

WAGO 2025 ANNUAL MEETING

ORAL ABSTRACT



CAPRICORN: community activated partnership for research in improving cervical cancer outcomes, a resource and navigation pilot study

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Objectives

Community health worker interventions have been shown to improve quality of life and reduce healthcare costs. Community advisory boards (CABs) can further bolster effectiveness by engaging stakeholders representative of the study population in intervention creation and implementation. Our goal is to create a community-engaged and responsive approach to improve the delivery of care for newly diagnosed cervical cancer patients. We first developed a multi-stakeholder CAB and performed qualitative interviews to develop this intervention, here we report the results of those efforts.

Methods

We recruited 13 members to our representative CAB - 4 patient-caregiver high-risk population dyads (geographic diversity, Medi-Cal insured, racial/ethnic minorities); 1 social worker; 4 providers (2 gynecologic oncologists, 1 nurse practitioner, and 1 nurse) from our institution, and 2 members of a national cervical cancer survivor group in our catchment area ("Cervivor"). A series of 3 meetings were held during the formative phase of intervention design with the goals of 1) defining the problem, objectives, and outcomes, 2) intervention design, and 3) plan for implementation. Meetings were recorded and transcribed, and coded using ATLAS.ti 23.2.1 and the themes were produced using Artificial Intelligence Integrated qualitative data analysis.

Results

Mean attendance was 85% which met our primary endpoint. The CAB identified critical barriers to care, solutions, and key aspects of intervention delivery. Themes identified were: 1) lack of education and awareness with associated cultural stigma, 2) unmet social needs limiting access to care, 3) lack of mental health and peer support, and 4) insurance and financial barriers. Representative quotes and study schema can be seen in Figure 1. The CAB assisted in selecting outcomes to evaluate success of the intervention measuring patient readiness, activation, and healthcare engagement.

Conclusions

Using existing frameworks in community based participatory research, a robust and diverse CAB representative of our catchment area assisted in designing a community health worker intervention to improve patient-centered outcomes in cervical cancer care. The next phase of this study will be piloting this intervention with further feedback from the CAB using implementation frameworks.

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Abstract Table or Graph

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