinics.

Keywords: cervical cancer screening, Papanicolaou smear, uptake, participate, improve, strategies, interventions