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.
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.
AGENDA

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

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

Start presenting to display the poll results on this slide.
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.
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/](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
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?
Patient Navigation = Health Equity

- Access to Treatment, Screening, Care across the Cancer Continuum
- Increase patient satisfaction
- Improve patient outcomes
- Fewer barriers to care
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.

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

Leigh T. Buchanan
Yinan Peng
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.

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

**Liaison organizations** help develop and disseminate findings and recommendations.

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)
Community Guide Program 10-Step Systematic Review Process

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

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

Client-Oriented Interventions, Recommended

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Breast cancer screening</th>
<th>Cervical cancer screening</th>
<th>Colorectal cancer screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client reminder (2010)</td>
<td>🍀</td>
<td>⚫️</td>
<td>🍀</td>
</tr>
<tr>
<td>One-on-one education (2010)</td>
<td>🍀</td>
<td>⚫️</td>
<td>🍀</td>
</tr>
<tr>
<td>Small media (2005)</td>
<td>🍀</td>
<td>⚫️</td>
<td>🍀</td>
</tr>
<tr>
<td>Reducing structural barriers (2010)</td>
<td>🍀</td>
<td>⚫️</td>
<td>🍀</td>
</tr>
<tr>
<td>Group education (2009)</td>
<td>🍀</td>
<td>⚫️</td>
<td>🍀</td>
</tr>
<tr>
<td>Reducing out-of-pocket costs (2009)</td>
<td>🍀</td>
<td>⚫️</td>
<td>🍀</td>
</tr>
</tbody>
</table>

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

Breast cancer screening
Cervical cancer screening
Colorectal cancer screening
# CPSTF Recommendations for Interventions to Increase Cancer Screening

## Provider-Oriented Interventions, Recommended

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider assessment and feedback (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider reminder (2006)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Interventions that can Include Multiple Interventions, Recommended

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions engaging community health workers (2019)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicomponent interventions (2016)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient navigation services (2022)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

Breast cancer screening  
Cervical cancer screening  
Colorectal cancer screening
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 2019

Breast Cancer Incidence\textsuperscript{1,2}  
\begin{tabular}{llll}
0 & 50 & 100 & 150
\end{tabular}

Cervical Cancer Incidence\textsuperscript{1,2}  
\begin{tabular}{llll}
0 & 5 & 10 & 15
\end{tabular}

Colorectal Cancer Incidence\textsuperscript{1,2}  
\begin{tabular}{llll}
0 & 20 & 40 & 60
\end{tabular}

Breast Cancer Deaths\textsuperscript{1,2}  
\begin{tabular}{llll}
0 & 10 & 20 & 30
\end{tabular}

Cervical Cancer Deaths\textsuperscript{1,2}  
\begin{tabular}{llll}
0 & 1 & 2 & 3
\end{tabular}

Colorectal Cancer Deaths\textsuperscript{1,2}  
\begin{tabular}{llll}
0 & 5 & 10 & 15
\end{tabular}

1. [USCS Data Visualizations – CDC](https://www.cdc.gov/cancer/data/). All data from 2019, age-adjusted per 100,000 population.
## Cancer Screening Rates in the United States in 2019

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Healthy People 2030 Goals[^2]</th>
<th>Received Recent Screening</th>
<th>Race/Ethnicity</th>
<th>Income (% FPL[^3])</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>White</td>
<td>Black</td>
<td>AI/AN</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>80.5%</td>
<td>76.2%</td>
<td>76.0%</td>
<td>79.0%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>84.3%</td>
<td>76.4%</td>
<td>77.9%</td>
<td>77.8%</td>
<td>75.6%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>74.4%</td>
<td>68.3%</td>
<td>69.8%</td>
<td>69.5%</td>
<td>62.8%</td>
</tr>
</tbody>
</table>

---


AI/AN: American Indian and Alaska Native
Intervention Definition Created by Community Guide Program

- 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 reminders
  - Reduce structural barriers (e.g., reduce administrative barriers; assist with appointment scheduling, transportation, translation, or childcare; arrange alternative screening site or screening hours)
  - Reduce patients’ out-of-pocket costs

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


2. A few studies reported on screening for multiple cancers
Geographic Location Included Studies (34 Studies)

- 3 Studies*
- 18 Studies
- 10 Studies*
- 3 Studies
- 1 Study

Population Density
- Urban 76%
- Rural 15%
- Urban and rural 6%
- Not reported 3%

*1 study implemented in both West and South Regions
Types of Service Deliverer (34 Studies)

1. Other: case manager, preventive care manager, nurse manager
2. PN Only
3. PN + Other
4. CHW + Other
5. PN + CHW + Other
6. CHW only
7. Other

18% 41% 9% 15% 15% 9% 41%

PN: patient navigator; CHW: community health worker
Interaction Between Service Deliverer and Patients (34 Studies)

- Face-to-Face + Remote: 53%
- Remote Only: 44%
- Not Reported: 3%
Number of Services Offered\(^1\) (34 Studies)

- 1 service: 11%
- 2 services: 14%
- 3 services: 28%
- 4 services: 25%
- 5+ services: 22%

Only services included in the intervention definition
Patient Navigation Services Offered across Cancer Types (34 Studies)

- Reducing administrative barriers
- Assisting with appointment scheduling
- Assisting with transportation
- Providing childcare
- Reducing structural barriers, not specified
- Providing alternative screening site
- Providing translation
- Client reminder
- Reducing patient out-of-pocket cost

Number of Studies Reporting on the Specific Services Offered

Services to Reduce Structural Barriers
Additional Services Offered across Cancer Types (34 Studies)

- One-on-one education
- Small media
- Group education
- Client incentive
- Provider reminder
- Provider assessment and feedback

Number of Studies Reporting on the Specific Services Offered

Provider-Oriented Services
Other Client-Oriented Services
Population Characteristics (34 studies)

Gender (Colorectal Only)

- Female 59%

Median Age

- 59.5 years

Employment

- Unemployed 59%

Income

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

Education

- Greater than HS: 37%
- HS graduate: 31%
- Less than HS: 39%

Insurance

- Public: 54%
- Private: 37%
- Not Insured: 17%

HS: High school
Race and Ethnicity (31 of 34 Studies Reporting)

**Studies that Recruited from a Single Racial or Ethnic Group**
- American Indian: 1 study
- Asian: 2 studies
- Black or African American: 5 studies
- Hispanic: 2 studies
## Changes in Breast, Cervical, and Colorectal Cancer Screening Use

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Screening Test Used</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>Mammography</td>
<td>Increased by a median of 12.0 percentage points, or 54.5%</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>Pap test</td>
<td>Increased by a median of 22.5 percentage points, or 64.5%</td>
</tr>
<tr>
<td></td>
<td>Screened using any test</td>
<td>Increased by a median of 13.6 percentage points, or 76.2%</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>Colonoscopy</td>
<td>Increased by a median of 13.9 percentage points, or 109.9%</td>
</tr>
<tr>
<td></td>
<td>FOBT or FIT</td>
<td>Increased by a median of 12.4 percentage points, or 57.3%</td>
</tr>
</tbody>
</table>

FOBT, fecal occult blood test; FIT, fecal immunochemical test
Patient Navigation Services Improved Cancer Screening Rates, but They Remain Below Healthy People 2030 Goals

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

---

SES, socioeconomic status; CHW, community health worker
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
Community Preventive Services Task Force (CPSTF) Recommendation

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

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.

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.

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

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

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
Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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

<table>
<thead>
<tr>
<th>Professional Oncology Navigation Task Force (PONT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides clinical oncology navigators and patient navigators with clear information regarding the standards of professional practice</td>
</tr>
<tr>
<td>Guidance regarding the knowledge &amp; skills all professional navigators should possess to deliver high-quality, competent, and ethical services</td>
</tr>
<tr>
<td>Provides benchmarks for healthcare employers</td>
</tr>
<tr>
<td>Information for policy &amp; decision makers to understand the role of the professional oncology navigator</td>
</tr>
</tbody>
</table>

*After 3-decades, standards of practice did not exist*
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

- Standards development started in October 2020
- PONT met monthly drafting 2 standards per month
- 19 standards created
- Standards were based on specific to navigator role & scope
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
Are you a member of your State/Tribal/Territorial Cancer Coalition?
Are you engaged in patient navigation work with your Cancer Coalition?
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

Aspirations

PREVENTION
Eliminate preventable cancers

SCREENING
All people get the right screening at the right time for the best outcome

CANCER SURVIVORS
Cancer Survivors live longer, healthier lives

Strategic Priorities

Reduce risk of cancer

Scale best practices to increase screening outcomes

Improve health and wellbeing for cancer survivors

Guiding Principles

Equity

Begin with the End in Mind

Collaboration

Targeted Communications

Strengths

Data

Translation & Evaluation

Partnership
Division of Cancer Prevention and Control

Office of the Director

- Cancer Surveillance Branch: National Program of Cancer Registries
- Comprehensive Cancer Control Branch: National Comprehensive Cancer Control Program
- Epidemiology and Applied Research Branch: Cancer Prevention and Control Research Network
- Program Services Branch: National Breast and Cervical Early Detection Program, Colorectal Cancer Control
Division of Cancer Prevention and Control

Office of the Director

Cancer Surveillance Branch
  - National Program of Cancer Registries

Comprehensive Cancer Control Branch
  - National Comprehensive Cancer Control Program

Epidemiology and Applied Research Branch
  - Cancer Prevention and Control Research Network

Program Services Branch
  - National Breast and Cervical Early Detection Program
    - Colorectal Cancer Control
Division of Cancer Prevention and Control

Office of the Director

- Cancer Surveillance Branch
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  - National Comprehensive Cancer Control Program
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  - Cancer Prevention and Control Research Network
- Program Services Branch
  - National Breast and Cervical Early Detection Program
  - Colorectal Cancer Control
Comprehensive Cancer Control

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

Examples from MA and SC
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

Example from NV
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

Examples from AZ and Cherokee Nation
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

Example from DE
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

Example from MT
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**
- Debbie Kawcak, Comprehensive Cancer Control Coordinator
  Nevada Division of Public and Behavioral Health
- Amy Thompson, RN
  Cancer Survivorship Programs Coordinator, Nevada Cancer Coalition
- Leah Merchant, CPM, Section Supervisor,
  Montana Cancer Control Programs,
  Chronic Disease Prevention and Health Promotion Bureau
Discussion
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Visit the NNRT website for updates: https://navigationroundtable.org/