Developing core elements of culturally appropriate & theoretically sound training framework for peer / patient navigators to encourage cancer screenings

Su-I Hou, DrPH, CPH, MCHES, RN
Associate Professor, Health Promotion & Behavior
University of Georgia, Athens, GA
shou@uga.edu

Disclosure

I have NO financial relationship(s) relevant to the content of this educational activity.
Learning Objectives

• Describe the five core elements identified from this review study on developing a navigator-training framework for cancer screening and education.

• Discuss how behavioral theories could be incorporated into the proposed training framework to address the needs in specific racial/ethnic groups.

• Discuss lessons learned on applying this framework for developing culturally appropriate & theoretically sound training curriculum.

Background

• Cancer screening disparities in racial and lower social-economic status minorities

• Peer or community navigators can be a public health force for change
  – chosen based on relevant cultural background or language spoken
  – Effective in reaching racial / minority / disadvantaged communities or groups
  – play as “cultural brokers”
Purpose

• Critical need to describe & identify best practice models for CHN intervention dissemination and implementation

• This study examined existing peer-reviewed navigator training programs and identified core elements for establishing a training framework on cancer screening & education.

Methods

• Systematic literature review on U.S.-based CHN programs focused on cancer screening promotion

• Databases:
  – Medline, CINAHL, PsycInfo

• Keywords:
  – “cancer screening” and “community health workers or navigators” or “patient navigators”

• Timeframe:

• A total of 27 articles were reviewed.
Results

• For the training programs that have effectively utilized community or patient navigators for healthcare delivery:

  • Length ranged:
    – Few hour training ➔ intensive workshops ➔ extensive 40-hours didactic training + 80-hours practicum ➔ several hundreds hours.

  • Content covered:
    – communication skills, screening edu guidelines, role play / mock sessions, barriers counseling / tailored responses, cultural competency / social support, study protocol & human subjects
Results (con’t)

• **CHN roles & responsibilities:**
  - Mostly matched culture / language concordant navigators & participants
  - Outreach participants (mail, phone, face interactions), provide edu / info, barrier counseling, share experience, logistic support, translator / advocate, info on resources, etc.

• **Intervention outcomes:**
  - Significant effective outcomes regardless of settings (increased knowledge, skills, & behaviors, etc.);
  - Either professionally-trained or lay-trained;
  - Either phone or face-delivered interventions.

---

**Summary Table – CHN program review**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Community-based (n=15)</th>
<th>Clinic/hospital-based (n=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic areas</td>
<td>Eastern / western cities, northern / southern states</td>
<td>majority in east coast cities</td>
</tr>
<tr>
<td>Terms used</td>
<td>CHWs / CHAs / CHNs</td>
<td>patient navigators (PNs)</td>
</tr>
<tr>
<td>Target groups</td>
<td>specific race/ethnicity</td>
<td>urban lower income groups</td>
</tr>
<tr>
<td></td>
<td>(Asian ethnics, Latinos, African Americans, Native Americans, etc.)</td>
<td>mixed ethnic groups</td>
</tr>
<tr>
<td>Participant identification / recruitment</td>
<td>word of mouths / flyers @ comm. Ctr. / networks / churches</td>
<td>pre-identified from existing database / flyers @ dr’s office, employment board or Internet ad.</td>
</tr>
<tr>
<td>Theory / model used</td>
<td>Multiple theories / models / socio-eco frameworks (SCT, HBM, SST, PAR, PATH, etc.)</td>
<td>cues / reminders / logistic support</td>
</tr>
<tr>
<td>Intervention delivery</td>
<td>One-on-one, small groups, workshops, more face-to-face delivery</td>
<td>Mostly mail-communication and/or phone calls</td>
</tr>
</tbody>
</table>
• This review described core elements & characteristics of cancer navigator programs by settings.

• Lessons learned have implication on developing potential training curriculum with some standard metrics for navigator program development and evaluation.
Developing core elements of culturally appropriate & theoretically sound training framework for peer / patient navigators to encourage cancer screenings

Q & A

Su-I Hou, DrPH, CPH, MCHES, RN

Associate Professor, Health Promotion & Behavior
University of Georgia, Athens, GA
shou@uga.edu