

Chat questions (Meeting 1):

Q: Was the orientation meeting recorded and if yes, will the link be shared?

A: Yes, [click here](#) to access the meeting recording.

Q: Can anyone become a member?

A: Yes, [click here](#) to apply for NNRT membership.

Q: Where can I join?

A: [Click here](#) to apply for NNRT membership.

Q: How often will the committees meet? and expected for how long?

A: The NNRT Task Groups meet monthly. Ad hoc groups meet as often as needed for shorter term. Other standing committees (Nominating, Membership, Bylaws) usually meet quarterly, or more often as needed.

Q: How many navigators responded to the survey about COVID-19?

A: Approximately 175 navigators.

Q: How can we re-listen to Natalie's talk?

A: [Click here](#) to view selected slides provided by our keynote speaker. [Click here](#) to listen to the audio recording. Her talk begins at the 45 minute 40 second mark.

Q: What suggestions do folks have as an alternative to the word "empower"?

A: Maybe providing the resources, guidance and support to "enable" or "facilitate" a person accessing and using their own knowledge, capabilities, skills and power to solve problems, and then getting out the way.

Q: Could you share more about how you meet the needs of your non-English speaking patients?

A: This is a great question. I utilize all resources available to ensure that the patients and their families are receiving the highest quality of informed care. For starters, I research information that can help me be culturally sensitive. I focus on having appropriate body language, have a soft tone and show genuine concerns. In particular to non-English speaking patients, I remember to never assume a profile or needs of any grouping. I seek out national, regional and local associations that represent a non-English culture and reach out for their

organizer's guidance. This not only helps them advocate for their identified needs but builds trust with respected community leaders. I begin communications with an open desire to not identify a need but offer my service as a conduit into the health care system. The focus of cancer care allows screening recommendations to guide the conversation and identify barriers. I start small addressing identified barriers. I look at systems that can be changed but do not want to over promise and fail which can only create mistrust. If I can address or change the process with one or two individuals then I can approach administration on revisiting the system level approach. I believe success to meeting the needs of specific groups requires a "champion" willing to ask the questions and follow through.

Q: Do you have an infographic for what (language) not to use and why (and what to use instead)?

A: [Click here](#) to read an article that our keynote speaker shared about equitable language. A key quote from the article, "Choose to use words that affirm instead of question, benefit instead of oppress, respect instead of denigrate, and value instead of marginalize. Speak into existence the world in which you want to live — one word at a time." – Natalie S. Burke

Q: If they are agreeable, could we share contact information for our 3 navigators in case folks have questions from the meeting that we didn't get to?

A: Yes, see the contact information provided below.

- Jamie Callahan, BSN-RN, OCN, CBCN
Oncology Nurse Navigator
UCHealth Cancer Service Line
Jamie.Callahan@uchealth.org
- Zarek Mena, OPN-CG
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