

HPV Self-Collection and Navigation to Improve Cervical Cancer Screening for Unhoused Patients at a Student-Run Clinic

Sara Be; Amelia Jernigan, MD; Cara McCarthy; Carleigh Baudoin; Tiera Gulum; Tasnia Monir; Sierra Runnels; Shealan Cruise; Olivia Hart; Kate Horton; Aiden Jacobs; Achraf Cherkaoui; Evrim Oral, PhD. Louisiana State University Health Sciences Center New Orleans; Department of Obstetrics and Gynecology; LSUHSC School of Public Health; Ozanam Inn Student-Run Community Clinic.

Background: Cervical cancer remains a preventable cause of morbidity and mortality in the United States, with disproportionate burden among uninsured, publicly insured, and unhoused individuals whose screening rates fall below national targets. Ozanam Inn, which hosts one of LSU Health Sciences Center's Student-Run Community Clinics in New Orleans, serves people experiencing homelessness and housing instability who often rely on this Saturday clinic as their only point of healthcare contact. Despite regular visits for acute and chronic issues, few patients receive recommended cervical cancer screening due to limited access to primary care, trauma from sexual assault, lack of insurance, transportation difficulties, and unstable contact information. HPV self-collection is a promising, evidence-based strategy to reduce barriers related to pelvic exams and clinic logistics, but prior studies have shown persistent gaps in result notification and diagnostic follow-up among highly transient populations.

Methods: This quality improvement project will adapt, implement, and evaluate an HPV self-collection and navigation workflow embedded within Ozanam Inn's existing Saturday clinic operations. The stakeholder working group will include Ozanam Inn SRCC directors, student leaders, gynecology partners at UMC New Orleans, laboratory partners (most likely LabCorp), and patients served at the Ozanam Inn SRCC clinic site. The stakeholder group will refine eligibility prompts, integrate screening procedures into triage, exam room, and discharge steps of the SRCC clinic operations, define specimen storage and transport procedures, and formalize result-reporting and navigation pathways using Tebra documentation. Eligible patients will receive education and will be offered private, restroom-based self-collection using a validated kit; specimens will then be labeled, stored, and transported according to clinic protocol. Training for SRCC STI team volunteers will include role-play, quick-reference guides, and standardized workflows for self-collection, documentation, result reporting, and follow-up.

A central feature of the intervention is its integration with the Patient Navigation Collaborative (PNC), the newest chapter of SRCC established to provide health system navigation beyond SRCC encounters. Patients with positive or inconclusive results from their HPV self-collection test will be connected to PNC for support with insurance enrollment, appointment scheduling, transportation coordination, and linkage to the UMC GYN colposcopy clinic. Because PNC uses a team-based, longitudinal case coordination model and documents activities in Tebra, it is particularly well suited to address barriers common among unhoused patients, including unstable phone access, transportation challenges, and fragmented follow-up.

Results: Implementation is prospective, so results are not yet available. Funding for this initiative has been requested through a grant application submitted to the Louisiana Blue Foundation. Evaluation will measure feasibility, reach, and preliminary effectiveness, including the proportion of eligible patients who were screened for cervical cancer history, were offered self-collection, and who completed testing during the visit. Additional measures will include HPV positivity rates, time to result notification, and the proportion of HPV-positive patients completing guideline-concordant diagnostic evaluation at the partnering UMC GYN colposcopy clinic. Implementation outcomes will include acceptability, feasibility, fidelity, barriers and facilitators, and cost to inform future scale-up.

Conclusions: This project is designed to create a practical, sustainable model for cervical cancer screening within a shelter-based student-run clinic by embedding HPV self-collection into the routine Ozanam Inn workflow and pairing it with the existing health system navigation infrastructure. What makes this model distinctive is that screening and longitudinal navigation are built as one integrated program rather than a standalone testing effort. Because it leverages existing clinic structure, student leadership, Tebra documentation, and referral relationships, it may be adaptable to other student-run and safety-net clinics seeking to improve cancer prevention and follow-up for highly marginalized populations.