
Table 1. Research Questions for Landscape Analysis

1. Research Question 1: What is the current range of approaches used to manage abnormal cervical cancer screening tests and other evidence of cancer precursors in safety net settings of care, including HRSA-supported settings of care? Extend findings to other organ sites.
 - RQ1, aim 1.1: To identify how safety net settings of care currently approach prevention, screening, and treatment of abnormal cervical cancer screening tests and cancer precursors
 - RQ1, aim 1.2: To identify emerging safety-net clinical setting leaders in this area. What has supported them to become frontrunners in this area
 - RQ1, aim 1.3: To identify distinctions to cancer care in the different types and geographic settings of care (stand alone, health centers, Rural/urban)
 - RQ1, aim 1.4: To identify what is known about self-collection and readiness to support in-home self-collection in low-resource settings
 - RQ1, aim 1.5: To identify what is known about different patient populations
 - RQ1, aim 1.6: To identify missed opportunities (no screening, no follow-up, failure of a test to detect cancer, treatment failure)
 - RQ1, aim 1.7: To explore how to optimize precision screening for subgroups of women with altered risk, including HPV vaccinated women and those who are immunocompromised due to comorbidities

2. Research Question 2: What is the readiness of safety net settings of care, including HRSA-supported settings of care, to implement ASCCP Risk-Based Management Consensus Guidelines for abnormal cervical cancer screening tests and cancer precursors?
 - RQ2, aim 1.1: To identify what is needed, at a minimum to support the adoption of the new ASCCP guidelines
 - RQ2, aim 1.2: To identify how do the guidelines align to or differ from what is already being done in safety net settings of care
 - RQ2, aim 1.3: To identify what resources and materials do safety net settings of care use to inform their practice-based approaches in this area
 - RQ2, aim 1.4: To identify what recommendations are more likely than others to be adopted

3. Research Question 3: What are the patient, provider and system-level barriers and facilitators for safety net settings of care, including HRSA-supported settings of care, to accept and adopt new clinical guidelines?
 - RQ3, aim 1.1: To identify supports within safety net setting of care to adopt new clinical guidelines
 - RQ3, aim 1.2: To identify supports a safety net setting of care need to take on new innovations in their approaches to care delivery
 - RQ3, aim 1.3: To identify patient-level factors (attitudes, behavioral skills, social norms, and demographic characteristics) that affect acceptance and adoption of new cervical cancer screening (and other) guidelines in safety net settings of care.

RQ3, aim 1.4: To identify provider-level factors (behavioral skills, self-efficacy, knowledge, past experience of negative events, cognitive dissonance, and fear of medical malpractice) known to adopt the practice of new clinical guidelines in safety net settings of care.

RQ3, aim 1.5: To identify the system level factors that have the greatest impact on cervical cancer screening and increasing vaccination rates.

RQ3, Aim 1.6: To identify what prevents a safety net setting of care from adopting new clinical guidelines (e.g., organizational culture and climate, leadership, resources, and structure).

RQ3, aim 1.7: To identify the role of social media, health information technology, including clinical decision support to adopt new clinical guidelines in safety net settings of care.

RQ3, aim 1.8: To identify what is known about variability in implementation of HPV vaccination rates in CHCs?

RQ3, aim 1.9: To identify examples of the adoption of evidence-based guidelines for other cancer screening in safety net settings of care

4. Research Question 4: What is Known about De-Implementing Inappropriate Health Interventions