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Reaching Communities through Patient Navigation: Evidence for Action

National Navigation Roundtable



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Vice-Chair ACS NNRT

May 2, 2023

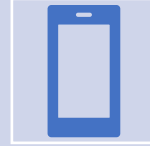
navigationroundtable.org

The American Cancer Society National Navigation Roundtable (ACS NNRT) was established in 2017. The ACS NNRT is a national coalition of 80 member organizations to advance navigation efforts that eliminate barriers to quality care, reduce disparities, and foster ongoing health equity across the cancer continuum. The American Cancer Society provides organizational leadership and expert staff support to the ACS NNRT.

Zoom Best Practices



This meeting will be recorded.



Have your smartphone to interact with polling questions.



For social media, please tag posts with our meeting hashtag #NNRT23



You will be muted with your video turned off when you join the call.



This call takes place on the Zoom platform. To review Zoom's privacy policy, please visit zoom.us/privacy



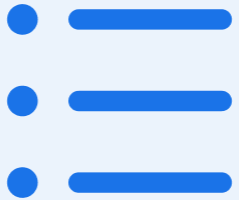
Questions? Type them in the Question-and-Answer box at the bottom of your screen.

- ☐ Overview of ACS NNRT
- ☐ Community Preventive Service Task Force (CPSTF) Community guide
- ☐ Professional Oncology Navigation Task Force (PONT Standards)
- ☐ Comprehensive Cancer Control
- ☐ Discussion

AGENDA

navigationroundtable.org

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What part of the Region does your patient navigation program serve?

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National Navigation Roundtable (NNRT)

<https://navigationroundtable.org/>

Mission: High quality cancer care for all through evidence-based patient navigation

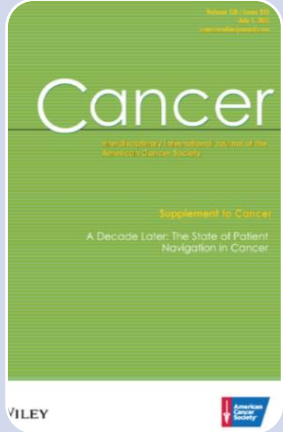


Vision: NNRT is a collaboration that advances patient navigation efforts to eliminate barriers for quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.



5-Year Aim (2021 – 2026): To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care.

National Navigation Roundtable: 2022/2023 Impact



Cancer Journal Supplement

- Delivered a high-quality, high impact proposal to the journal *Cancer* titled **“A Decade Later: The State of Patient Navigation in Cancer Care.”**
- The supplement proposal was accepted, and 13 papers were written in 2020 – 2021 covering a diverse range of topics pertinent to the role of patient navigation and patient navigators in the cancer care continuum.
- The supplement was published on June 14, 2022.



Virtual Call to Action Series

- The 2022 annual meeting was a webinar series with a Call to Action on four of the Supplement papers, and one with the Oncology Navigation Standards of Professional Practice beginning in September through Nov/Dec 2022.
- **Call to Action Series Fall 2023**
 - Show Me the Evidence
 - Importance of a PN Work Force
 - Metrics
 - Update on Policy



Membership Growth

- The success of the annual meeting series led to significant growth in NNRT members.
- A key goal in sustaining the momentum and impact of the NNRT is engaging new and diverse members.
- Currently the NNRT has over 80 partner organizations and 125 individual members.
- NNRT General Membership Meeting 06.01.23, 12:30 pm – 2:30 pm ET
<https://navigationroundtable.org/> for updates

American Cancer Society

Patient Navigation Investment



Sustainability & Reimbursement

ACS National
Navigation
Roundtable

ACS CAN



Global Capacity Development

Support Health
Institutions /Cancer
Organizations in
low- and middle-
income Countries



Support & Capacity Development

\$6m investment
20 institutions

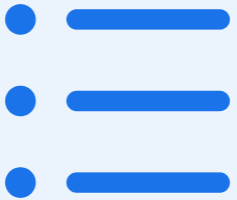


Digital Navigation Platforms

ACS CARES

COMING SOON
expected 2023

slido



Do you use the Community Guide as a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, or healthcare organization?

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Patient Navigation = Health Equity

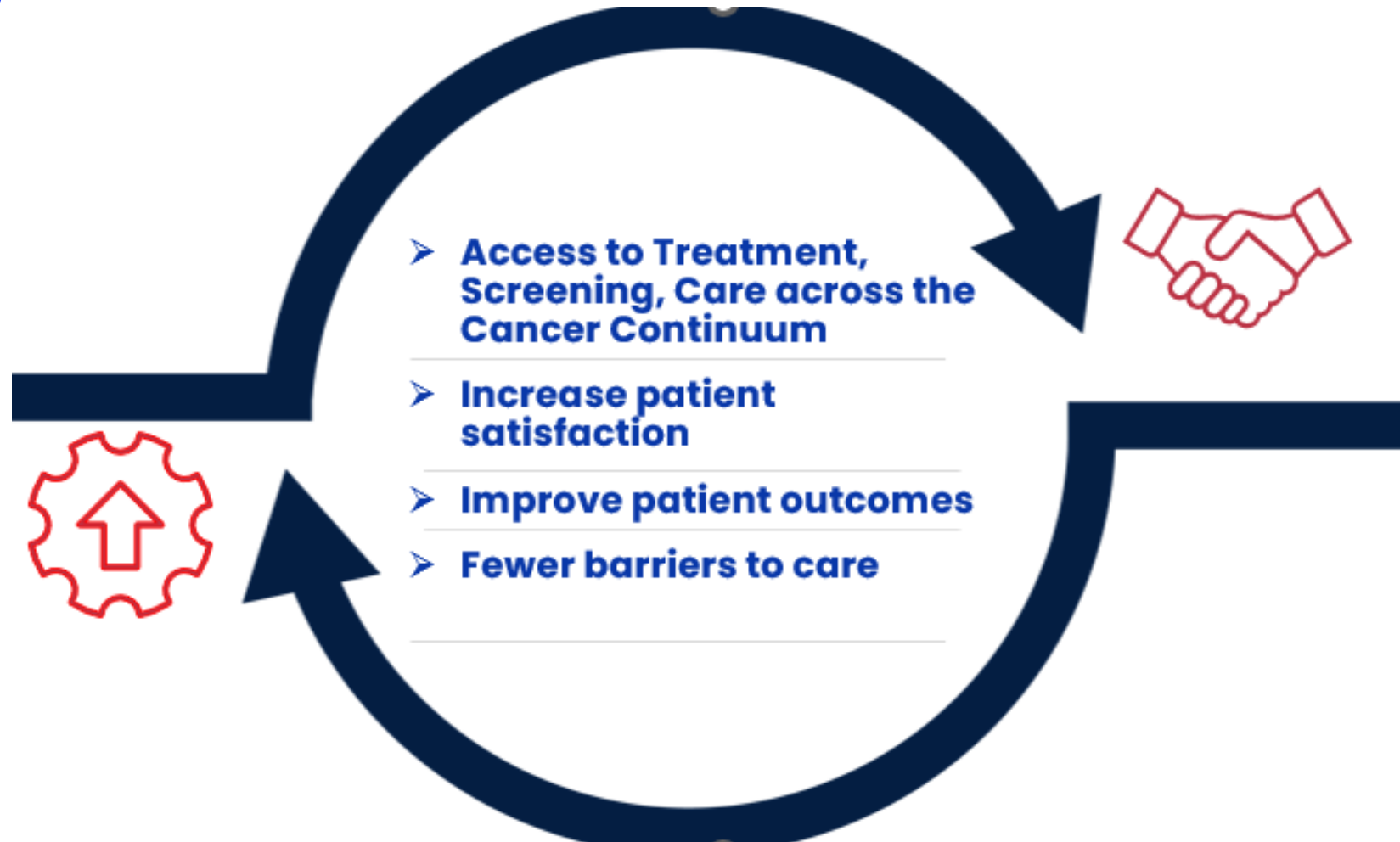
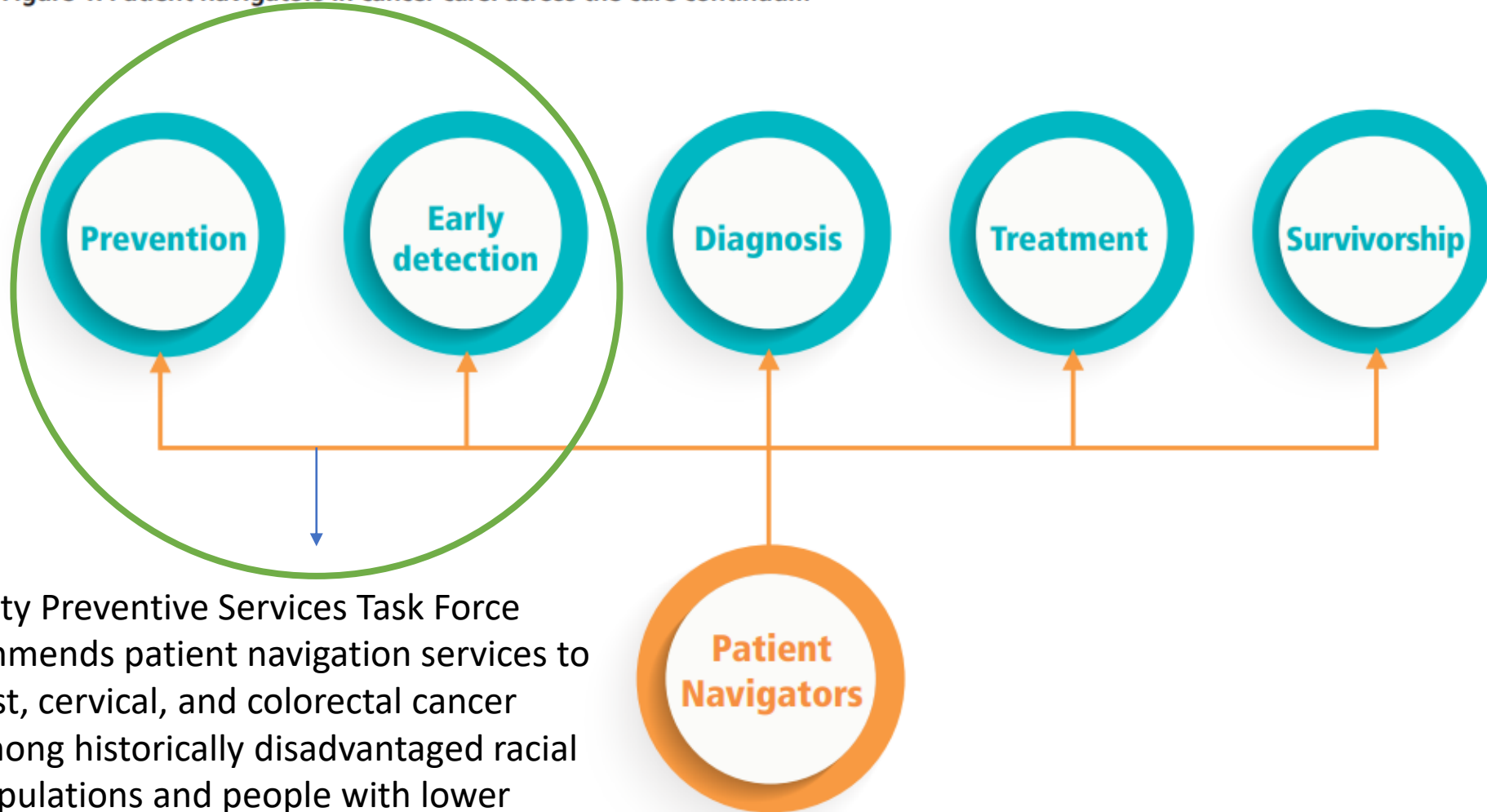


Figure 1: Patient navigators in cancer care: across the care continuum



The Community Preventive Services Task Force (CPSTF) recommends patient navigation services to increase breast, cervical, and colorectal cancer screenings among historically disadvantaged racial and ethnic populations and people with lower incomes.

Source: Budde H, Williams GA, Scarpetti G, Kroezen M, Maier CB. *What are patient navigators and how can they improve integration of care?*. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2022.

Centers for Disease Control and Prevention Community Guide Program



Yinan Peng, PhD, MPH



Leigh Ramsey Buchanan, PhD, MS



Cancer Screening: Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screening and Advance Health Equity

Leigh T. Buchanan

Yinan Peng



The
Community
Guide

Agenda

- Introduction to the Community Preventive Services Task Force (CPSTF) and The Community Guide
- Current CPSTF recommendations for interventions to increase breast, cervical, and colorectal cancer screening
- Patient navigation services to increase breast, cervical, and colorectal cancer screening and advance health equity

Introduction to the Community Preventive Services Task Force and The Community Guide

The Community Preventive Services Task Force (CPSTF)¹

- Established by the U.S. Department of Health and Human Services in 1996
- Independent, nonfederal panel of 15 public health and prevention experts
- Develop guidance on which public health intervention approaches work and which do not work in the communities, based on available scientific evidence

1. [About the Community Preventive Services Task Force | The Community Guide](#)

Four Key Components of CPSTF's Work

CPSTF reviews evidence and issues findings and recommendations for interventions to improve the health of populations

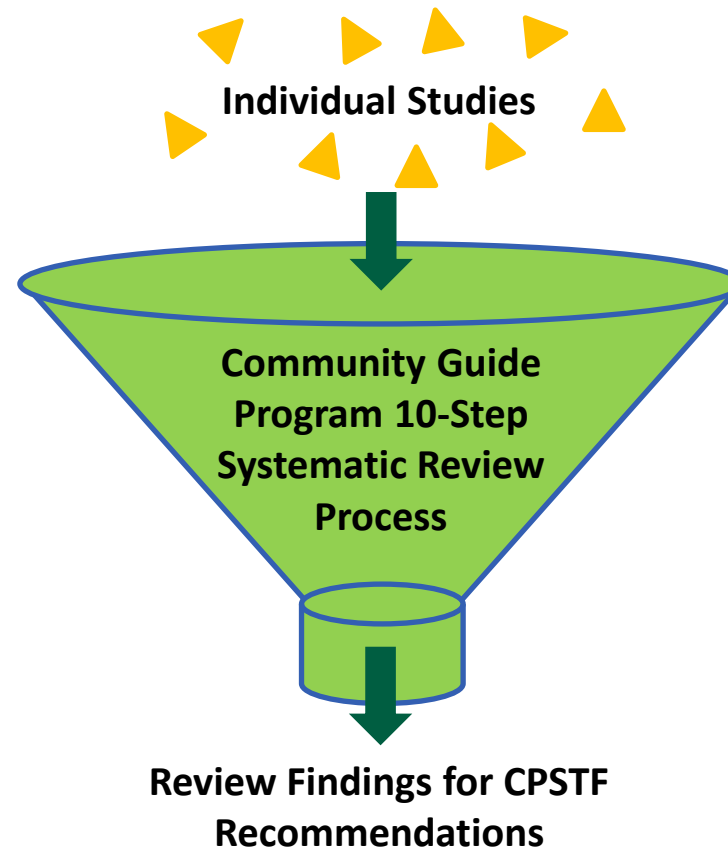
The Community Guide is the online publication of CPSTF findings and recommendations



Liaison organizations help develop and disseminate findings and recommendations

CDC's Community Guide Program conducts systematic reviews of the evidence, disseminates findings and maintains partnerships with users

CDC's Community Guide Program, in Conjunction with CPSTF, Conducts Systematic Reviews Assessing Interventions to Improve the Health of Populations



1. Adapted from [The Concept of a Systematic Review 2 12 15 no shadow \(cochrane.org\)](http://www.cochrane.org)

Community Guide Program 10-Step Systematic Review Process¹

1

Select Topic

Select a review topic based on CPSTF prioritization

2

Create Coordination Team

Create a team of CPSTF members, CGO staff and subject matter experts

3

Select Intervention

Select an intervention within the topic

4

Conceptualize

Define intervention, analytic framework and outcomes

5

Search

Systematically search and retrieve evidence

6

Screen

Narrow retrieved set of papers

7

Abstract

Evaluate studies for quality and collect information

8

Analyze

Analyze data from included studies

9

Make CPSTF recommendation

Translate evidence into CPSTF recommendations and findings

10

Disseminate

Disseminate CPSTF findings and evidence gaps

1. www.thecommunityguide.org/pages/methods-manual.html

CPSTF Issues Recommendations and Findings Based on Evidence from Community Guide System Reviews

- Recommended
 - If strong or sufficient evidence shows the intervention is effective
- Recommends Against (rare)
 - If evidence shows the intervention is ineffective or harmful
- Insufficient Evidence
 - If not enough evidence to determine intervention's effectiveness
 - Does NOT mean that the intervention is not effective
 - DOES mean that additional research is needed to determine effectiveness



How Can CPSTF's Work Benefit You?




- Use CPSTF recommendations to inform public health activities and advance health equity in your community or organization
- Use CPSTF insufficient evidence findings to inform public health research






Current CPSTF Findings for Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening

CPSTF Recommendations for Interventions to Increase Cancer Screening^{1,2}

Client-Oriented Interventions, Recommended

Client reminder (2010)			
One-on-one education (2010)			
Small media (2005)			
Reducing structural barriers (2010)			
Group education (2009)			
Reducing out-of-pocket costs (2009)			

-  Breast cancer screening
-  Cervical cancer screening
-  Colorectal cancer screening

1. [Cancer Findings Summary Table | The Community Guide](#)
2. Insufficient evidence: client incentive; mass media

CPSTF Recommendations for Interventions to Increase Cancer Screening^{1,2}

Provider-Oriented Interventions, Recommended

Provider assessment and feedback (2009)



Provider reminder (2006)



Interventions that can Include Multiple Interventions, Recommended

Interventions engaging community health workers (2019)



Multicomponent interventions (2016)

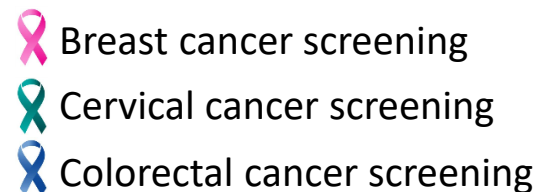


Patient navigation services (2022)



1. [Cancer Findings Summary Table | The Community Guide](#)

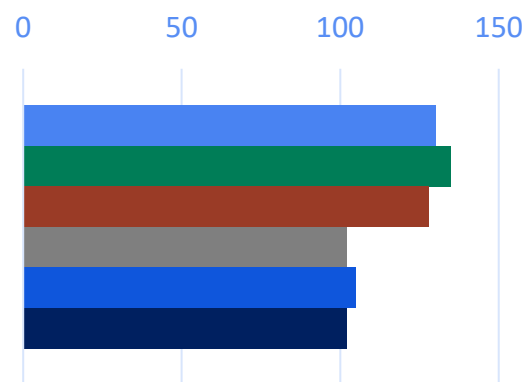
2. Insufficient evidence: provider incentive



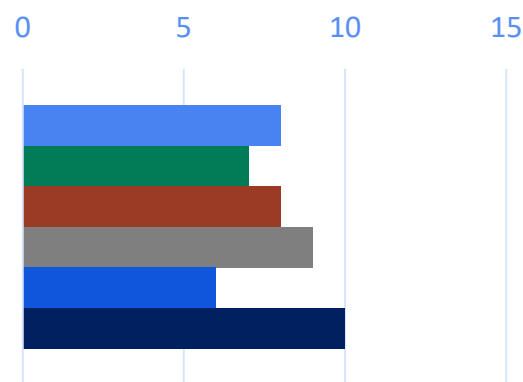
Latest Findings: Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screening and Advance Health Equity

Breast, Cervical, and Colorectal Cancer Incidence and Death Rates in 2019¹

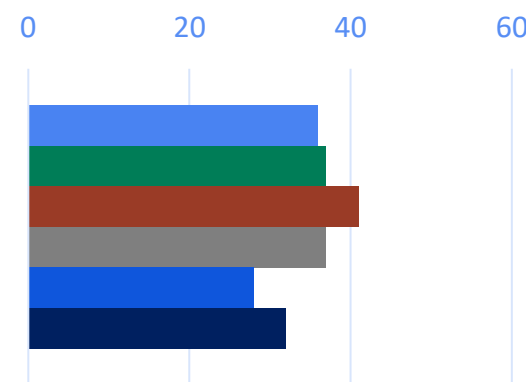
Breast Cancer Incidence^{1,2}



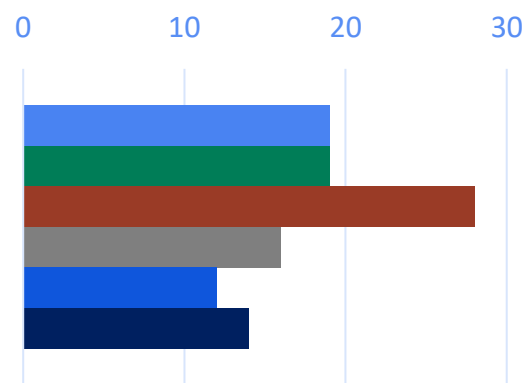
Cervical Cancer Incidence^{1,2}



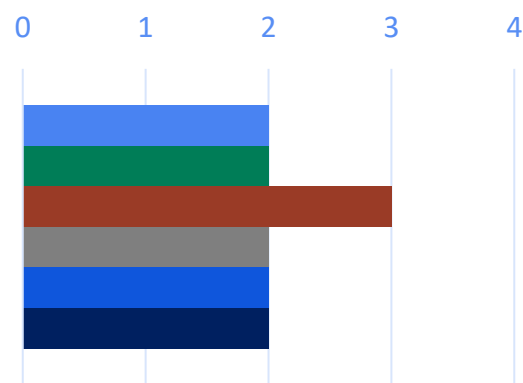
Colorectal Cancer Incidence^{1,2}



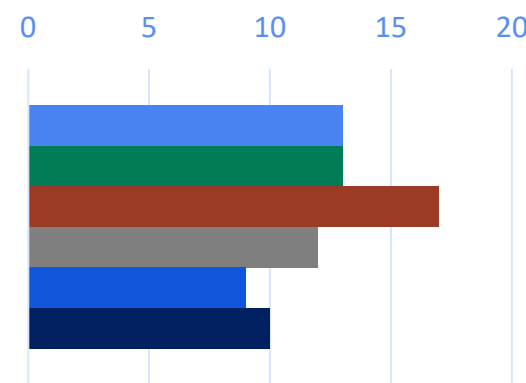
Breast Cancer Deaths^{1,2}



Cervical Cancer Deaths^{1,2}



Colorectal Cancer Deaths^{1,2}



1. [USCS Data Visualizations – CDC](#). All data from 2019, age-adjusted per 100,000 population

Cancer Screening Rates in the United States in 2019¹

Cancer Type	Healthy People 2030 Goals ²	Received Recent Screening	Race/Ethnicity					Income (% FPL ³)		Insurance		
			White	Black	AI/AN	Asian	Hispanic	>400%	≤138%	Private	Public	Not Insured
Breast Cancer Screening	80.5%	76.2%	76.0%	79.0%	64.3%	72.3%	78.1%	82.9%	66.9%	80.0%	74.6%	43.2%
Cervical Cancer Screening	84.3%	76.4%	77.9%	77.8%	75.6%	67.3%	69.9%	84.3%	64.6%	81.5%	70.9%	57.4%
Colorectal Cancer Screening	74.4%	68.3%	69.8%	69.5%	62.8%	57.6%	53.8%	75.8%	53.7%	67.4%	54.7%	31.1%

1. Sabatino SA, Thompson TD, White MC, Shapiro JA, Clarke TC, Croswell JM, and Richardson LC. Cancer screening test use – U.S., 2019. Am J Prev Med 2022;63(3):431-39.
2. Cancer - Healthy People 2030 | health.gov (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer>)
3. Federal Poverty Level (FPL): for 2022, \$27,750 for a family of 4. Income below 138% of FPL, qualify for Medicaid. <https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>

AI/AN: American Indian and Alaska Native

Population group with lower screening rates when compared to others

Population group meeting Healthy People 2030 cancer screening objectives

Intervention Definition Created by Community Guide Program¹

- Patient navigation services provided through healthcare systems help patients overcome barriers to accessing colorectal cancer screening. Services are offered to populations experiencing greater disparities in cancer screening, including people from historically disadvantaged racial and ethnic populations and people with lower incomes.
- Patient navigation services must include one or more of the following:
 - Provide client reminders²
 - Reduce structural barriers (e.g., reduce administrative barriers; assist with appointment scheduling, transportation, translation, or childcare; arrange alternative screening site or screening hours)²
 - Reduce patients' out-of-pocket costs²

1. [CPSTF Finding and Rationale Statement - Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity \(thecommunityguide.org\)](#)

2. Cancer Findings Summary Table | The Community Guide <https://www.thecommunityguide.org/content/task-force-findings-cancer-prevention-and-control#cancerscreening>

Intervention Definition Created by Community Guide Program, cont.¹

- Services may also provide one-on-one or group education to inform patients' understanding of cancer and cancer screening.
- Services may be delivered by community health workers, healthcare professionals, nurses, patient navigators, social workers, or others. They are often designed to be culturally- and language-appropriate.

1. [CPSTF Finding and Rationale Statement - Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity \(thecommunityguide.org\)](#)

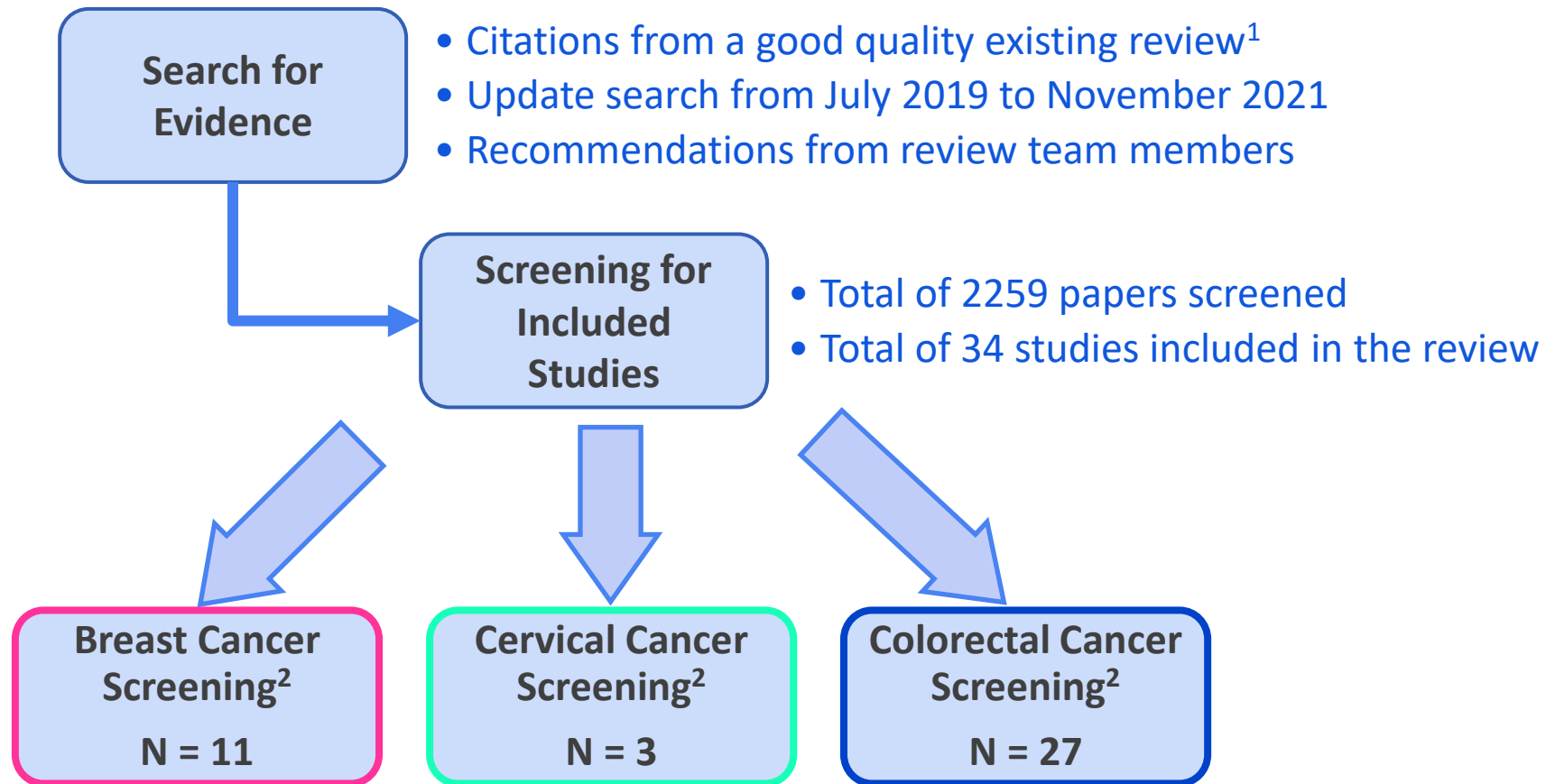
Research Questions

- How effective are patient navigation services interventions in increasing breast, cervical, and colorectal cancer screening among people from historically disadvantaged racial and ethnic populations and people with lower incomes?
- Does intervention effectiveness vary with intervention and population characteristics?

Review Results

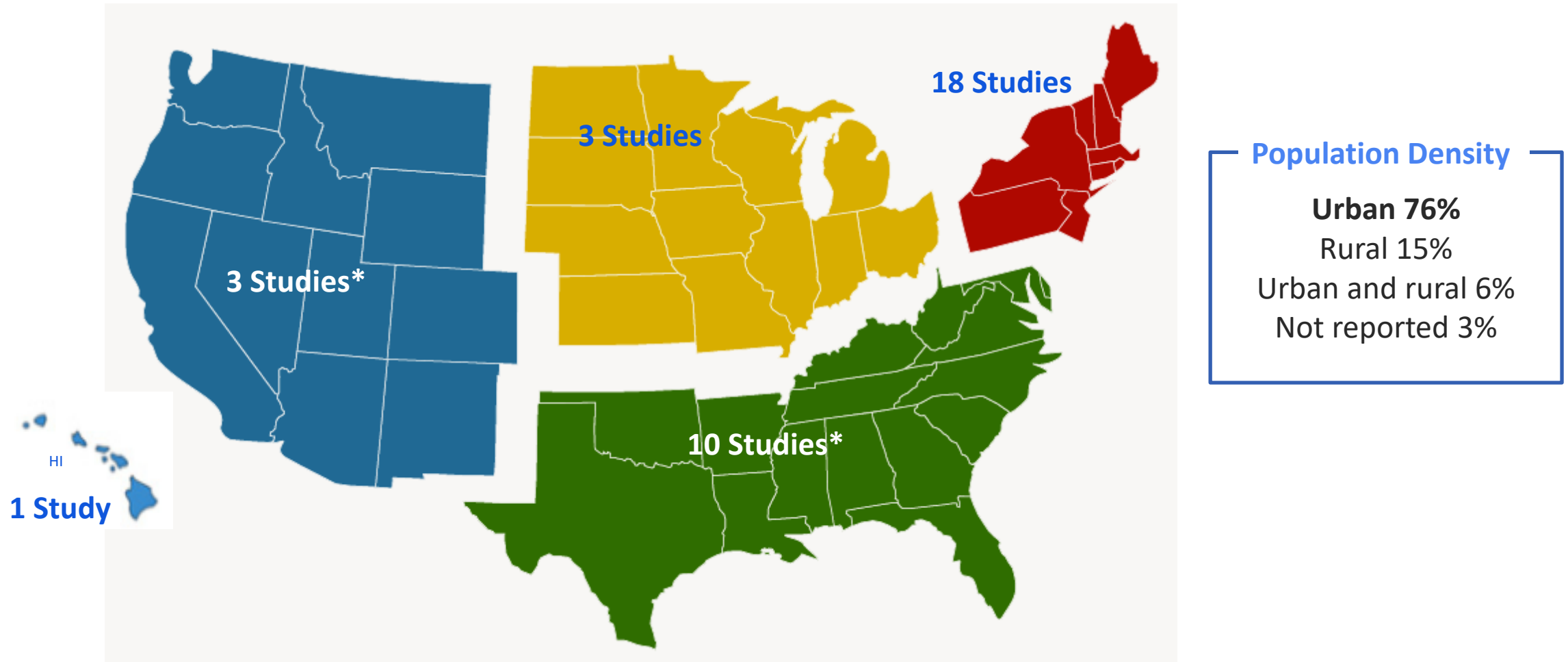
- Search results
- Intervention and population characteristics
- Findings

Search for Evidence and Results



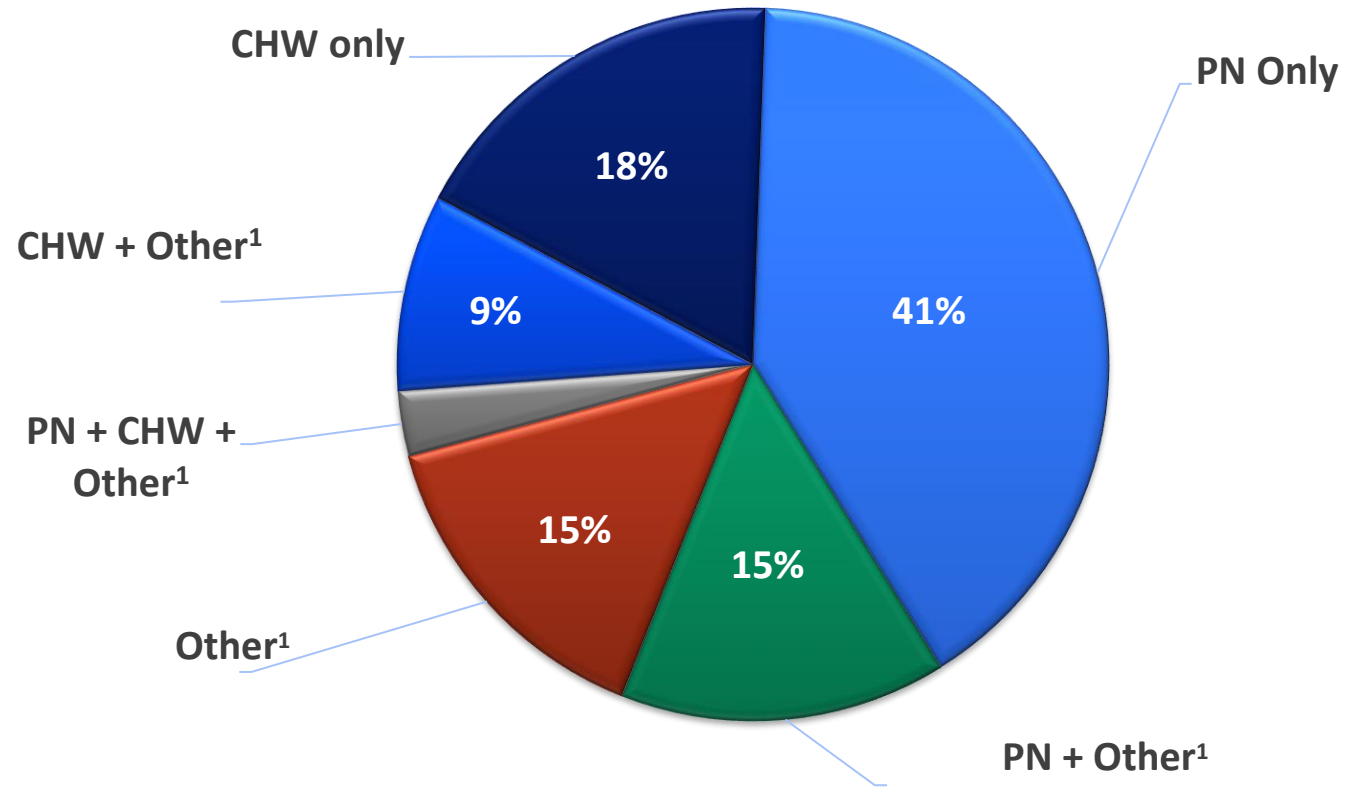
1. Nelson H.D., Cantor A., Wagner J. et al. Effectiveness of Patient Navigation to Increase Cancer Screening in Populations Adversely Affected by Health Disparities: a Meta-analysis. (2020) J Gen Intern Med 35(10):3026-35.
2. A few studies reported on screening for multiple cancers

Geographic Location Included Studies (34 Studies)



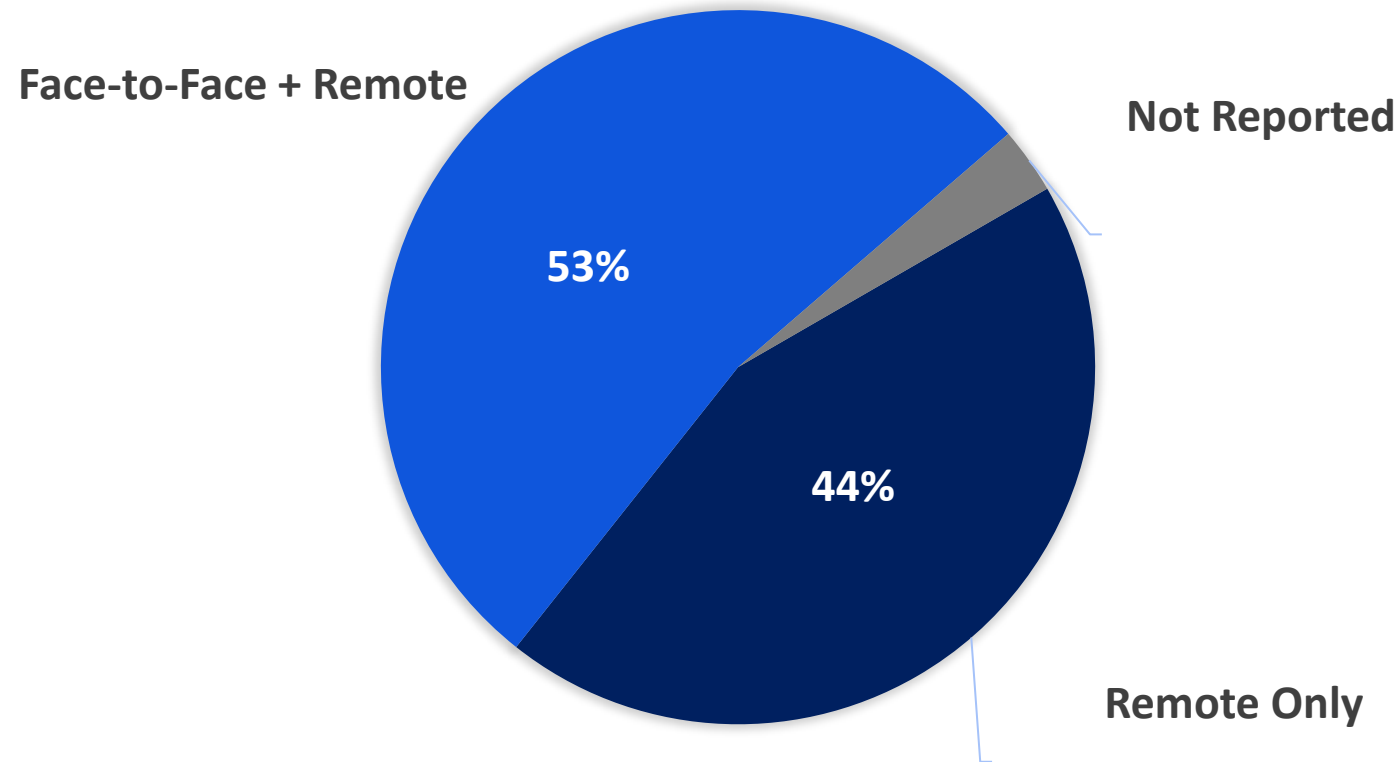
*1 study implemented in both West and South Regions

Types of Service Deliverer (34 Studies)

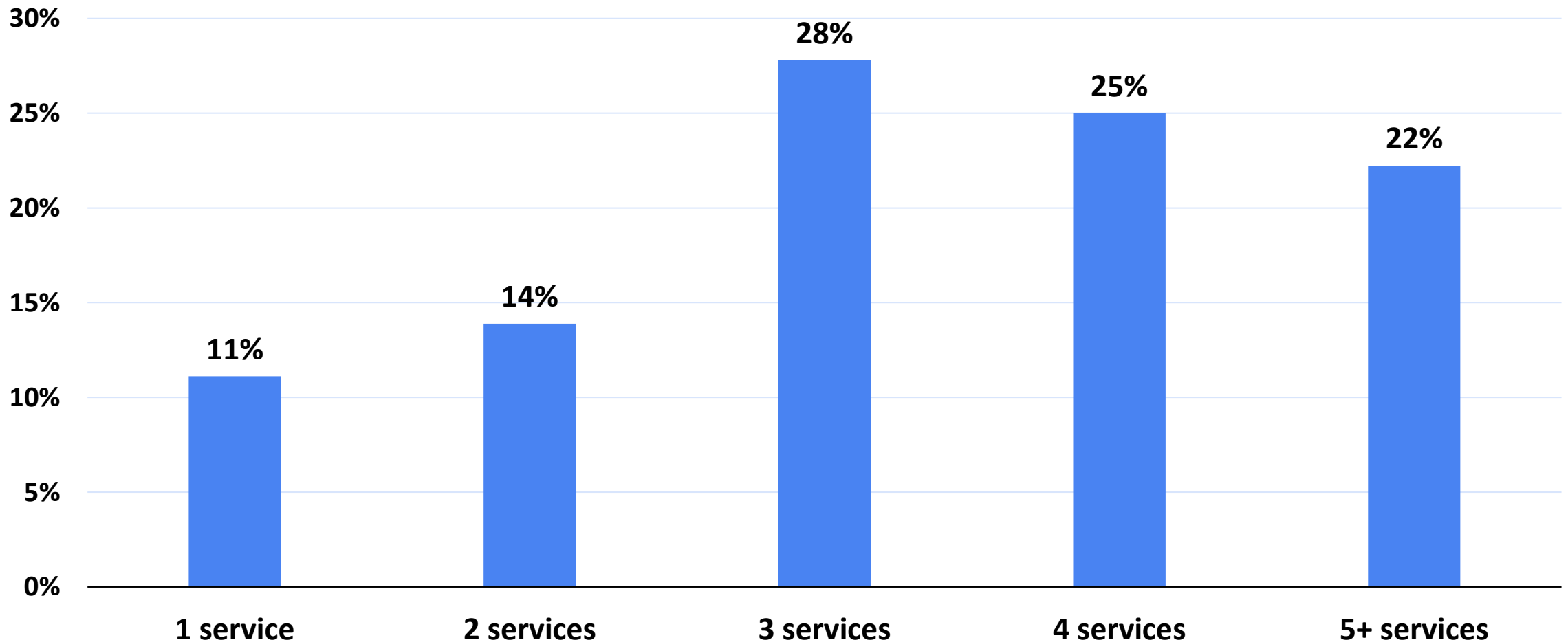


1. Other: case manager, preventive care manager, nurse manager
PN: patient navigator; CHW: community health worker

Interaction Between Service Deliverer and Patients (34 Studies)

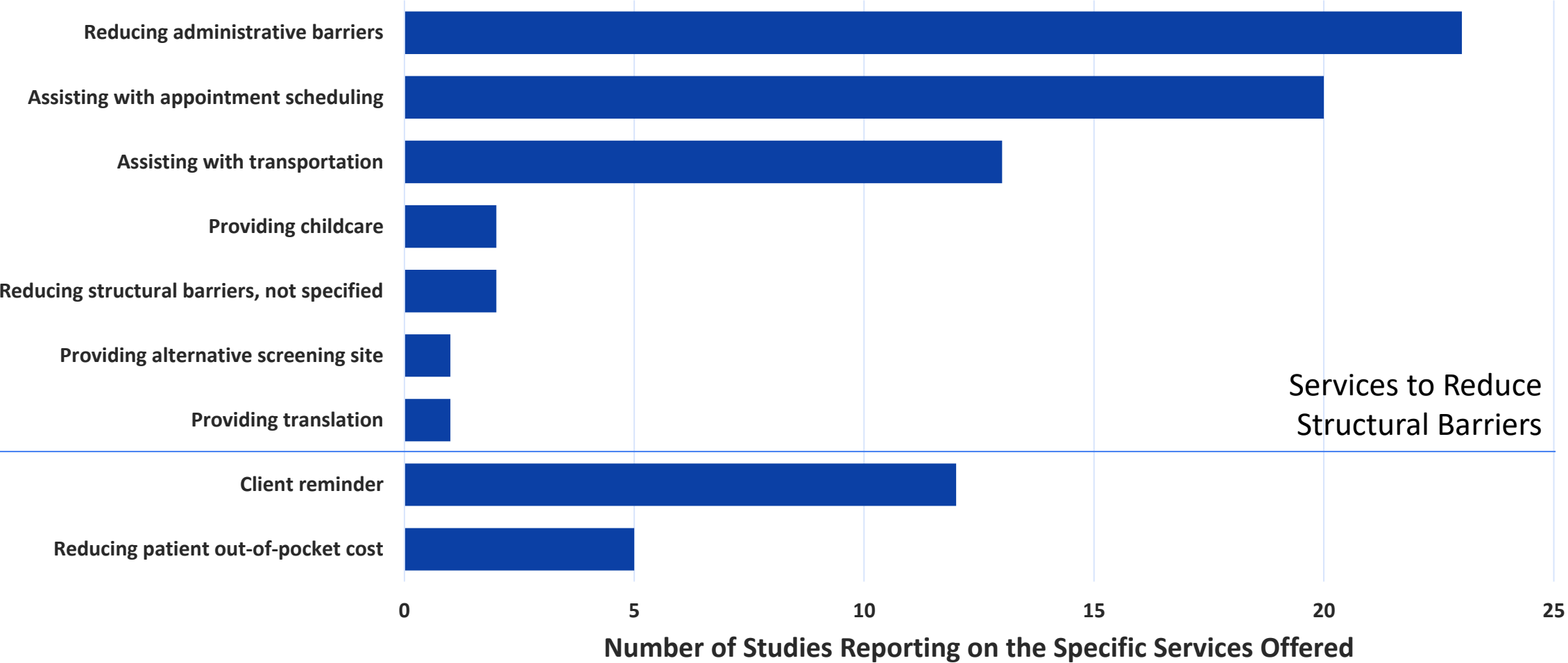


Number of Services Offered¹ (34 Studies)

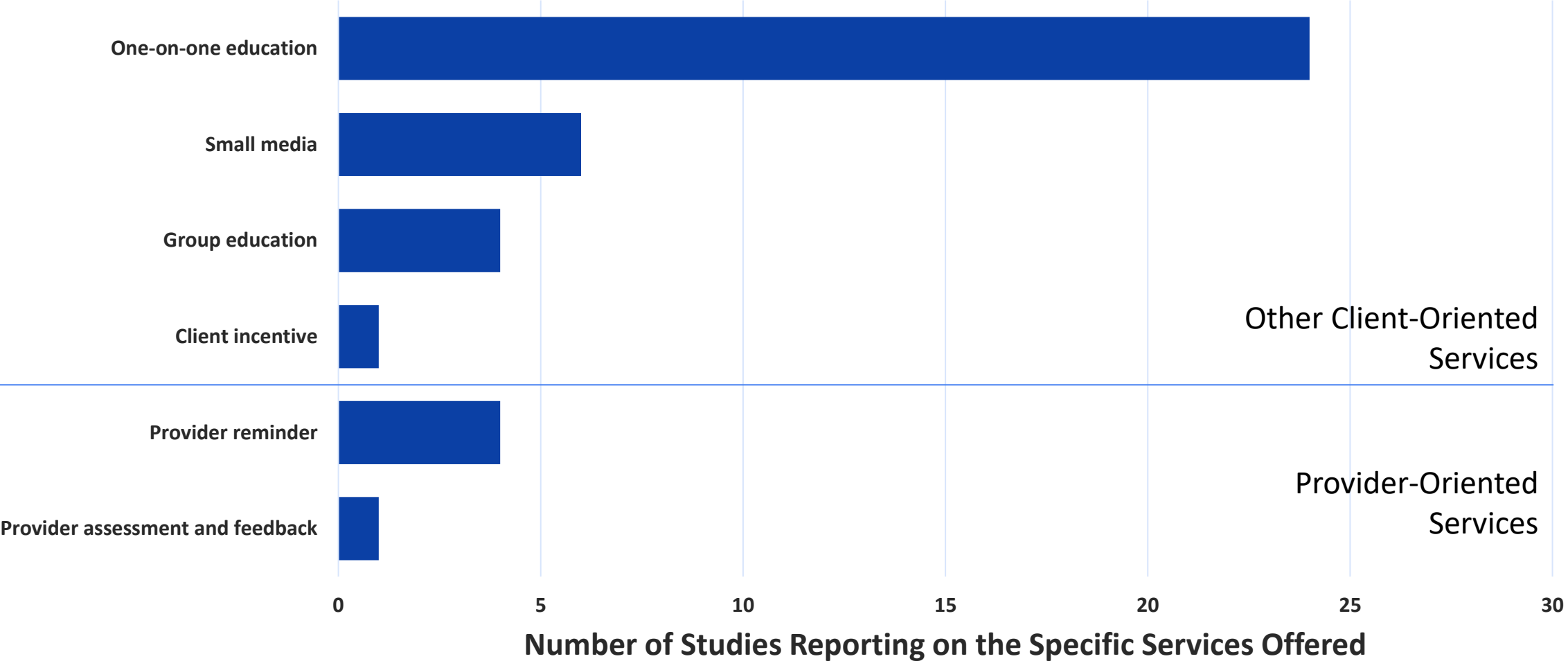


Only services included in the intervention definition

Patient Navigation Services Offered across Cancer Types (34 Studies)

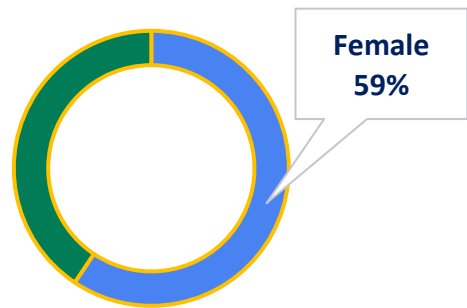


Additional Services Offered across Cancer Types (34 Studies)



Population Characteristics (34 studies)

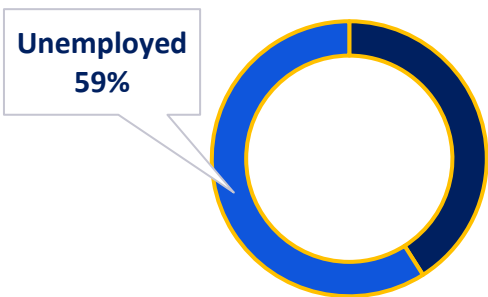
Gender (Colorectal Only)



Median Age



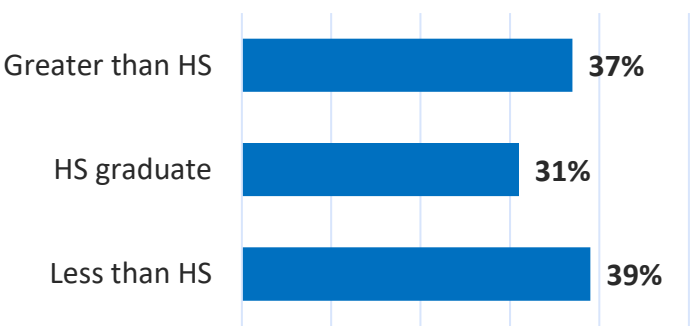
Employment



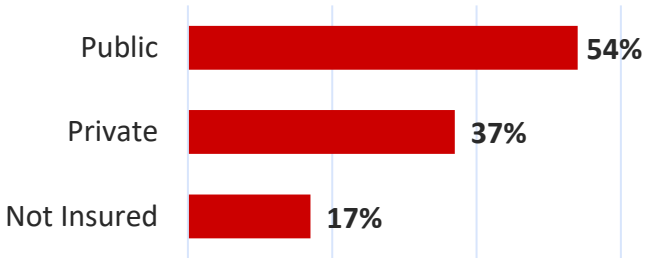
Income

\$ Majority of study patients had annual income <\$40,000

Education

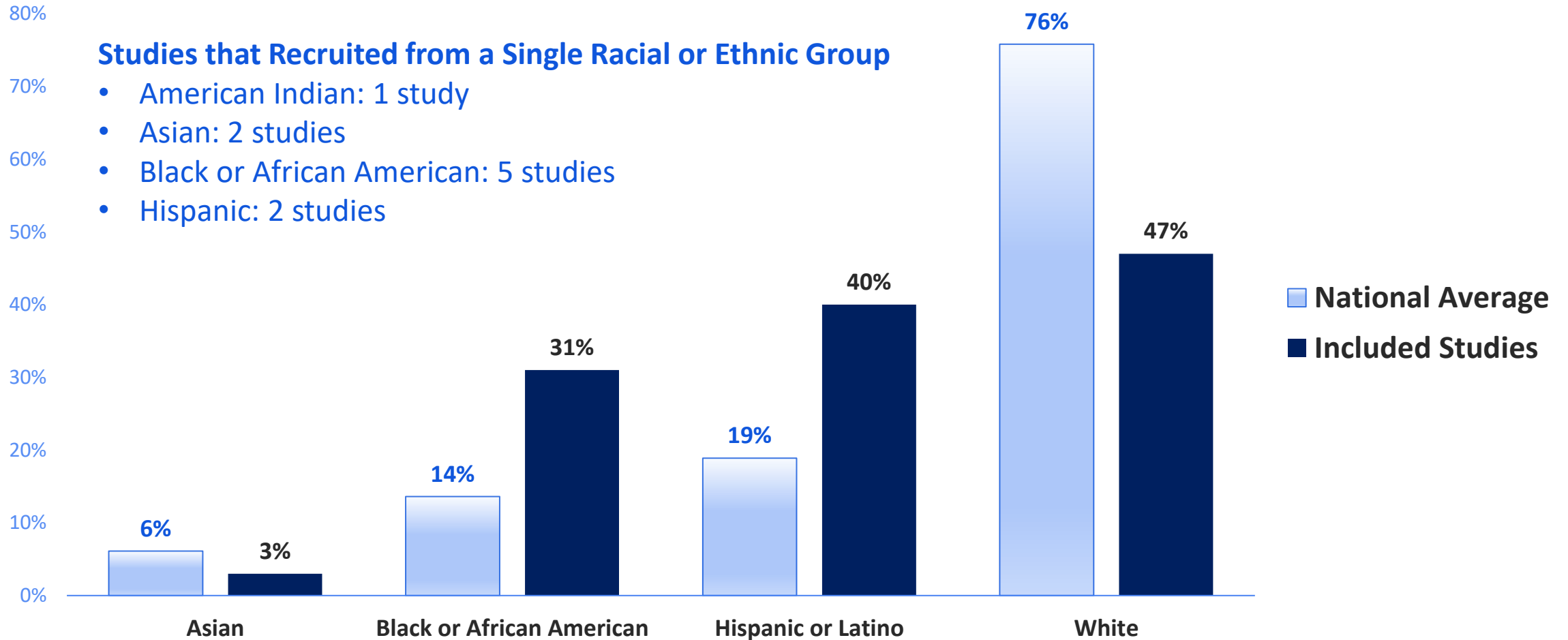


Insurance



HS: High school

Race and Ethnicity (31 of 34 Studies Reporting)

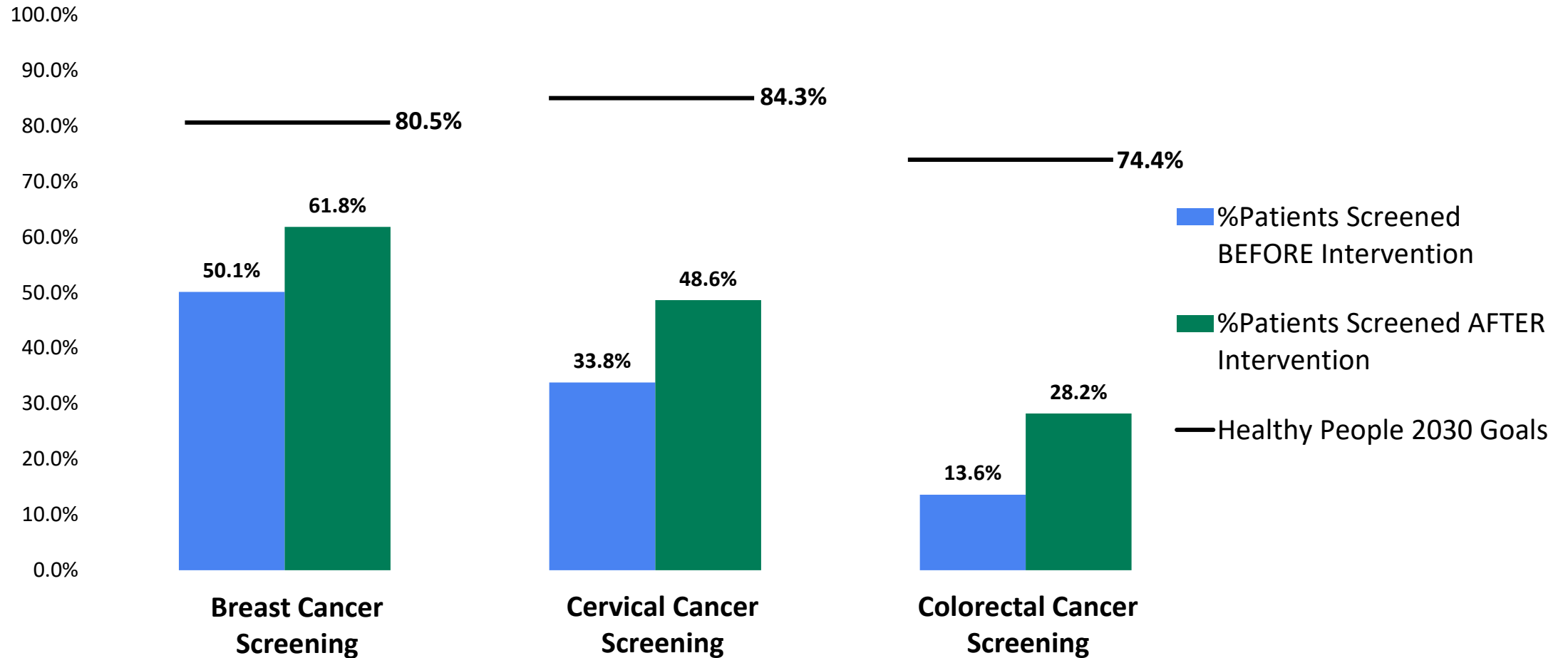


Changes in Breast, Cervical, and Colorectal Cancer Screening Use

Cancer Type	Screening Test Used	Results
Breast cancer	Mammography	Increased by a median of 12.0 percentage points, or 54.5% ✓
Cervical cancer	Pap test	Increased by a median of 22.5 percentage points, or 64.5% ✓
Colorectal cancer	Screened using any test	Increased by a median of 13.6 percentage points, or 76.2% ✓
	Colonoscopy	Increased by a median of 13.9 percentage points, or 109.9% ✓
	FOBT or FIT	Increased by a median of 12.4 percentage points, or 57.3% ✓

FOBT, fecal occult blood test; FIT, fecal immunochemical test

Patient Navigation Services Improved Cancer Screening Rates, but They Remain Below Healthy People 2030 Goals



1. [Cancer - Healthy People 2030 | health.gov](https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer) (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer>)
2. Studies that did not exclude patients up-to-date with screening before intervention

Similar Increases in Cancer Screening Observed Across These Settings

Across the U.S.



Northeast, South,
Midwest, or West regions

Population Density



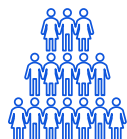
Urban, rural, or a mix
**Greater increases
in rural areas**

Place of Services



Clinics only or
Clinics + Community

Across Population



Population groups with
different age, gender,
race or ethnicity

Contact Method



Remote only, or
remote and face-to-face

of Services Offered



1 to 5+ services



Services Offered



Reducing structural barriers,
reducing client out-of-pocket costs,
client reminder, one-on-one or
group education

All Deliverers



Navigators, CHWs, nurses,
case managers, and others
**Greater increase if navigator or CHW
working with a team**

Community Preventive Services Task Force (CPSTF) Finding Statement

The CPSTF recommends patient navigation services to increase breast, cervical, and colorectal cancer screening among historically disadvantaged racial and ethnic populations and people with lower incomes.

Patient navigation services are expected to advance health equity when implemented among these populations who often have lower screening rates

Cancer types and tests used:

- Breast cancer screening by mammography
- Cervical cancer screening by Pap test
- Colorectal cancer screening by colonoscopy, fecal occult blood test (FOBT), or fecal immunochemical test (FIT)

Evidence Gaps

How effective are patient navigation services in increasing the following?

- Repeat screenings
- Proportion of patients with positive screening tests who receive follow-up diagnostic tests
- Cervical cancer screening for younger females or using Human Papillomavirus tests
- Colorectal cancer screening for adults aged 45-49 years or using other USPSTF-recommended tests such as the stool DNA test, flexible sigmoidoscopy, or computed tomography colonography



Does intervention effectiveness vary by the following?

- Patients' health literacy
- Number of interactions between service deliverers and patients

**Recommended
July 2022**

CPSTF recommends patient navigation services to increase colorectal cancer screening by colonoscopy, fecal occult blood test (FOBT) or fecal immunochemical test (FIT), among historically disadvantaged racial and ethnic populations and people with lower incomes.

What are patient navigation services?

Healthcare systems provide these services that include client reminders, reduced structural barriers or improved assistance getting around them or reduced out-of-pocket costs.

Major Findings

These interventions increased colorectal cancer screening by a median of 13.6 percentage points.

Why is this important?

Screening rates are lower among people from historically disadvantaged racial and ethnic groups, people with lower incomes and people who are uninsured.

Evidence gap

How effective are patient navigation services in increasing colorectal cancer screening for adults aged 45-49 years (following 2021 update of US Preventive Services Task Force that lowered the starting age of screening)?

Learn more: www.thecommunityguide.org/findings/cancer-screening-patient-navigation-services-to-increase-colorectal-cancer-screening.html

Search The Community Guide

Search

More than 25 years of evidence-based findings for population health

[Learn More >](#)

New Publication About Engaging Community Health Workers for Cancer Screening

New publication details systematic review findings for interventions that engage community health workers to increase breast, cervical, and colorectal cancer screening.

- www.thecommunityguide.org



The Community Guide

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Oncology Navigation Standards of Professional Practice (PONT Standards)

Elizabeth Franklin, PhD, MSW



Biden Cancer Initiative

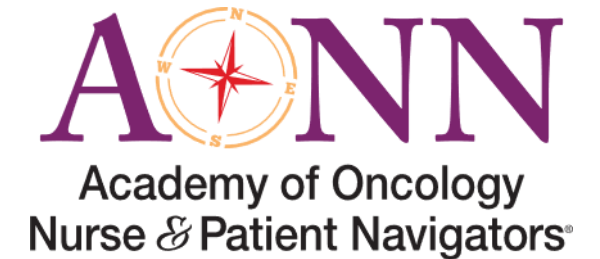
BCI was created in 2017 in response to “the lack of a cohesive, comprehensive, and timely approach to cancer prevention, detection, diagnosis, research, and care.”

Patient Navigation Working Group:

Focused on identifying barriers and implementing solutions to facilitate more widespread use of patient navigation to improve patient care and outcomes.

Determined that the biggest challenges facing the profession centered around a lack of foundational definitions and standardization

Professional Oncology Navigation Task Force



Need for Standards of Professional Practice

Professional Oncology Navigation Task Force (PONT)

*These standards
are intended to
provide **guidance**
and may be
applied differently,
as appropriate, in
different settings*

After 3-decades, standards of practice did not exist

Provides clinical oncology navigators and patient navigators with clear information regarding the standards of professional practice

Guidance regarding the knowledge & skills all professional navigators should possess to deliver high-quality, competent, and ethical services

Provides benchmarks for healthcare employers

Information for policy & decision makers to understand the role of the professional oncology navigator

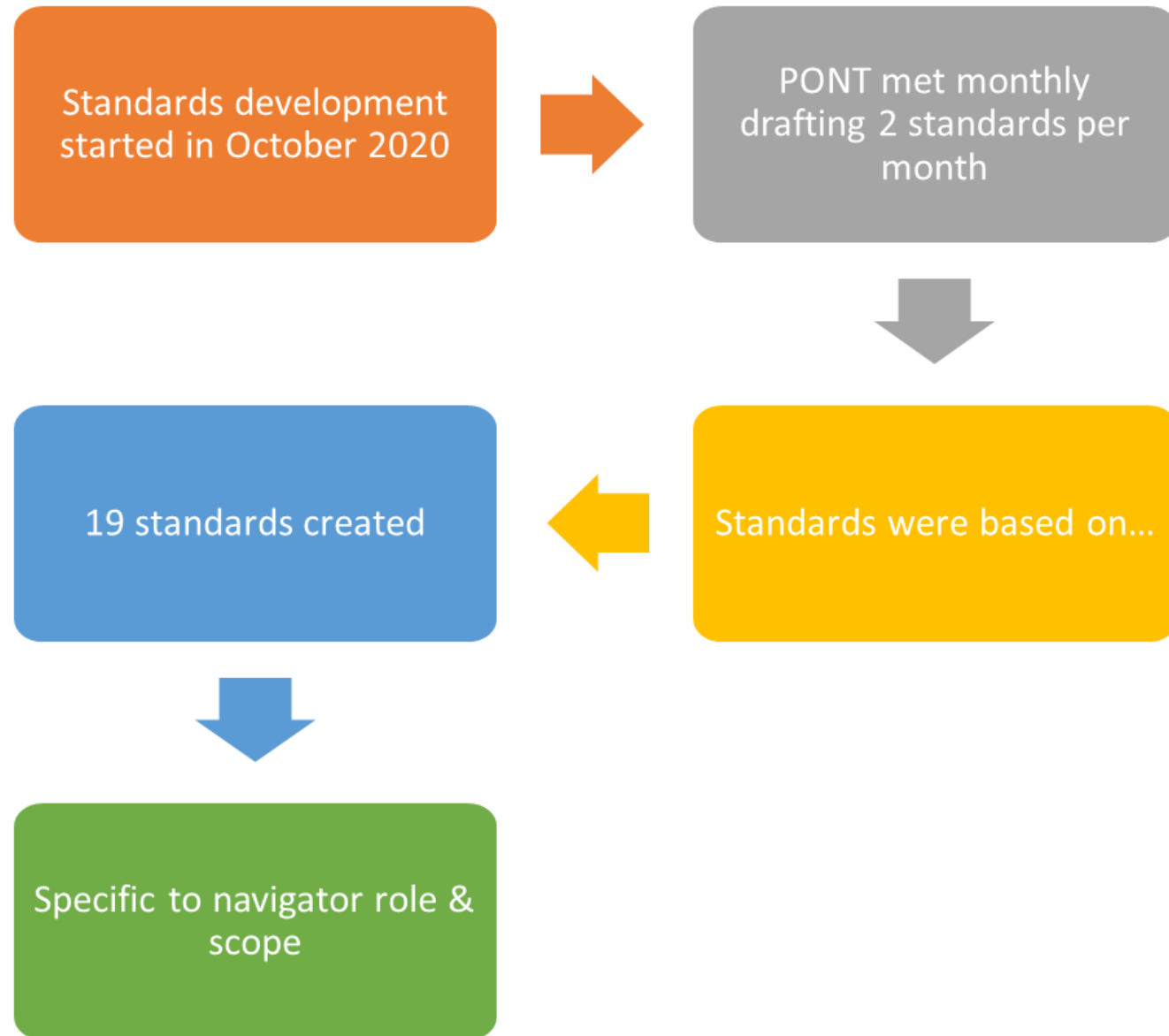
Goals of the Standards

- Enhance the quality of professional navigation services
- Advocate with and on behalf of cancer patients, survivors, families, and caregivers
- Encourage navigator participation in the creation, implementation, and evaluation of best practices and quality improvement in oncology care
- Promote navigator participation in the development, analysis, and refinement of public policy at all levels
- To best support the interests of people impacted by cancer and to protect and promote the profession of navigation
- Educate all stakeholders about the essential role of navigators in oncology systems

Development of the Standards

The team was partnered by role & scope:

- **Clinical Nurse Navigators:**
Susie Burke,
Danelle Johnston,
Brenda Nevidjon
- **Clinical Social Work Navigator:**
Elizabeth Franklin
- **Patient Navigators:**
Lisa Simms Booth,
Monica Dean



PONT Definitions



Oncology
Navigation



Professional
Navigator



Clinical
Navigators
Oncology
Nurse
Navigator



Clinical
Navigators
Social Work
Navigator



Patient
Navigator



Patient



The Professional Oncology Navigation Task Force announces

Oncology Navigation Standards of Professional Practice

The Professional Oncology Navigation Task Force is pleased to announce the release of the Oncology Navigation Standards of Professional Practice. These standards were created to provide clinical oncology nurse navigators, social work navigators, and patient navigators with clear information regarding best practices in the provision of professional care. This includes the knowledge and skills all professional navigators should possess to deliver high-quality, competent, and ethical services to people impacted by cancer. The standards also provide benchmarks for use by healthcare employers and information for policy and decision makers, health professionals, and the public to understand the role of professional oncology navigators. These standards are intended to provide guidance and may be applied differently, as appropriate, in diverse settings.



Scan this QR code to access the Oncology Navigation Standards of Professional Practice

The professional organizations responsible for the creation of the Oncology Navigation Standards for Professional Practice include



Patient organizations involved in developing this document include



The foundational steps taken by the Biden Cancer Initiative Working Group on Patient Navigation also led to the creation of this document.

We would like to thank all individuals and organizations who reviewed and commented on the standards. A special thanks to the American Cancer Society National Navigation Roundtable for their review and dissemination support of these standards.



Standards Snapshot

The Oncology Navigation Standards of Professional Practice identify best practices in order to promote a high level of navigation quality. They are intended to serve as **guidance** for professional practice (regardless of setting). Exceptions to the Standards may be necessary and should be determined on an individual or institutional basis. The following standards apply to all three types of professional navigators **unless otherwise noted.**

Real World Use of the Standards

- Guide navigation practice and clarify scope
- Evaluate navigation practice and help to ensure accountability
- Support navigator health and wellness
- Identify areas of improvement in practice
- Provide a framework for a competency checklist
- Determine task delegation (clinical and non-clinically licensed)
- Create job description
- Support potential reimbursement of navigation roles
- Inform advocacy, policy, and decision making

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**Are you a member of your
State/Tribal/Territorial Cancer Coalition?**

ⓘ Start presenting to display the poll results on this slide.

slido



**Are you engaged in patient navigation work
with your Cancer Coalition?**

ⓘ Start presenting to display the poll results on this slide.



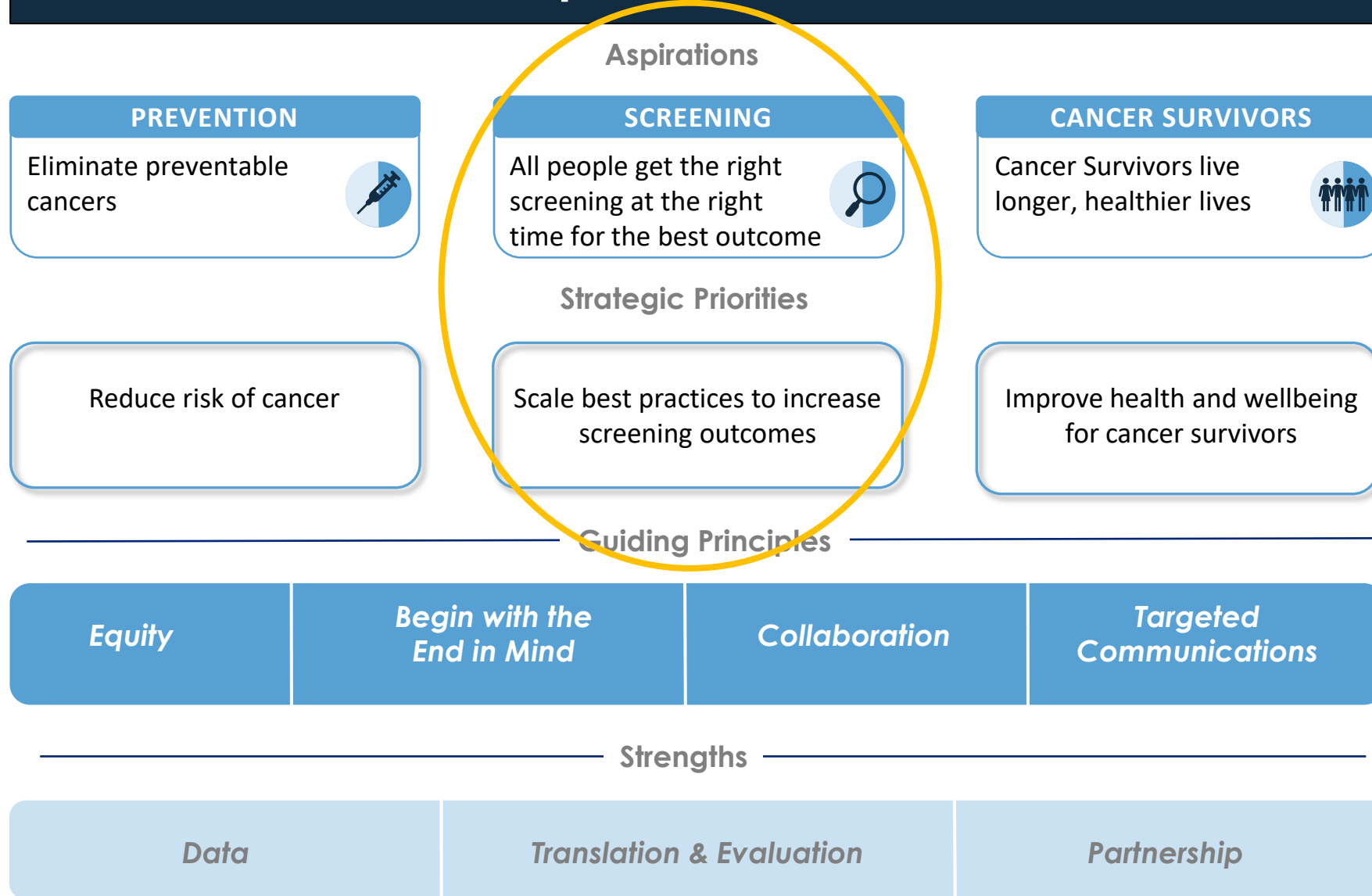
Centers for Disease Control and Prevention Division of Cancer Prevention and Control (DCPC)

Elizabeth A. Rohan, PhD, MSW

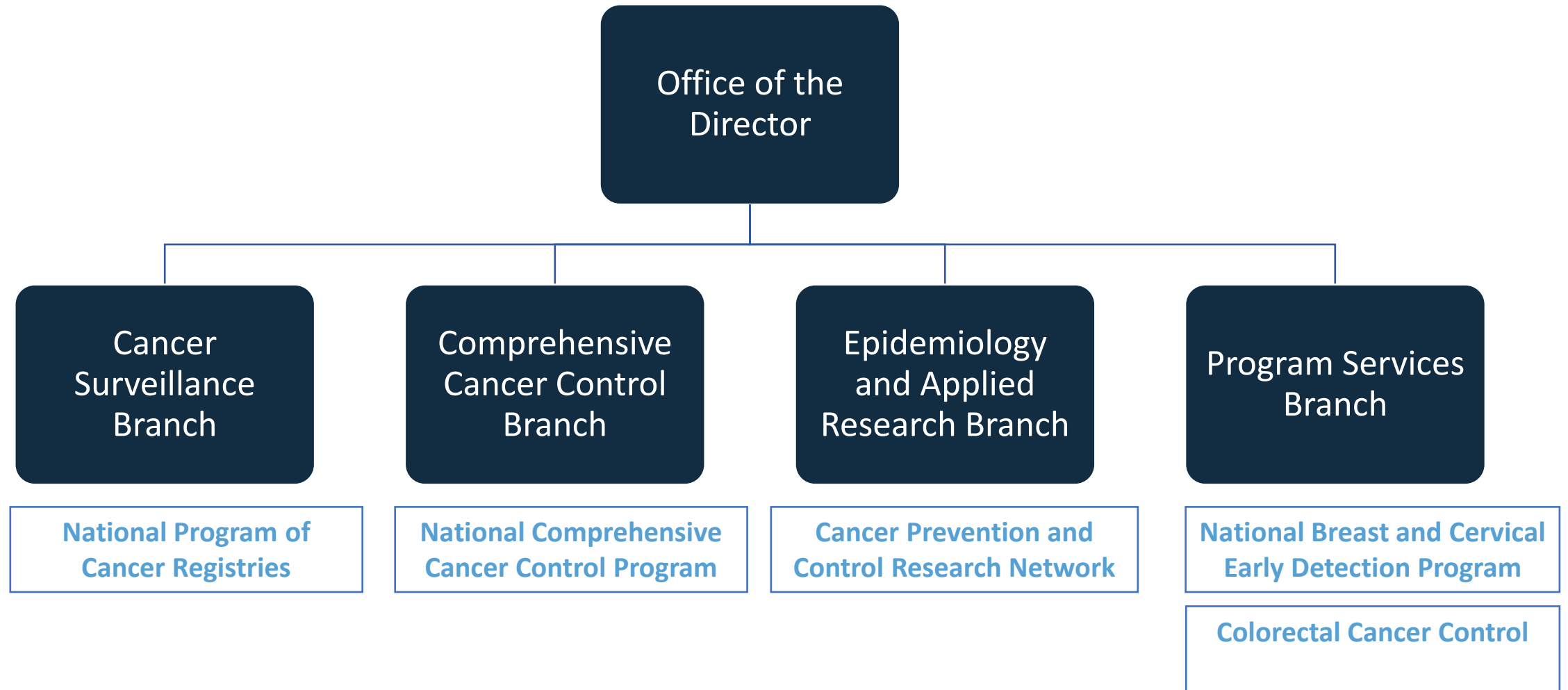
Cancer Coalitions Promoting PNs in Cancer
Screening: Insights from NCCCP Recipients



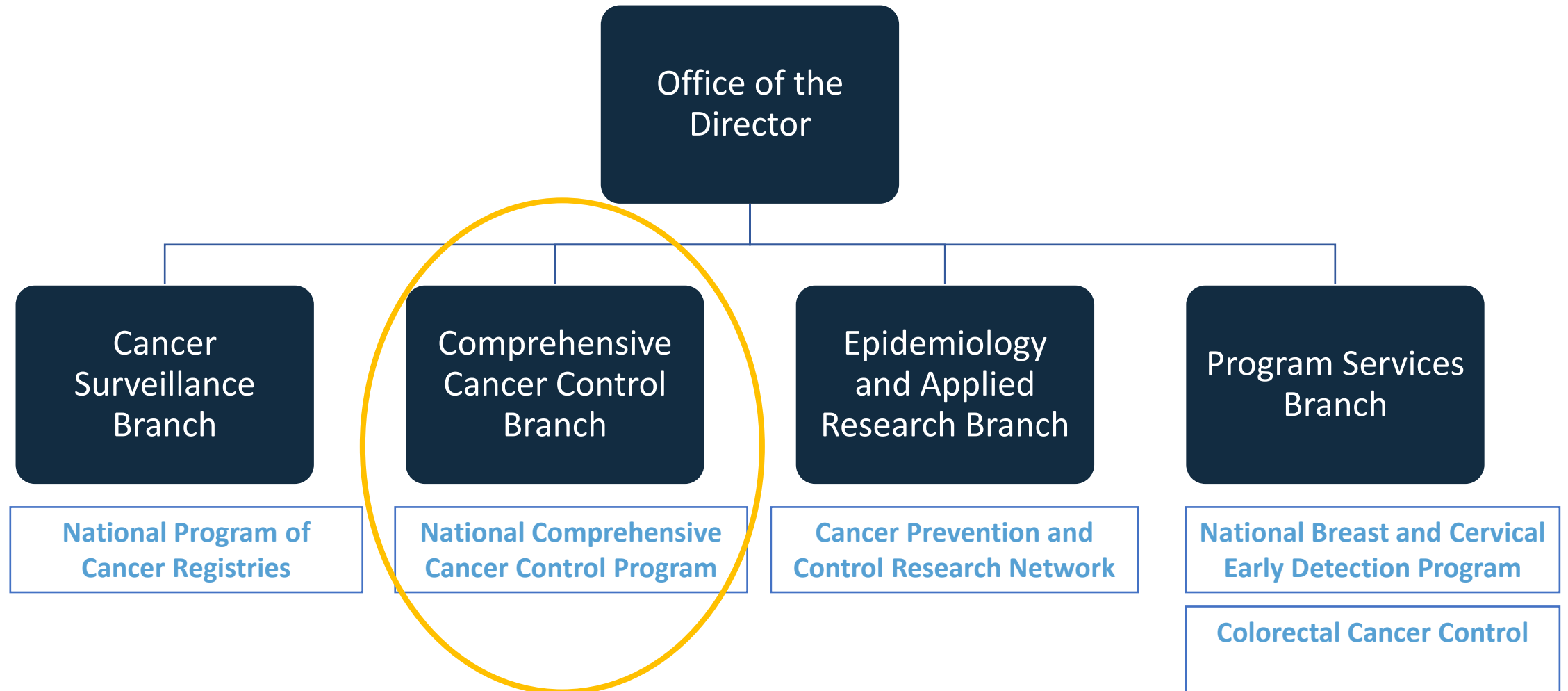
All People Free of Cancer



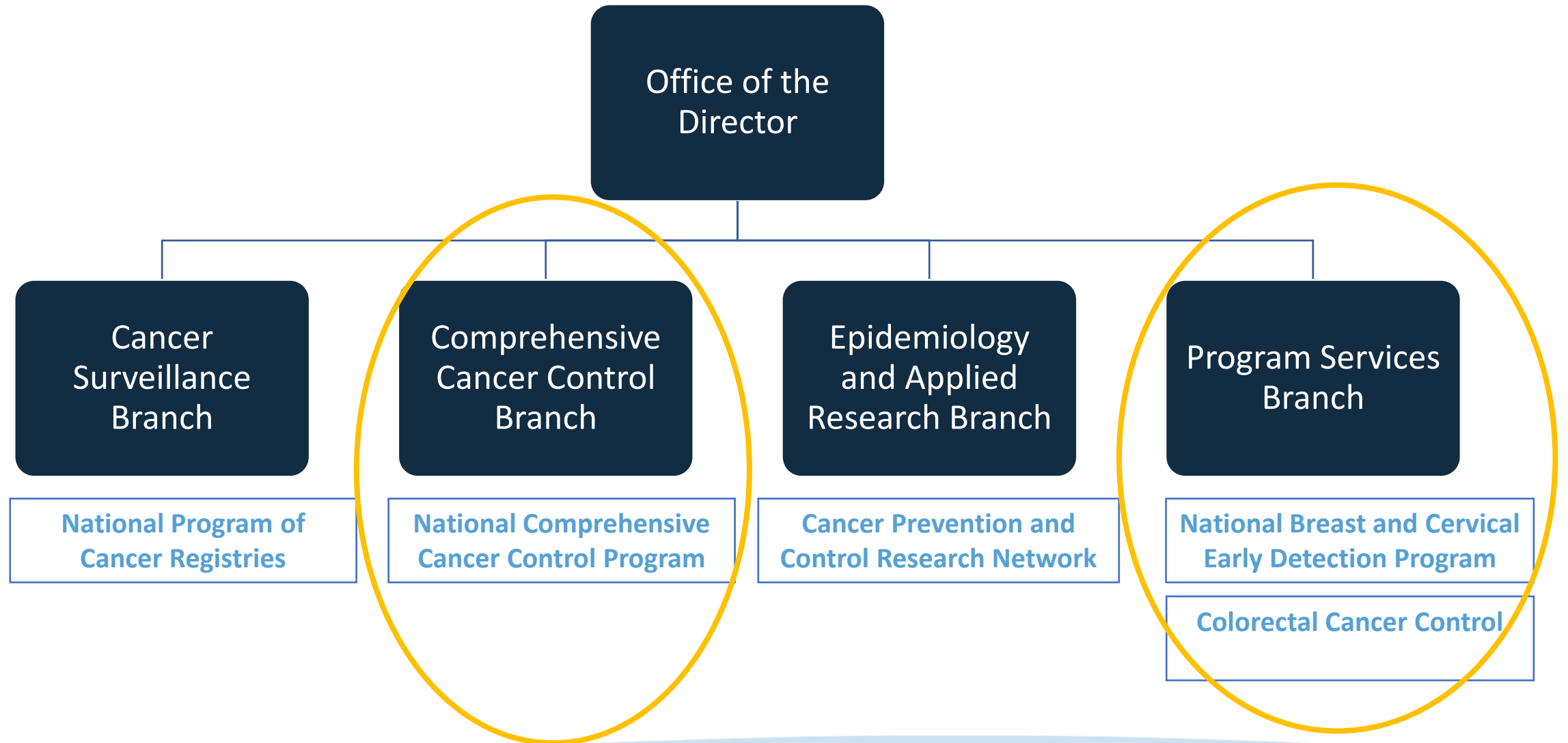
Division of Cancer Prevention and Control



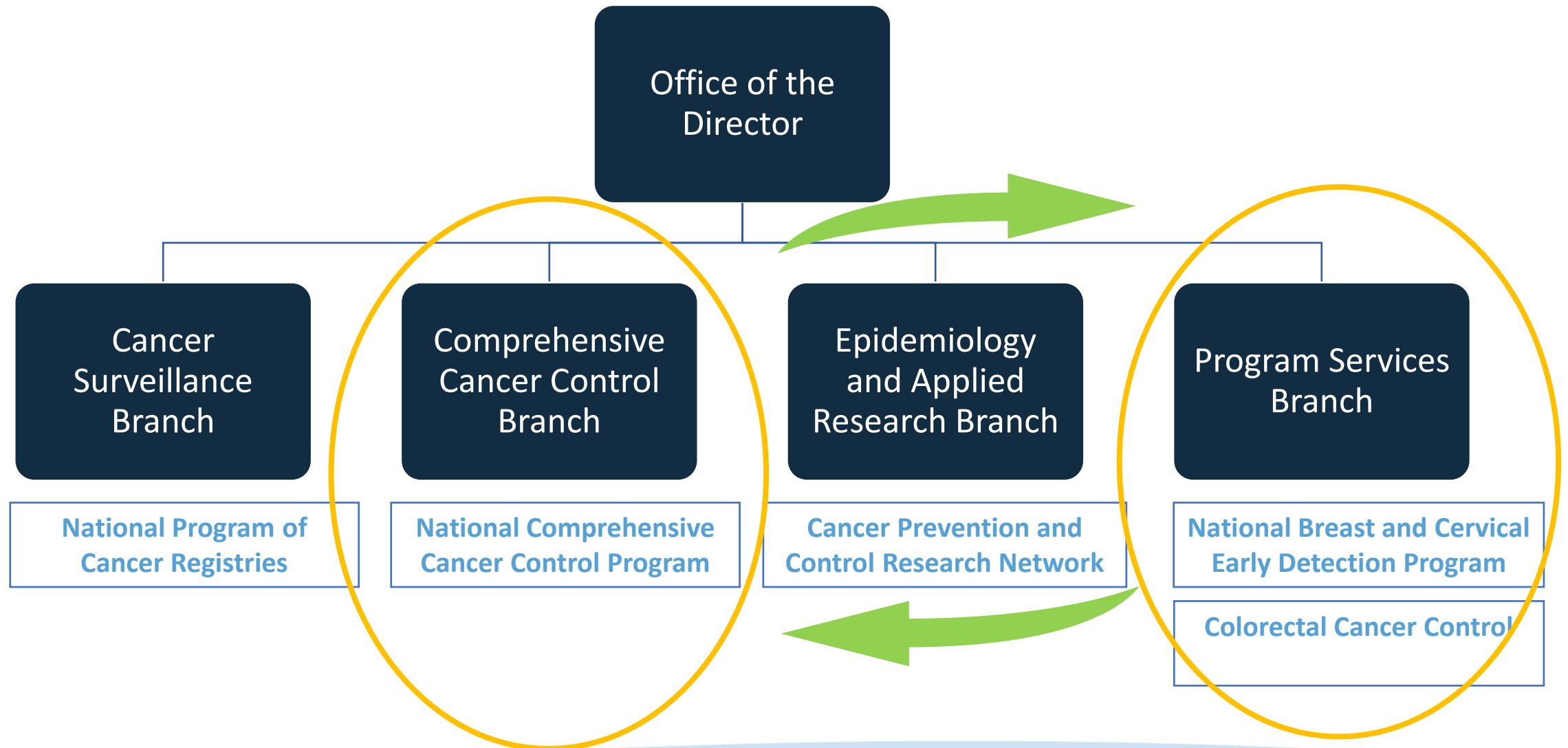
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Division of Cancer Prevention and Control



Division of Cancer Prevention and Control



Comprehensive Cancer Control

Collaborating to Conquer Cancer



NATIONAL Comprehensive Cancer Control PROGRAM

The National Comprehensive Cancer Control Program brings partners together across the country to reduce cancer's impact through prevention and control.

Collaborating
to Conquer
Cancer



National Comprehensive Cancer Control Program (NCCCP) – established in 1998

- Reach; All 50 states + D.C., 7 U.S. Associated pacific islands/territories and 8 tribal organizations focused on:
 - Cancer Risk Reduction
 - Early Detection of Cancer
 - Access to Cancer Treatment
 - Improved Quality of Life for Cancer Survivors
 - Promote Health Equity

Historically,
NCCCP programs
and coalitions
have been heavily
involved in efforts
to increase cancer
screenings by
engaging PN

ORIGINAL ARTICLE

Open Access

An Exploration of Patient Navigation and Community Health Worker Activities Across National Comprehensive Cancer Control Programs

Elizabeth A. Rohan,^{1,*} Renee McDougall,² and Julie S. Townsend¹

Abstract

Purpose: Health disparities persist across the cancer care continuum. Patient navigator (PN) and community health worker (CHW) interventions are designed to increase health equity. National Comprehensive Cancer Control Program (NCCCP) awardees develop and implement plans to coordinate cancer prevention and control activities, including supporting PN and CHW interventions. This content analysis examined NCCCP action plans to assess the extent to which jurisdictions report engaging in PN and/or CHW activities.

Methods: We abstracted PN and CHW content from NCCCP action plans and coded content according to specific areas of PN and/or CHW intervention (e.g., screening, survivorship, and cancer type), used descriptive statistics to characterize overall results, and calculated chi-squares to determine whether programs engaged PNs and CHWs differently.

Results: Eighty-two percent ($n = 53$) of 65 NCCCP action plans had content related to PN and/or CHW activities, with more PN language (83%) than CHW (58%). These action plans described engaging PNs and CHWs in activities across the cancer continuum, but particularly for screening (60%) and survivorship (55%). Eighty-one percent of these plans described activities related to workforce development, such as training and standardizing roles and competencies. Programs engaged CHWs more often than PNs for outreach and in community settings.

Conclusion: The majority of NCCCP awardees reported engaging in PN and/or CHW activities. Understanding how NCCCP awardees engage PNs and CHWs, including awardees' needs for workforce development in this area, can help Centers for Disease Control and Prevention provide more focused technical assistance as programs increase engagement of PNs and CHWs to improve health equity.

Keywords: community health workers; comprehensive cancer control; disparities; patient navigation

Introduction

Racial and ethnic minorities, rural communities, and those with low socioeconomic status, including those who are un- or under-insured, bear a disproportionately high burden of cancer in the United States.¹⁻⁴ These disparities persist across the cancer continuum, from prevention to screening, treatment, and long-term survivorship.⁴⁻⁶ Barriers to cancer prevention, screening, and care often include fear or distrust of

the medical community, lack of or inadequate health insurance coverage, financial hardship, low levels of health literacy and education, and logistical barriers, such as lack of transportation.^{7,8} The social determinants of health, that is, the social, economic, cultural, and physical contexts within which people live, are considered important when addressing health disparities.⁹⁻¹¹

Patient navigation (PN) and community health worker (CHW) interventions have been demonstrated

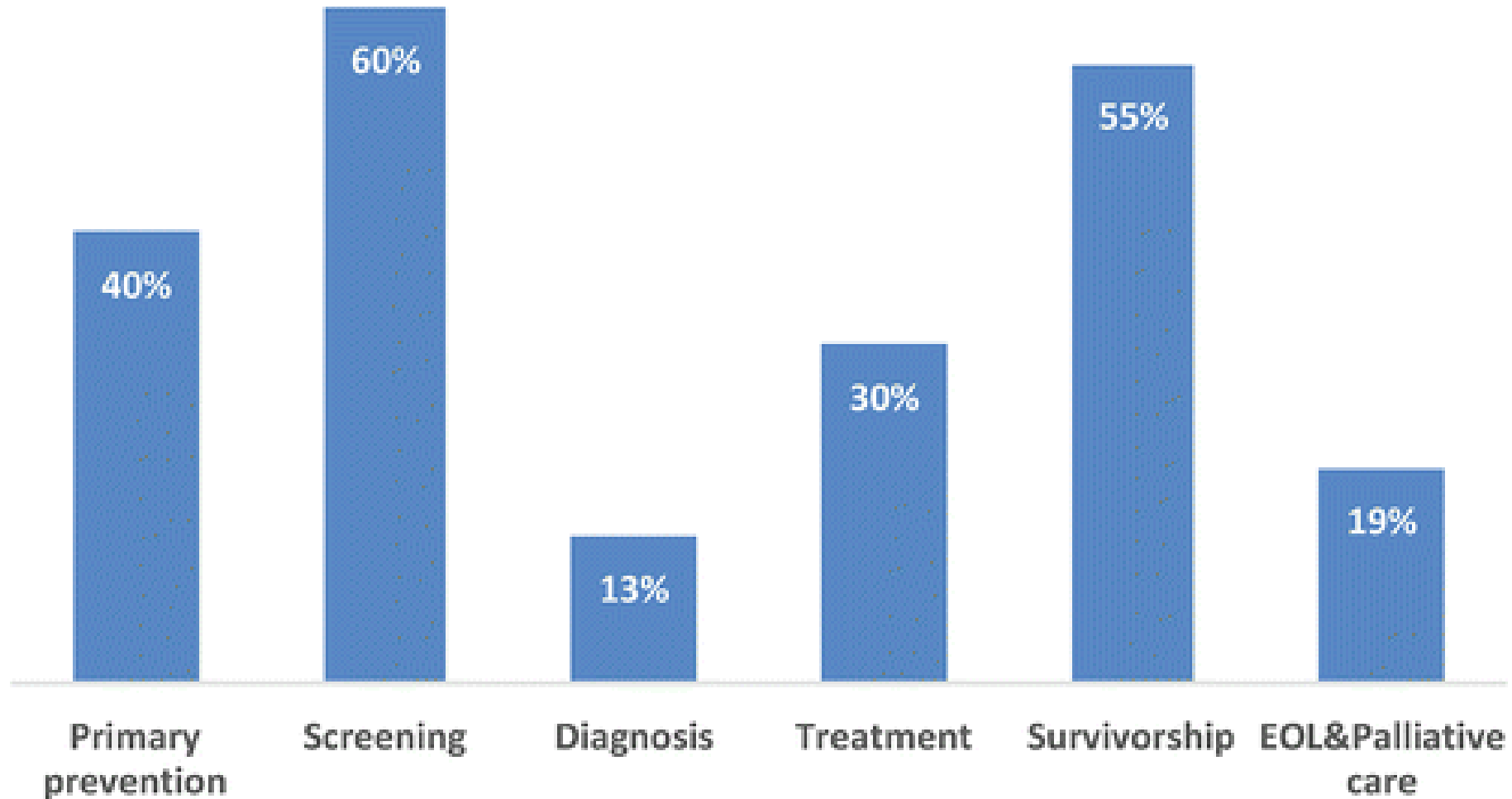
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Most PN/CHW language was related to cancer screening and survivorship (2017)





DP22-2202

Quick Peek at Action Plans



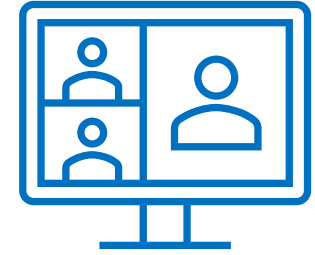
Coalitions have many opportunities to support & promote PN in cancer screening



Collaborate



Assess needs



Train



Employ/Establish
Networks



Monitor & Evaluate



Educate



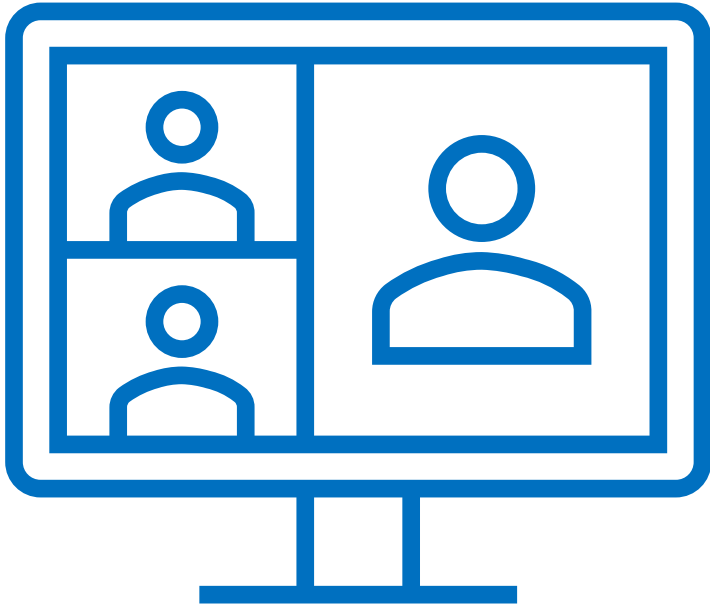
Collaborate

- With NBCCEDP (and CRCCP)
- Collaborate with internal and external partners to collect data, expand PN programs to address barriers for Black women
- Expand Cancer Alliance membership to represent underserved populations



Assess Needs

- Conducted a focus group study
- Asked for Task Force input
- Identified
 - Not enough navigators
 - Not enough Peer-to-Peer support resources
- Identified existing programs and resources; reduced duplicated efforts



Train

- Train PNs/CHWs to provide outreach to eligible populations for CDC's cancer screening programs
- Develop a tailored toolkit for CHWs around early detection of colorectal cancer for Native American and Hispanic populations in AZ
- Conduct a train-the-trainer course on the importance of HPV vaccination with Cherokee Nation Community Health Workers



Employ

- Execute contracts for Patient Navigators
 - Enroll uninsured and underinsured Delawareans into no-cost preventive breast, cervical, colorectal, prostate, and lung cancer screening & diagnostic services



Meeting Needs of Patients, Caregivers, Navigators

Establish Networks

- Thrive NV - created in 2020
- Statewide forum for sharing knowledge and resources
- Community-clinical navigation capacity increased
- Increased access to resources
- Engaged with AONN+ Local Navigator Network

Example from NV



Monitor and Evaluate

- Monitor and evaluate effectiveness of PNs/CHW efforts in cancer screening
- Use logs to document
 - Status of implementation activities
 - Barriers and facilitators to implementation
- Results may indicate where you can regroup with partners to improve implementation



Educate

- Disseminate, disseminate, disseminate CCC program/coalition work!
 - One-pagers
 - Conferences
 - Webpages
 - Manuscripts
 - Press conferences
 - Newsletters
 - Dashboards
 - Listservs

Thank you!



CDC Colleagues

- Julie Townsend, MS
Epidemiologist
Comprehensive Cancer Control Branch
(CCCB)
- Dana White, MPA
Project Officer, CCCB
- April Vance, MPH
Team Lead, Program Services Branch

NCCCP Colleagues

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- Amy Thompson, RN
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Nevada Cancer Coalition
- Leah Merchant, CPM, Section Supervisor,
Montana Cancer Control Programs,
Chronic Disease Prevention and Health
Promotion Bureau

Discussion



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