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Building a Navigation System to Reduce Cancer Disparities in Urban Black Older Adults

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Abstract

Background—Although cancer outcomes have improved in recent decades, substantial disparities by race, ethnicity, income and education persist. Increasingly, patient navigation services are demonstrating success in improving cancer detection, treatment and care and in reducing cancer health disparities. To advance progress in developing patient navigation programs, extensive descriptions of each component of the program must be made available to researchers and health service providers.

Objective—To describe the components of a patient navigation program designed to improve cancer screening based on informed decision-making on cancer screening and cancer treatment services among predominantly Black older adults in Baltimore City.

Methods—A community-academic participatory approach was used to develop a patient navigation program in Baltimore, Maryland. The components of the patient navigation system included the development of a community academic (advisory) committee (CAC); recruitment and selection of community health workers (CHWs)/navigators and supervisory staff; initial training and continuing education of the CHWs/navigators; and evaluation of CHWs/navigators. The study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Conclusions—The incorporation of community-based participatory research (CPBR) principles into each facet of this patient navigation program facilitated the attainment of the intervention's objectives. This patient navigation program successfully delivered cancer navigation services to

1302 urban Black older adults. Appropriately recruited, selected and trained CHWs monitored by an experienced supervisor and investigators are the key elements in a patient navigation program. This model has the potential to be adapted by research and health service providers.

Keywords

Community-based Participatory Research (CBPR); cancer disparities; patient navigation services; Urban African American; older adults; community health workers (CHWs)/navigators

Introduction/Background

Although cancer outcomes have improved in recent decades, substantial disparities persist, by race, ethnicity, and socioeconomic status [1]. Previous studies have shown that African Americans experience more barriers to quality cancer prevention and care than Caucasians [2], [3]. Although most adults aged 65 years and older are insured by Medicare—which includes coverage of preventive services such as cancer screening—racial disparities in cancer screenings remain, [4] with African Americans reporting lower utilization of cancer screening services[5]. Studies have demonstrated the effectiveness of navigation services in addressing and reducing disparities [6], [7] [8] [9] yet “key components of what makes programs successful are not well understood” [10] and could lead to incorrect assumptions about the effectiveness of navigation programs. CBPR is a collaborative approach to research and intervention that may be a key component of the success of patient navigation programs. [11][12][13] As a strategy in which stakeholders work collaboratively in the design, implementation, evaluation and dissemination activities, CBPR is a recognized approach to reduce disparities. [14] [15]

Programs that utilize CHWs as navigators have been shown to improve adherence to cancer screening and treatment services [16] [17] [18] [19] and may reduce cancer disparities among Medicare beneficiaries [5]. CHWs use their community knowledge, experiences and culturally relevant communication skills to serve as a liaison between the patients, community, and health care system, thereby improving access and care coordination. [20] [19]. The Patient Protection and Affordable Care Act provides enhanced opportunities for CHWs to serve formally as integral members of the health care team, potentially contributing to CHW role sustainability[21].

Because of persistent ethnic disparities in cancer screening and treatment, Congress authorized the Centers for Medicaid and Medicare Services (CMS) to competitively award cooperative agreements for the purpose of conducting randomized control trials with six ethnically diverse communities to evaluate the effectiveness of cancer-related navigation services among older, minority adults with Medicare Parts A and B coverage [22]. These initiatives were designed to focus on cancer screening and treatment for breast, cervical, colorectal and prostate cancers, and on treatment for lung cancer, with the potential to enhance timely cancer screening, diagnosis, and treatment. Each of the six sites selected was expected to focus on a single racial/ethnic minority population, with Baltimore as one of six sites overall, and one of the two sites targeted to Black Medicare fee-for-service (FFS) beneficiaries.

The purpose of this paper is to describe the components of a CHW-delivered patient navigation program. It provides more detailed information regarding the operation and organizational aspects of patient navigator programs than have been presented to date [23], including specific aspects of recruitment, selection, training and supervision of CHWs/navigators. The detailed description of each of these components fills an important gap in the literature. Outcomes from this navigation trial, including impact of navigation services (e.g. study participants receipt of recommended cancer screenings) study participants' involvement in navigation services, will be reported separately.

The study was approved by the Institutional Review Board of the Johns Hopkins Bloomberg School of Public Health.

Methods

Adoption of CBPR principles

The Baltimore Cancer Prevention and Treatment Demonstration (CPTD) site utilized principles of CBPR, recognizing the important contributions that could be made to address disparities in cancer care and treatment. Active engagement and meaningful participation from community stakeholders was recognized as an essential component in the creation of a sustainable delivery system. Community stakeholders were involved to the extent that it was the Baltimore City Community Health Coalition that recommended a proposal be submitted in response to the request for applications from CMS. This coalition included representation from the state and local health departments, University of Maryland, Johns Hopkins University, Morgan State University, local foundations, community based organizations, and cancer survivors. The group met quarterly to review the status of the projects funded under the Maryland Cigarette Restitution Fund Program. This group was instrumental in the development of the successful grant application through engagement in the development of specific aims, review of various drafts, and other support provided in the preparation of the application.

Community Academic (Advisory) Committee (CAC)

Upon receiving funding from CMS, stakeholders formed a collaborative CAC, which acted in an advisory role. The CAC met quarterly to develop and guide the research study in all phases including planning, implementation, evaluation, dissemination and formulation of strategies to enhance sustainability of navigation services. Representation on the CAC included Baltimore City residents, cancer survivors, health care providers, state and local health departments, the CMS Project Officer and relevant organizations serving older adults and focusing on cancer prevention and treatment and academic and study partners. The CAC's academic partners included: the principle investigator, co-investigators, study staff and coordinator, CHW supervisor, and CHWs.

The CAC's contribution to the research project included: naming ("Partnership for Health Seniors") and branding (logo); providing advice on CHW recruitment, selection and retention; reviewing study protocols and educational materials; developing strategies for study participant recruitment and retention; identifying barriers and facilitating linkages with

community resources; and advising and participating in dissemination activities. CHWs, also referred to as navigators in our trial, were also included in manuscript development and dissemination of findings.

Administrative Structure and Timeline

The first year of the demonstration allowed for planning for the developing the administrative structure, hiring staff, designing navigation services, participant recruitment. The next three years were devoted to the conduct of the navigation services in the randomized trial. The navigation program's administrative structure included budget, workspace (in the community), personnel (CHW supervisor/trainer, CHWs and oncology center nurse), and supportive services, and was established by the principal investigator and research team.

Supervisory role

The supervisor of the navigation program was responsible for recruitment, selection, training, supervision and evaluation of CHWs/navigators. She coordinated dissemination and training activities for the project. She also served as the liaison between the navigation staff and research investigators, as well as the community physicians and community resources. She was responsible for review of medical records and other patient care information. Further, she was responsible for quarterly reports to CMS and CMS evaluation contractor, which included navigation administrative and navigation activities, (e.g., time spent navigating around co-morbidities, time spent navigating around cancer screening, and listing of barriers reported during the previous quarter). The navigation supervisor had a Bachelor of Science degree in health systems management and was pursuing her Masters degree in public administration. The supervisor had two years of project management and business background. Her previous patient advocacy work gave her extensive insight into many nationally recognized health systems, medical terminology, and health insurance issues. She also had over eight years of volunteer experience with sick and under privileged individuals and community work lead and a strong understanding of available community resources. The navigation supervisor was recruited through a temporary agency as a patient navigator for the study and was promoted to supervisor for the navigation intervention.

CHW Job Description, Recruitment and Selection

The CAC provided useful guidance for job description, recruitment, and selection procedures. The responsibilities of the CHW/navigator included successfully completing training sessions, documenting activities, routinely reporting to the supervisor, and conducting patient navigation services with a focus on determining and addressing barriers related to adherence to cancer screening recommendations, diagnosis, and treatment.

Applicants for the position were initially recruited and screened through the University Human Resources division with referrals from the CAC (Appendix A: Roles, Responsibilities, and Competencies). Many CHW navigators were also successfully recruited through temporary agencies. The CHW/navigator job requirements included a minimum of high school education or GED, access to a car, prior experience working in the Baltimore community and with older adults, familiarity with community resources and

health systems and well-developed communication and computer skills (E.g. Word processing, Excel, Internet and email programs). Further, applicants with experience as project interviewers were given preference in the hiring of navigators. The goal was to identify individuals with social skills to build supportive and caring relationships with study participants, and to excel as a team member.

Between November 2006 and March 2011, a total of 14 CHW navigators were recruited: 14 (100%) were female; 10 (71%) African American, 3 (21%) Caucasian, and 1 (7%) Latino. The CHW navigators had more education than required in the job description: 8 (57%) had a college degree. Half of the navigators had prior research interviewing experience. Many eventually resigned to pursue educational degrees. Others resigned for personal reasons and other employment opportunities. During the four years, the mean number of months served by navigators on the project was 8.8 months (with a range of 1–16 months).

Over the course of four years, a total of 1391 (1305 in screening arm and 86 in treatment arm) Baltimore City Black older adults were randomized to and enrolled in the patient navigation services. Weekly, new cases (6–12) were randomly assigned to navigators by the supervisor. The caseload and assignment for each CHW/navigator ranged from 100 to 300 based on the supervisor's level of demand/participant needs. Trial participants were projected to receive a minimum of quarterly contact from their CHW by phone; many received up to 20 contacts. Most participants selected phone and mail communication, although the option of face-to-face contact with CHWs was made available.

Initial Training for Patient Navigation Services

The design of the initial training was informed by existing training manuals (e.g. National Cancer Institute and American Cancer Society) and contributions from the CAC; this was reviewed by the study co-investigators. Orientation training was conducted by the navigation supervisor to enhance core competencies in screening and treatment services. The first week of employment consisted of didactic classroom time, interactive role-playing, and shadowing of CHW/navigators.

As displayed in the cancer training schedule, content for the initial training included: an overview of cancer disparities; research compliance training; basic information about cancer screening and treatment; barriers to cancer screening, care and treatment; Medicare coverage; cultural competency; motivating and empowering individuals; and communication skills for both patients and health and human service providers (Appendix B: Orientation and Training Schedule). Face-to-face contact with participants—which also may have included accompaniment to clinical visits—was emphasized. Administrative aspects were also addressed including review of research study plan and protocols, HIPAA training, documentation, financial assistance (co-pay), and transportation. Additional training included CHW/navigators' roles and responsibilities (Appendix A).

Continuing Education and Training

Recognizing that initial training is necessary but not sufficient, frequent continuous education and reinforcement was led by the supervisor and a co-investigator (Appendix C:

Continuous Training Framework). Two-hour bi-weekly CHW group meetings with approximately three to five navigators and monthly one-hour individual meetings with the supervisor provided opportunities to reinforce the importance of adherence to study protocol and learning objectives and to share information about community resources. These meetings were organized around the following key areas: welcoming new staff, concerns/issues, education, community resources, protocol review/data questions, updates, and case studies. Case studies were presented and discussed at the meetings; each CHW/navigator was assigned on a rotating basis to produce a meeting agenda and case study for the team to review. Additional opportunities for continuing education included seminars at the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center, the Bloomberg School of Public Health and the School of Nursing.

Evaluation of CHWs/navigators

Following the initial training for the navigation role, a written test and role-playing exercises were conducted to evaluate knowledge and skills of the CHWs. To assure quality and consistency of the patient navigation services, process evaluation included individual monthly meetings with the supervisor. The rationale behind individual sessions was to reduce the potentially negative effects of competition among CHWs which could occur in group meetings. Using a standardized form, these individual meetings addressed patient navigation activities, productivity and specific challenges. Meetings were further personalized to review individual caseload progress in addressing barriers and achieving positive outcomes, to discuss challenging cases, and to review areas for improvement.

Each quarter, a formal, standardized evaluation was also conducted by the CHW navigation supervisor. These evaluations served as a review of CHW accomplishments, provided positive reinforcement and allowed for discussion of areas for improvement. During this evaluation, productivity was measured by the supervisor's review of each of the CHWs' case records in an assessment that included the number of participants contacted during the quarter and the number of barriers that were identified and solved. Process data captured in the navigator's computer were used in this evaluation. The CHW navigators also provided information on their personal perceptions for areas in need of improvement and situations where they had excelled. The supervisor provided training for those who needed further guidance in prioritizing the workload and documentation.

Barriers Identified

Because the focus of the patient navigation program was on the identification and resolution of barriers to cancer screening, diagnosis and treatment, navigators were trained to address the most pressing barriers. Based on data from the baseline interview, as well as barriers identified in the course of navigation, the primary barriers identified by the navigator, in order of most frequently noted, included: prioritization of health, knowledge and attitudes toward cancer screening and treatment, health and mental status (e.g. co-morbidities), transportation, and financial issues. Some less frequently noted barriers included family and household issues, pain and disabilities.

Discussion and Lessons Learned

The likely evolution and expansion of patient navigation programs due to healthcare reform, along with potential changes in CHW reimbursement due to the Department of Commerce (DOC) job classification for CHWs, together provide a strong rationale for better understanding how to develop, maintain, and translate patient navigation services and infrastructure. Although research has shown the positive effects of navigation services, there are currently no standardized national guidelines for CHW/navigation services infrastructure or program structure [10] [6] [24] further, there is insufficient depth of information about CHW recruitment, selection, training and evaluation [23]. Most of the CHWs were Black; however, we found that navigators did not need to be age- or race-concordant with the target population. In addition to cultural awareness, essential characteristics included being organized, detail oriented and committed to following the research protocol. We found hiring through temp agencies efficient and effective, as it allowed for an evaluation of CHWs on the job to determine their suitability and satisfaction, as well as their ability to function as members of the team. The CHW training needs to be continuous throughout the life of the project and responsive to CHW requests and needs. The ability to maintain energy and commitment to the CHW role is in major part accomplished through the positive reinforcement and support at the bi-monthly meetings. Supervision is critical to building and reinforcing CHW skills. An experienced supervisor is necessary with the personal skills to lead, motivate, celebrate CHW successes, address work issues as needed, and treat CHWs equally with a focus on the CHW team.

Our CBPR-based CHW experiences over the course of four years provide essential information to guide future researchers and program planners. In developing our CHW navigator program, we have identified areas that lead to success, as well as challenges that need to be addressed.

Community Academic (Advisory) Committee (CAC)

The formation of a broadly representative CAC provided an integral link between the researchers, participants, and community partners. Broad and diverse representation of the CAC provided for variety of viewpoints and skills relevant to patient navigations services. Adaptation to the local context is instrumental in the success of the design and potential sustainability of navigation services, and the CAC helped to assure cultural sensitivity and acceptability of the intervention and evaluation strategies. However, while the CAC remained active throughout the duration of the project, retention of the original group over a four-year time period posed a challenge. Strategies should be developed to address this issue.

Supervisory Role

A supervisor with previous experience as CHW/navigator was an invaluable asset as she was equipped with in-depth understanding of opportunities and challenges. The supervisor's prior experience serving as a CHW increased her ability to advise navigators and brainstorm solutions to barriers. The enthusiasm of the supervisor along with close proximity to CHWs' workspace allowed her to help develop and support CHW/navigator capacity through

accessibility and providing ongoing learning and career development. Intervention fidelity was accomplished through monitoring navigators' activities and their adherence to protocols.

CHW Recruitment, Hiring, and Retention

Although we initially used the institution's human resource office, utilization of temporary agencies was found to be more efficient and flexible, providing opportunity for brief apprenticeships before final hiring decisions were made. However, career limitations surrounding the CHW role limited continuous employment, highlighting a need to create career advancement/retention strategies.

CHW Training

While national trainings such as those offered by the American Cancer Society and National Cancer Institute are available, they may not fit with a program's timeframe. Furthermore, our experience demonstrates the importance of continuous and frequent trainings to enhance the role of the CHW. We also found service-focused training helpful, including on such topics as connecting individuals to community resources and assisting patients to adhere to screening and treatment recommendations. Similarly, barrier-focused training, including how to facilitate removal of impediments, such as lack of financial resources and logistical support, was found to be instrumental [25]. Despite the availability of a computerized documentation system, over time our CHWs also developed their own organization systems for tracking and follow-up. Some were more effective than others, suggesting that standardized documentation, automated tracking and flagging systems are needed. Ideally, such systems should be developed with input from the navigators, and pilot tested by navigators prior to their use in the field.

Initial training is necessary but not sufficient. Frequent continuous training enhanced quality of patient navigation services and promoted fidelity to protocols. The use of case studies to enhance CHW leadership skills was an important bimonthly mechanism to ensure fidelity to the navigation protocol and ongoing skill development. Further, the addition of a fun activity such as "Navigation Jeopardy", a game developed by the supervisor and the CHWs, engages CHWs in the training meetings. Continuous training also provided a context for positive feedback and team building that allowed for creative brainstorming on difficult cases and improved workload management.

CHW Perceptions of Training for Patient Navigation Services

As the demonstration project approached its completion, CHW navigators were asked to comment on their initial training and bi-monthly training and their overall perceptions of the project. CHWs/navigators indicated that the preferred learning method included understanding procedures (e.g. the protocol, the guidelines for navigation) and caseload management. CHWs expressed preference for minimal use of didactic lectures and increased opportunities for self-instruction (e.g. web-based tools) and interactive instruction (e.g. role-playing and shadowing). These preferences for more interactive and participatory pedagogy have been noted by others [26]. Regarding initial training, one navigator commented that, "The training is unique in that it is more flexible than many other training programs and

utilizes team trainings.” Bi-weekly meetings were felt to be helpful for the group to “get on the same page,” exchange opinions, and allow for brainstorming sessions and team-building. Overall, team-building activities (e.g. “Navigation Jeopardy” and case scenarios) were rated favorably; navigators expressed a desire for more of these exercises. Although some navigators felt that these meetings took away from “action time” and study participants, they were generally well-attended and received. Collectively, the group also expressed that the monthly team meetings were an important way to share information about community resources and led to eventual creation of a resource binder. The use of case studies to enhance the leadership skills of CHWs/navigators in these bi-monthly meeting was further seen as a positive learning experience. Seminars and presentations by oncology researchers were also viewed positively. Cancer care teleconferences provided an additional source of new information although some of these were viewed as repetitive.

Conclusions

The changing landscape of healthcare delivery, coupled with a focus on reducing disparities in cancer detection care and treatment, calls for the development of national models for patient navigation programs. To advance progress in building navigation services, extensive descriptions of each component of the program including the administration, recruitment, retention, training, supervision and evaluation must be made available to researchers and health service providers. We found that community members’ participation via the CAC was vital to the effectiveness of the patient navigation program, both in the design and execution of services. The unique position of the supervisor as a member of the community with CHW navigation experience enhanced credibility and sensitivity in terms of providing training, supervision and mentorship. Building a team approach and focusing on positive reinforcement and career aspirations maximized navigator retention and advancement. The continuous training and the ongoing provision of meetings facilitated evaluation of collaborative processes throughout the trial. Future studies are needed to assess navigators’ job satisfaction and to obtain feedback regarding supervision, workload, and potential burnout. In closing, our application of CBPR principles in the design and implementation of the navigation trial helped ensure that navigation services were responsive and appropriate to community needs. This detailed analysis of the components of a successful patient navigation program is an important step forward in formulating a national model for navigation programs.

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Appendix A: Cancer Disparities Research Program Cancer Prevention and Treatment Demonstration (CPTD)

CHW/Navigator – Roles, Responsibilities, and Competencies

These roles and responsibilities are drawn from several sources, including the National Report of Community Health Advisors in the United States.

Roles

The roles are the functions that the guide will serve in this study. The concept of roles includes responsibilities and activities. The first role of a CHW is to serve as a member of the research team in conducting navigation services. CHWs' roles encompass serving as:

Participant educator

- identify/assess levels of adherence to recommend screening services (e.g. prior history of CA screening)
- increase the participant's capacity to follow up on recommended screening, and if necessary, for cancer treatment and care for the management of chronic disease (problem solving skills)
- provide educational information and counseling about cancer screening services (using culturally sensitive and literacy-level appropriate educational materials)
- serve as a translator of medical information/terminology into the lay language

- guide participants in making appointments and facilitating patient provider communication
- increase the social/family support system for participants
- facilitating participant provider communication
- identify informational, socioeconomic and environmental barriers to participant's appointment keeping for screening services

Guide/navigator

- educate participants about the resources, including where they are and how to use them
- link participants to CA screening services and community resources
- follow up to assure participant accessed needed screening services, document in tracking system

Advocate

- communicate the barriers to care and treatment to team members
- assure that providers have information about the participant in advance of participant visits
- meet with the supervisor bi-monthly in a group session and individually monthly and quarterly
- assure that participants receive needed services (this will be accomplished with frequent participant phone contact and home visits, as well as communication with the supervisor)

Core Skills/Competencies**1. Communication Skills**

- Verbal, non-verbal and written
- use language confidentially and appropriately
- active listening and problem solving skills, including motivational skills
- ability to assess participants' health literacy skills
- ability to adapt educational materials to appropriate cultural and linguistic

2. Interpersonal Skills

- Relationship-building (trust and respect)
- Educational counseling
- Motivational interviewing

3. Knowledge Base

- Broad knowledge about the community
 - Knowledge about specific health issues/cancer
 - Knowledge of health and social service systems and programs
 - Knowledge of barriers participants/clients experience in following recommendations for screening (transportation, child/adult care responsibilities)
 - Knowledge of cancer screening for Prostate, Cervical, Breast, and Colorectal
4. Service Coordination Skills
 - Ability to identify and access resources (both community and clinical/hospital resources)
 - Ability to coordinate participant services
 - Ability to function as a member of a team
 - Ability to provide follow-up
 - Ability to follow study protocols/guidelines
 5. Capacity-Building Skills
 - “Empowerment” – ability to identify problems and resources to help clients solve problems themselves
 - Leadership
 - Enhance participants’ self-management skills
 6. Advocacy Skills
 - Ability to speak up for individuals or communities and withstand intimidation
 7. Teaching/Motivational Skills
 - Ability to share information one-on-one
 - Ability to motivate individuals and train support system
 - Ability to master information, plan and lead classes, and collect and use information from community people
 - Application of adult learning strategies and principles
 8. Organizational Skills
 - Ability to set realistic participant and goals and plans
 - Ability to juggle priorities and manage time (Ability to manage a schedule)
 - Ability to maintain records, logs and tracking system

- Assure that documentation protocols are adhered to

9. Technical Skills

- Ability to utilize technology for tracking and documentation

10. Safety Working in the Community and accompanying patients to provider visits (plan to meet the patient at the physician/nurse practitioner office or screening site)

Appendix B: Cancer Disparities Research Program Cancer Prevention and Treatment Demonstration (CPTD)

CHW/Navigator – Orientation and Training Schedule

	Time	Title	Trainer	Content
Day 1	15 minutes	Tour and Overview of Cancer Disparities Research Program and CPTD	Supervisor	<ul style="list-style-type: none"> • Tour of project offices and introduction to staff and roles. • Provide brief overview of Cancer Disparities. • Review CHW role.
	30 minutes	New Hire Paperwork	On Own	<ul style="list-style-type: none"> • Fill out forms to gain email access, JHED ID, and obtain a Johns Hopkins badge.
	15 minutes	Facilities Orientation		<ul style="list-style-type: none"> • Be set up at new desk. • Receive office supplies and staff directory. • Be oriented to fax machine, copy machine, phone and voicemail, supply closet, restrooms, and kitchen.
	3 hours	Research Compliance Training	Online Training	<ul style="list-style-type: none"> • Create user ID, login, and complete human subjects research curriculum for Biomedical Research Investigators.
	1 hour 30 minutes	HIPAA Compliance Training		<ul style="list-style-type: none"> • Register, enroll, and begin the “General Privacy Issues” course under HIPAA Compliance Trainings. https://secure.lwserver.net/default.cfm. • Sign HIPAA Confidentiality form.
	1 hour 30 minutes	Study Research Plan	Supervisor	<ul style="list-style-type: none"> • Read Study Executive summary and Research Plan in detail and write down any questions. • Discuss questions.

	Time	Title	Trainer	Content
	30 minutes	Overview of Cancer Disparities Research Program and CPTD and Pre-Training Questionnaire	Supervisor	<ul style="list-style-type: none"> Review and discuss detailed overview of Cancer Disparities Research Program, CPTD protocols, and CHW role. Complete pre-training questionnaire.

	Time	Title	Trainer	Content
Day 2	2 hours 30 minutes	Cancer Screenings 101	Online Modules	<ul style="list-style-type: none"> Begin Medline Plus trainings for Mammography, Pap Smear, Colonoscopy, and Sigmoidoscopy. http://www.nlm.nih.gov/medlineplus/tutorials. Read Fecal Occult Blood Test (FOBT) information. http://www.labtestsonline.org/understanding/analytes/fecal_occult_blood/test.html Read Prostate Screening information. http://www.cancer.gov/cancertopics/factsheet/Detection/PSA. Read Digital Rectal Exam information. http://www.nlm.nih.gov/medlineplus/ency/article/007069.htm. Read Mammogram information. Read Pap Smear and Cervical Screening information.
	Approx. 1 hour	Review Screening and Treatment CSA(s)	Homework	<ul style="list-style-type: none"> Review screening and treatment CSA(s). Take notice of specific questions and how they may or may not relate to navigation services. Become familiar with screening and treatment baseline CSA(s) and understand how the data relates to navigation.
	1 hour	Observe Baseline CSA	Interviewer	<ul style="list-style-type: none"> Meet interviewer at office and accompany to Screening CSA. Engage participant and observe interview technique. Return to office. Understand the cycle of the program from calling to interviewing to navigating.
	15 minutes	Review Medicare Coverage for screening		<ul style="list-style-type: none"> Review information on Medicare Covered Cancer Screenings. http://www.cms.hhs.gov/

	Time	Title	Trainer	Content
				MLNProducts/downloads/cancer_screening.pdf .
	1 hour	Discuss screenings/coverage for screenings	Group Discussion	<ul style="list-style-type: none"> Review recommended screening schedule and financial coverage. Discuss barriers and facilitators for cancer screening.
	2 hours	Complete Cultural Competency Tutorial	Online Modules	<ul style="list-style-type: none"> Read materials regarding Black seniors and health care at the following sites: <ul style="list-style-type: none"> http://www.stanford.edu/group/ethnoger/index.html. http://www.adrc-tae.org/tiki-download_file.php?fileId=26426.

	Time	Title	Trainer	Content
Day 3	3 hours	Background and Introduction to Cancer Treatment	Oncology nurse, specializing in geriatric oncology	<ul style="list-style-type: none"> Learn about specific cancer treatments and side effects.
	15 minutes	Navigation 101	Pfizer training modules	<ul style="list-style-type: none"> Understand history and approaches to navigation services, using "Pfizer Introduction to Patient Navigation in Cancer Care."
	30 minutes	Empowering Patients	Supervisor	<ul style="list-style-type: none"> Learn how CHW role plays in motivating participants to take action (ACS training).
	1 hour	Motivating Behavior Change	Supervisor	<ul style="list-style-type: none"> Learn techniques for assessing participants, asking open ended questions, and motivational interviewing (ACS training). Complete case study.
	30 minutes	Active Listening skills and techniques	Group Discussion	<ul style="list-style-type: none"> Learn active listening techniques and discuss how they will be useful with navigation.

	Time	Title	Trainer	Content
				<ul style="list-style-type: none"> Complete case study.
	30 minutes	Establishing and maintaining professional boundaries	Group Discussion	<ul style="list-style-type: none"> Learn how to protect and take care of yourself so that you can better serve others and avoid burn out! (ACS training). Complete case study.
	15 minutes	Bereavement	Group Discussion	<ul style="list-style-type: none"> Discuss phases of bereavement.
	15 minutes	Speaking and working with doctors and nurses	Group Discussion	<ul style="list-style-type: none"> Discuss best practices using standard operations and procedures (SOAP).
	1 hour	Review of the day	Group Discussion	<ul style="list-style-type: none"> Reinforce topics discussed. Clarify information received.

Appendix C: Cancer Disparities Research Program: Continuous Training Framework (Bi-monthly meetings)

Agenda Item
1. Welcome New Staff
Introduce yourself, educational background, interest in navigation, what you hope to learn and take away, what you believe you will give to the team
2. Concerns/Issues
a. Concerns/issues/difficulties
b. Barriers (for you)
3. Education
a. Educational opportunities (seminars, workshops)
b. Opportunities for additional shadowing
4. Community Resources
a. New community resources identified by the staff.
5. Protocol/Data Questions
a. Documentation
b. Database concerns/issues
6. Case Study (Role-Playing and Team Building)
a. Organization/prioritizing/time management
7. Updates

Agenda Item
a. Protocol updates
b. Upcoming meetings
c. Study progress