"I’ve had a Pap, but I haven’t been screened for Cervical Cancer": HPV health literacy among women screened for Cervical Cancer at an urban STD clinic

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Background

- U.S. cervical cancer screening and follow-up disparities persist for women of color and uninsured women.1
- Studies have documented misconceptions about Pap testing and HPV’s relationship with cervical cancer. Few studies have occurred since public debate began about the HPV vaccine (2006).2,3
- HPV and cervical cancer literacy can facilitate or impede the use of preventive services such as screening, delays in treatment and poor health outcomes.4
- There is a need for accurate and simple ways to identify HPV and cervical cancer literacy at point of care, especially for women who are underserved by the medical system – such as women attending a walk-in STD clinic.
- The purpose of this study was to identify indicators of HPV and cervical cancer literacy among women attending an urban STD clinic.

Methods

- This study of 103 women was part of a larger project designed to examine cervical cancer screening acceptability in a Midwest, urban STD clinic (Table 1).
- Women aged 30-50 years seeking a clinician exam at an STD clinic were invited to receive cervical cancer screening: co-testing with liquid based cytology and HPV DNA testing.
- HPV-related literacy was assessed by comparing self-reported cervical cancer screening history with self-reported Pap test history gathered at study enrollment.
- Participant questions asked at the time of results communication were used to verify literacy data gathered at enrollment.

Results

- Over half the sample (57.8%) did not connect Pap testing and cervical cancer screening, as they reported Pap testing history while also reporting never having been screened for cervical cancer.
- Knowledge gaps related to HPV and its connection with cervical cancer were observed from participant questions during results consultation (Table 2).
- Differences in literacy rates by race/ethnicity approached, but did not reach, significance, (t(81)=1.936, p=.056). Literacy differences by age were not observed.

Conclusions

- Findings suggest that literacy issues persist about the purpose of Pap testing and about HPV’s connection with cervical cancer. This implies that public conversation about HPV’s connection with cancer is not reaching all women.
- Patient self reported last pap and cervical cancer screening can serve as two indicators that when compared will provide useful information to initially assess patient HPV/cervical cancer literacy.

This approach approximates clinical practice data gathering and could offer an important opportunity for patient education at point of care.

References