



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

Patient Navigation to Increase Cancer Screening and Advance Health Equity

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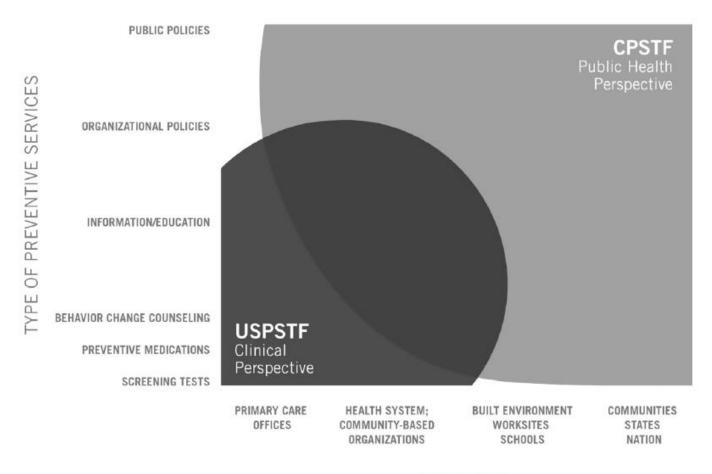
The Community Preventive Services Task Force (CPSTF)¹

- 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

 Has 32 federal and non-federal liaison organizations, including the US Preventive Services Task Force (USPSTF).

1. About the Community Preventive Services Task Force | The Community Guide

The relationship between the U.S. Preventive Services Task Force and the Community Preventive Services Task Force



SETTINGS

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)

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



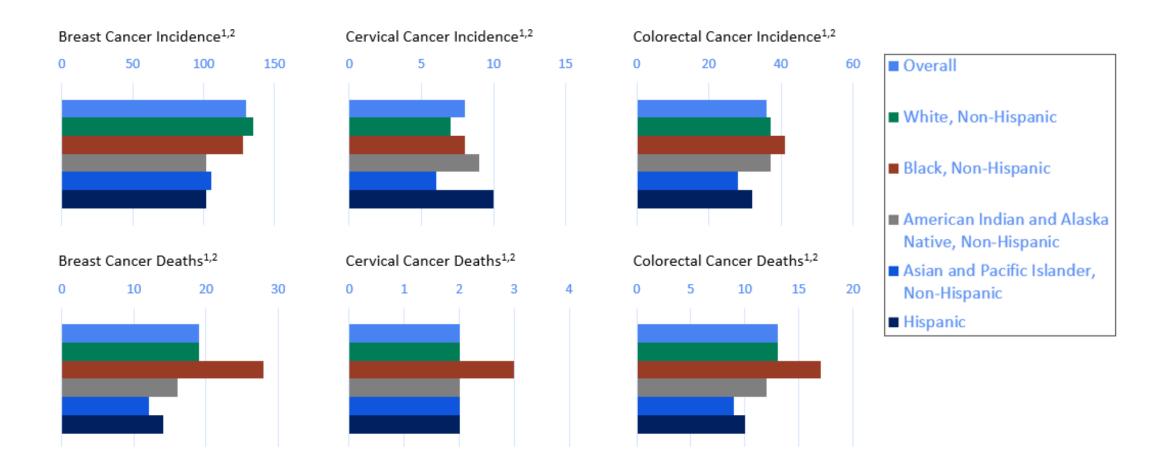
Insufficient Evidence

- 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



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



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 (% FPL³)		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%

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



^{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. &}lt;u>Cancer - Healthy People 2030 | health.gov (https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer)</u>

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/

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. <u>CPSTF Finding and Rationale Statement Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity (thecommunityguide.org)</u>
- 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. <u>CPSTF Finding and Rationale Statement - Patient Navigation Services to Increase Breast, Cervical, and Colorectal</u>
Cancer Screenings and Advance Health Equity (thecommunityguide.org)

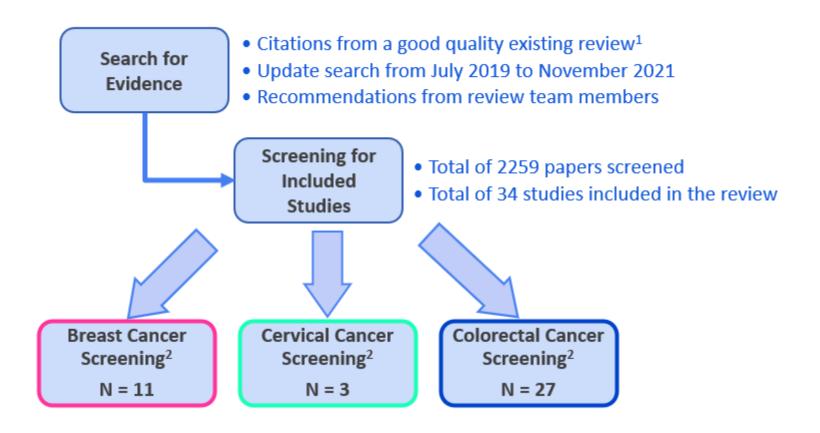
Research Questions

- 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

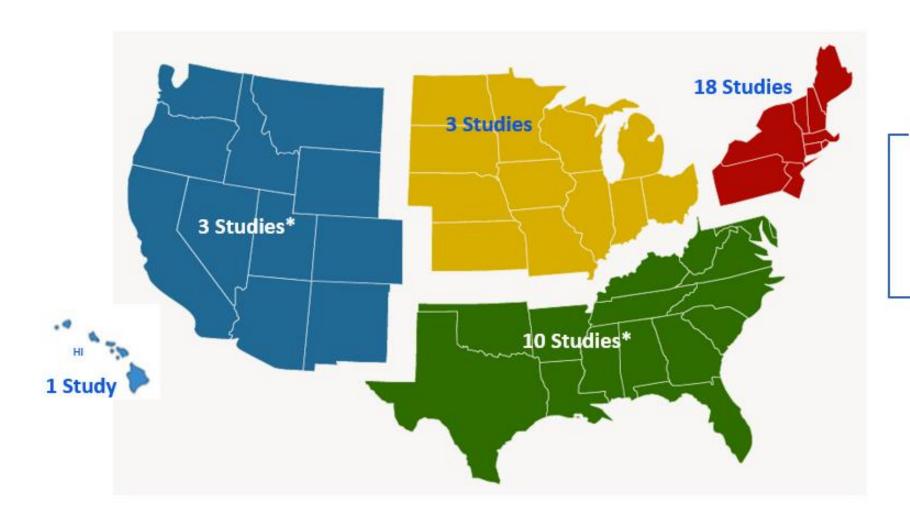
- -SEARCH RESULTS
- -INTERVENTION AND POPULATION CHARACTERISTICS
- -FINDINGS

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)

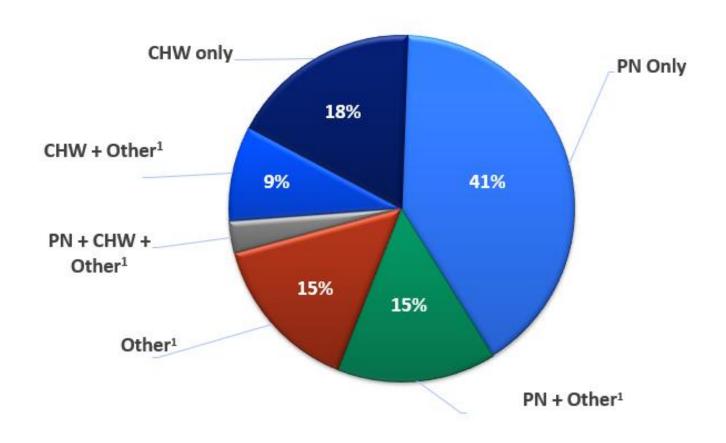


Population Density

Urban 76% Rural 15% Urban and rural 6% Not reported 3%

*1 study implemented in both West and South Regions

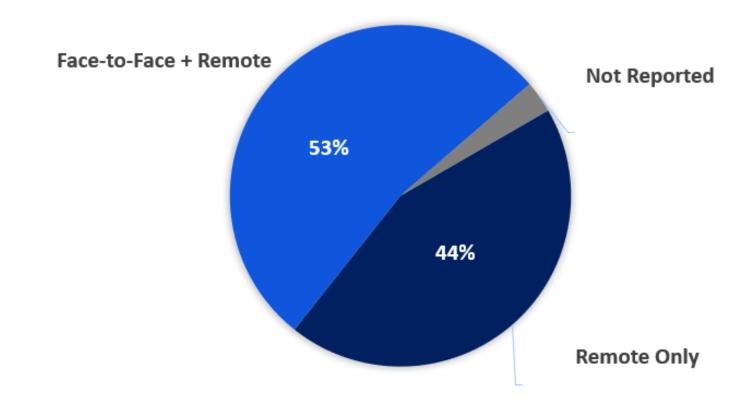
Types of Service Deliverer (34 Studies)



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

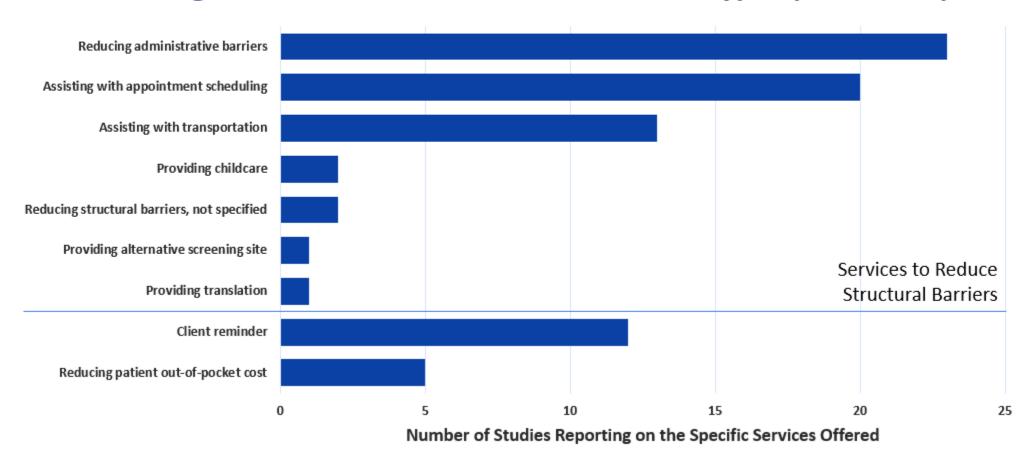


Interaction Between Service Deliverer and Patients (34 Studies)



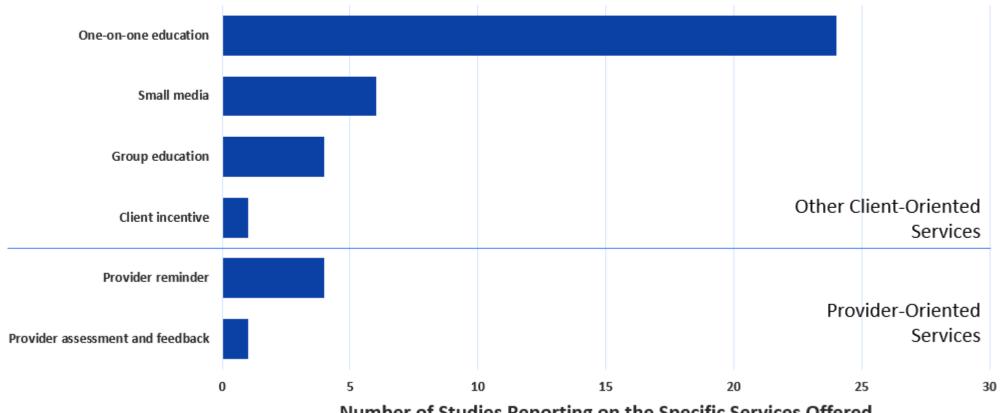
Patient Navigation Services Offered across Cancer Types (34 Studies)

Patient Navigation Services Offered across Cancer Types (34 Studies)



Additional Services Offered across Cancer Types (34 Studies)

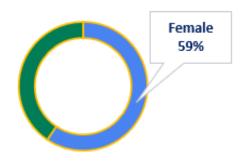
Additional Services Offered across Cancer Types (34 Studies)



Number of Studies Reporting on the Specific Services Offered

Population Characteristics (34 studies)

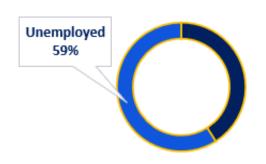
Gender (Colorectal Only)



Median Age



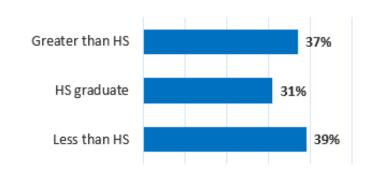
Employment



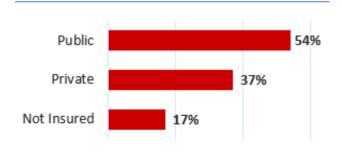
Income

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

Education



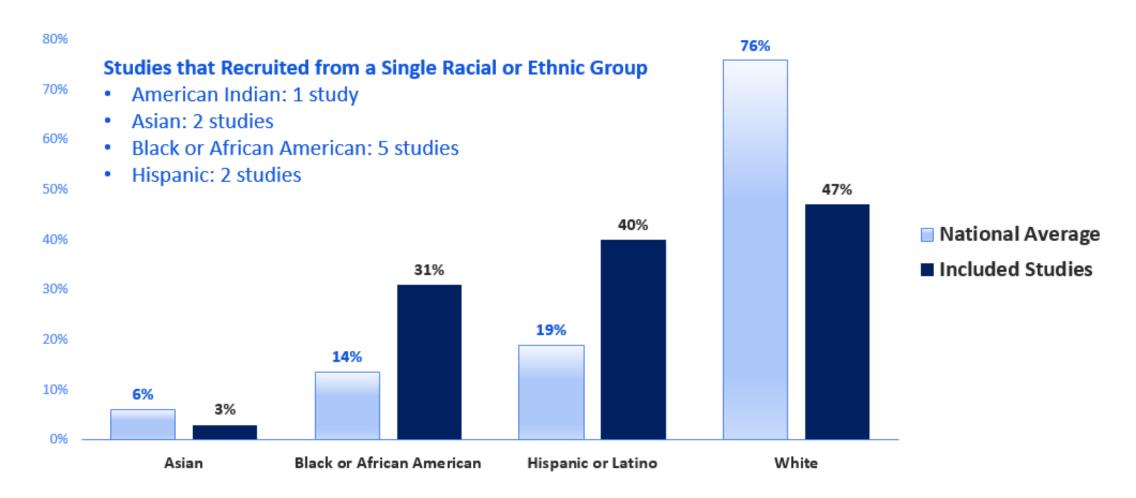
Insurance



HS: High school



Race and Ethnicity (31 of 34 Studies Reporting)



U.S. Census Bureau QuickFacts: United States



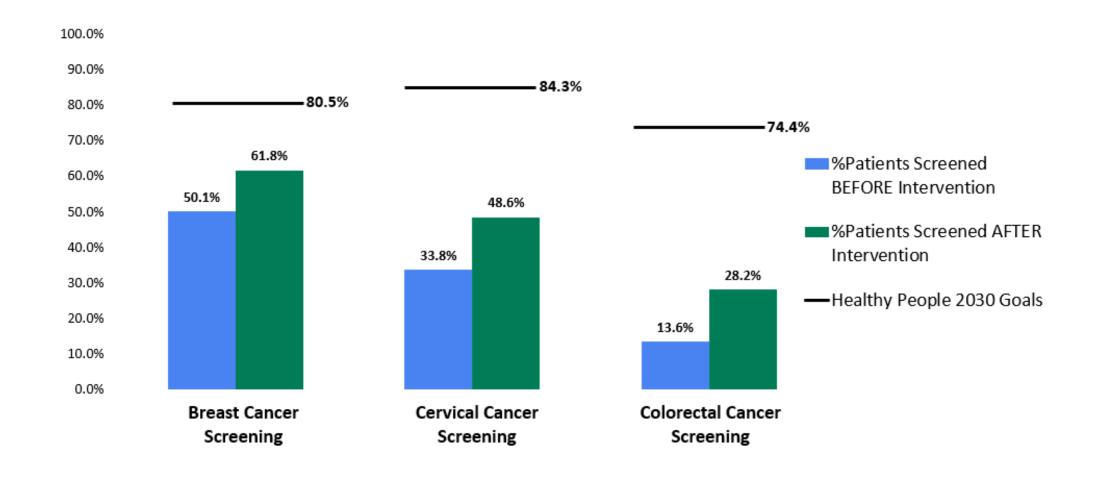
Overall results: Changes in Breast, Cervical, and Colorectal Cancer Screening Use

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%		
	Screened using any test	Increased by a median of 13.6 percentage points, or 76.2%		
Colorectal cancer	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

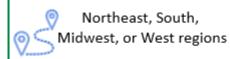


Patient Navigation Services Improved Cancer Screening Rates, but They Remain Below Healthy People 2030 Goals



Similar Increases in Cancer Screening Observed Across These Settings

Across the U.S.



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 caner 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 USPSTFrecommended 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.

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



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

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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.

OTHER 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)	X	8	8
One-on-one education (2010)	X	8	8
Small media (2005)	X	8	8
Reducing structural barriers (2010)	X		8
Group education (2009)	X		
Reducing out-of-pocket costs (2009)	Х		

- 1. Cancer Findings Summary Table | The Community Guide
- 2. Insufficient evidence: client incentive; mass media

Rreast cancer screening

Rervical cancer screening

Report Colorectal Cancer Screening

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

Provider-Oriented Interventions, Recommended

Interventions that can Include Multiple Interventions, Recommended

Interventions engaging community health workers (2019)	X	X	8
Multicomponent interventions (2016)	8	X	8
Patient navigation services (2022)	X	X	8

Rreast cancer screening

Rervical cancer screening

Colorectal cancer screening

^{2.} Insufficient evidence: provider incentive



^{1. &}lt;u>Cancer Findings Summary Table | The Community Guide</u>