

Implementing HPV Self-Collection for Spanish-Speaking Patients at Luke's House Community Clinic

Jose M. Ruiz IV, Saegan Swanson, Antonia Traina, MD. Louisiana State University Health Sciences Center New Orleans; Department of Obstetrics and Gynecology; Luke's House Community Clinic.

Background: Access to cervical cancer screening remains uneven, particularly for uninsured patients and those who face language barriers. Luke's House Community Clinic serves a predominantly Spanish-speaking, uninsured population in New Orleans, Louisiana. For this population, expanding access to screening requires attention to both the screening procedure and communication throughout subsequent care. HPV self-collection is a validated alternative to clinician-performed pelvic exams that can increase screening participation in underserved populations. The clinic's OB/GYN subcommittee has begun implementing a workflow that pairs in-clinic self-collection with Spanish-language instructions, result communication, and follow-up support within an established setting for longitudinal care.

Methods: This quality improvement project formalizes a language-concordant HPV self-collection workflow to support cervical cancer screening among Spanish-speaking patients. Under the clinic's workflow, testing is offered to women aged 25 years and older who have not had HPV testing in the past three years. Patients are identified at intake and offered self-collection in Spanish by bilingual volunteers. Instructions are read aloud in Spanish, and written Spanish instructions are also provided. Patients collect specimens privately in the clinic using a validated LabCorp kit, and specimens are submitted for laboratory testing. Results become available after laboratory processing and are interpreted by clinic staff and communicated to patients in Spanish. Patients with abnormal results are called to arrange further workup at a referral clinic, St. Thomas Community health center, with navigation support provided to facilitate scheduling and follow-up care. Follow-up completion among patients with positive results is tracked as part of ongoing clinical care.

All encounter documentation is recorded in Practice Fusion, the clinic's electronic health record, under existing clinic protocols. The current project is limited to workflow implementation and standardized documentation and will not evaluate the workflow or analyze process metrics. It does not involve formal individual-level data collection, and no identifiable patient data will be extracted, stored, or disclosed for research purposes. Standardized documentation may support a separate future evaluation using aggregate, non-identifiable counts of patients offered self-collection and patients completing testing.

Results: Implementation is underway within the clinic's existing OB/GYN operations. The workflow described here connects screening offers and private specimen collection with Spanish-language result communication, referral support, and documentation in Practice Fusion. This abstract reports the implementation approach; screening uptake and workflow outcomes have not been evaluated.

Conclusions: This project establishes a consistent approach to HPV self-collection at a volunteer community clinic serving a predominantly Spanish-speaking, uninsured population. Its central contribution is Spanish-language support across the screening process, from oral and written collection instructions through result communication and referral coordination. Integration into longitudinal clinic care supports continuity when further workup is needed. Standardized documentation creates a foundation for a separate future evaluation, which could inform adaptation at other LSUHSC-affiliated safety-net and student-run clinics.