Community Health Advisors- Utilizing Lay Navigators

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Catchment Area

Alabama – 90% cancer patients

Population – 26.2% AA; 2.7% Hispanic

Cancer – 21% AA; 1.8% Hispanic

Similar Demographics: AL, MS, LA, AR

Mortality

US – 173.8/100,000
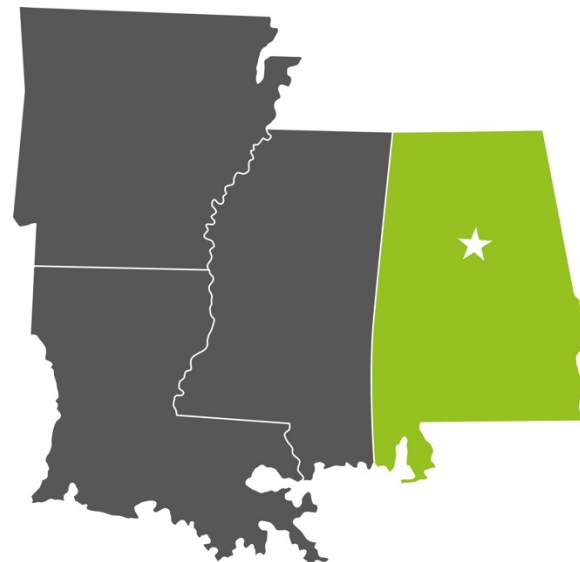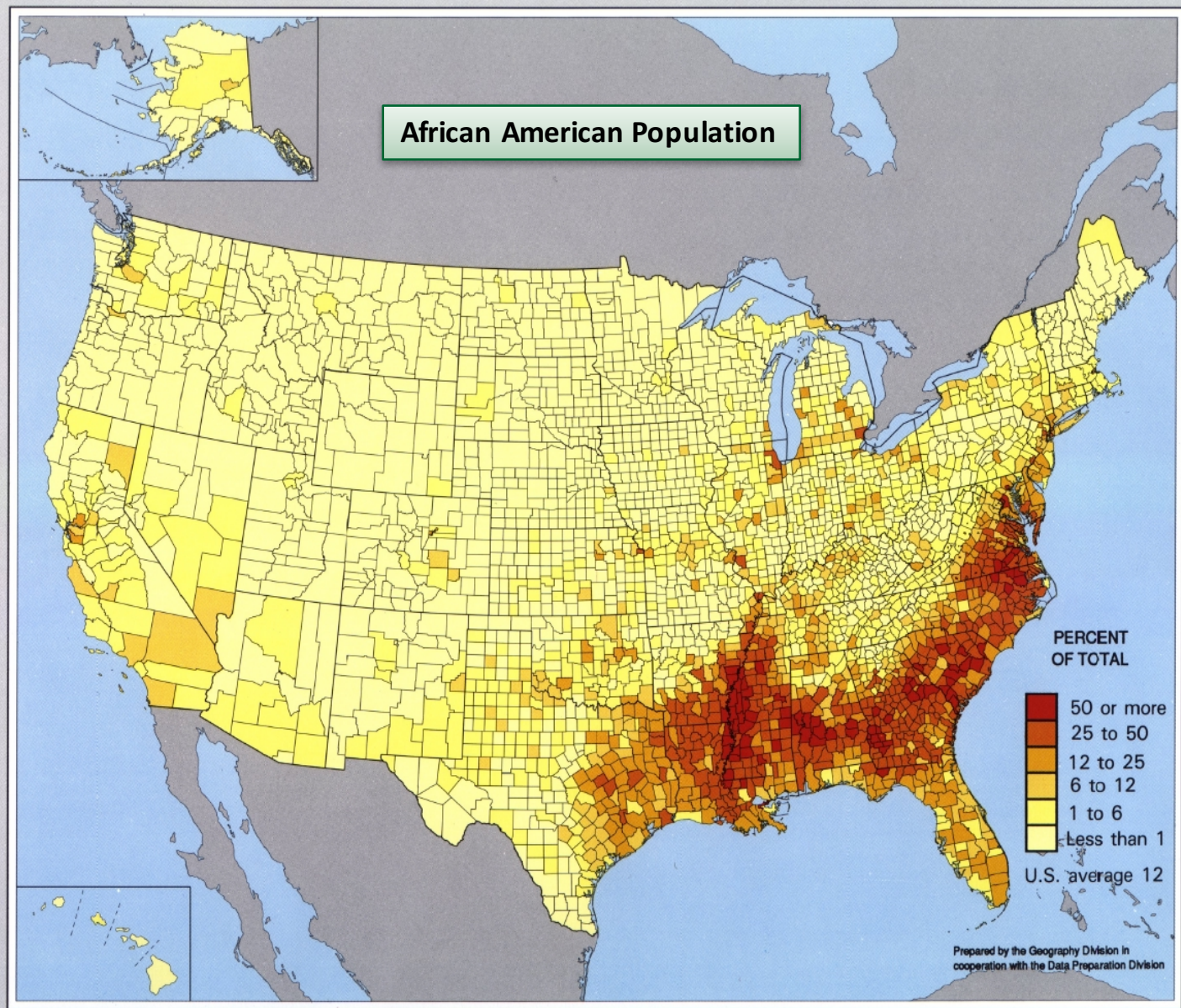
Alabama	194.1
White	188.4
AA	220.6

Characteristics

- Triple negative breast cancer
- Colon cancer
- Cervical cancer
- Obesity-related cancers
- Age appropriate screening
- Tobacco control
- Skin cancer

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African American Population

PERCENT OF TOTAL

- 50 or more
- 25 to 50
- 12 to 25
- 6 to 12
- 1 to 6
- Less than 1

U.S. average 12

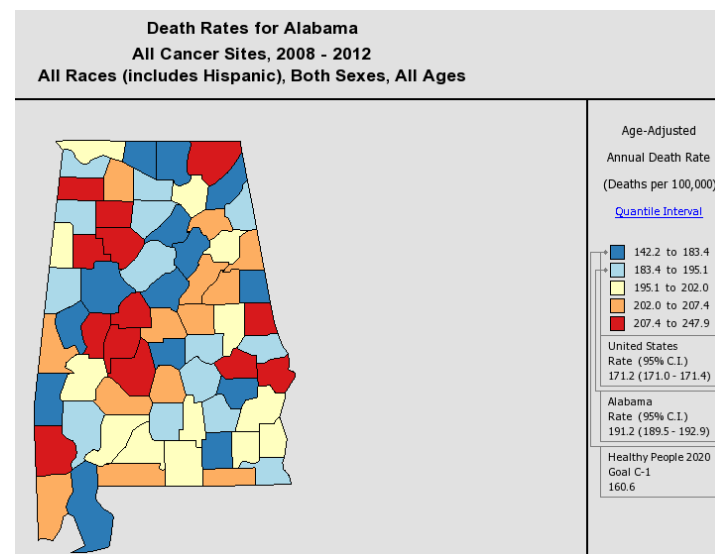Prepared by the Geography Division in cooperation with the Data Preparation Division
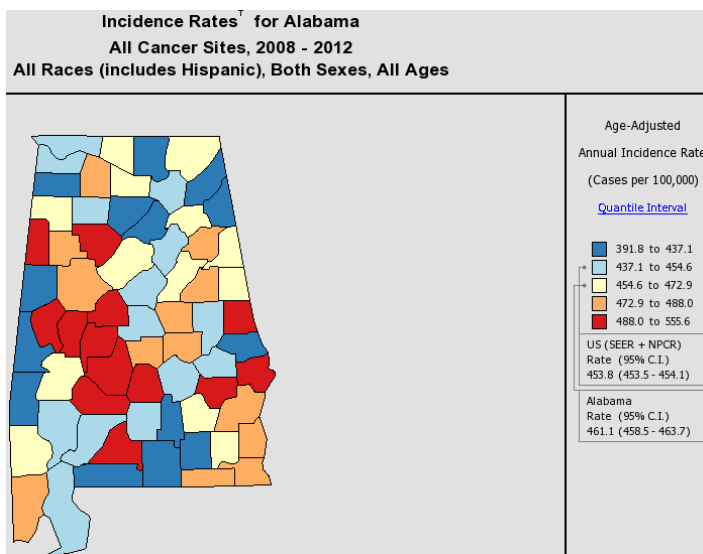
Prepared by the Geography Division in cooperation with the Data Preparation Division.
U.S. DEPARTMENT OF COMMERCE, Economics and Statistics Administration, Bureau of the Census

Background & History

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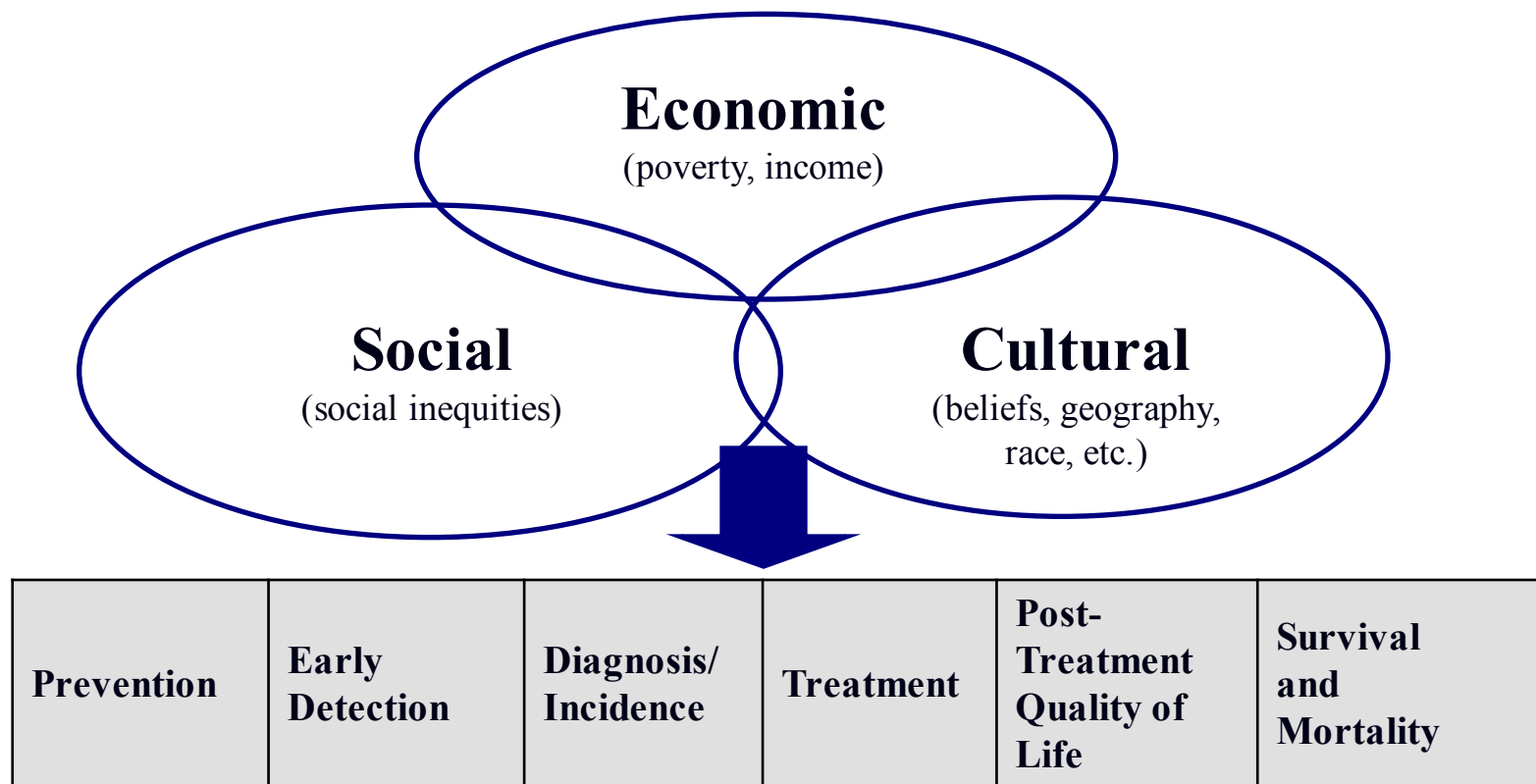Knowledge that will change your world

Cancer Control and Population Sciences

- Ed Partridge, MD

- Planning 1993-5

- Build Health Disparity Research Focus

- Address Issues Effecting the Underserved

- "Catchment" Area was Not on the Radar

Incidence Rates† for Alabama
All Cancer Sites, 2008 - 2012
All Races (includes Hispanic), Both Sexes, All Ages

Death Rates for Alabama
All Cancer Sites, 2008 - 2012
All Races (includes Hispanic), Both Sexes, All Ages

Cancer Health Disparities

Economic
(poverty, income)

Social
(social inequities)

Cultural
(beliefs, geography, race, etc.)

Prevention	Early Detection	Diagnosis/ Incidence	Treatment	Post-Treatment Quality of Life	Survival and Mortality

Source: Adapted from: Freeman, HP; Commentary on the meaning of race in science and society. *Cancer Epidemiology Biomarkers Prev* 2003; 12:232S-6S and Institute of Medicine, 2003.

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Theoretical Framework

- ## Coalition Development Model
  - ### Partnerships with local entities
  - ### DPH, ACS, churches, local MDs, county gov't
- ## Community Empowerment
  - ### Community part of the identification and planning
- ## Community Health Advisor Model
  - ### Integrated community members

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- Trained volunteers coordinated by paid staff
  - Conduct cancer awareness
  - Promote cancer screening
  - Advocate for minority health issues
  - Serve as Research Partners (CHARP)
    - Conduct needs/assessments for special community
    - Peer support
    - Technical assistance for disparity research
    - Implement evidence-based research

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Desired Characteristics

- "Natural Helpers"
- Highly regarded in their community;
- Identified by well-respected leaders and peers in the community;
- Viewed as non-judgmental leaders themselves;
- Identify with and support their community members;
- Reside in the community;
- No plans to leave the community during the course of the study;
- Similar demographics to participants;
- Access to reliable transportation;
- Literate

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Recruitment, Training, and Maintenance

- 8 weeks - 2 hours/week training

    - Cancer education

    - Core leadership skills

- Graduation ceremony

- Monthly maintenance meetings

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Deep South Network for Cancer Control

- Partnership with USM, UMMC, Tuskegee and UA.

- Special Population Network (U01) 2000-2005

- Community Network Program (U01) 2005-2010

- Community Network Program (U54) 2010-2016

	Per Capita Income	% Poverty	% AA
Black Belt	**$12,612**	**34%**	**64%**
Delta	**$12,650**	**31%**	**60%**

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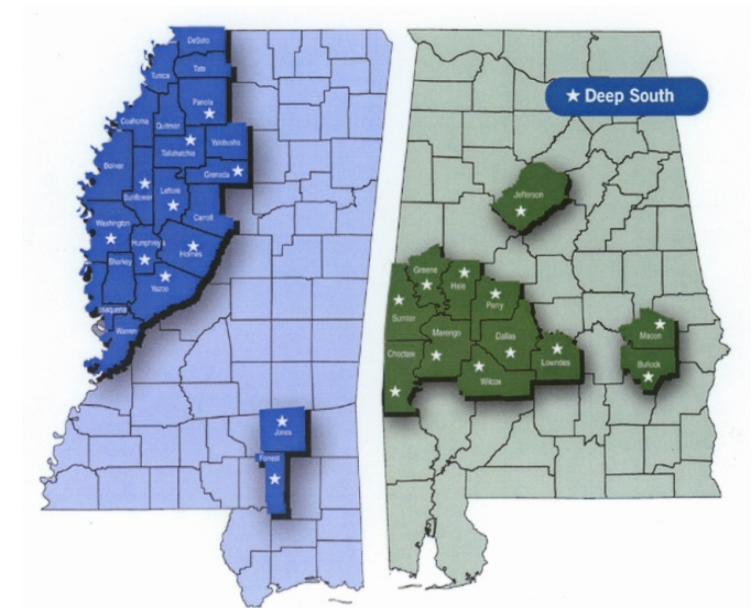
Reversed Breast Cancer Screening Disparities

Objective: To decrease the number of women (never screened) while increasing the number of women (infrequently screened) and (regularly screened) in an underserved rural, high minority region.

Design: Pre-post

Intervention: Lay Health Advisor Intervention (trained 143 CHAs) based on CBPR, Transtheoretical Model (TTM), and Community Empowerment model to increase mammography screening
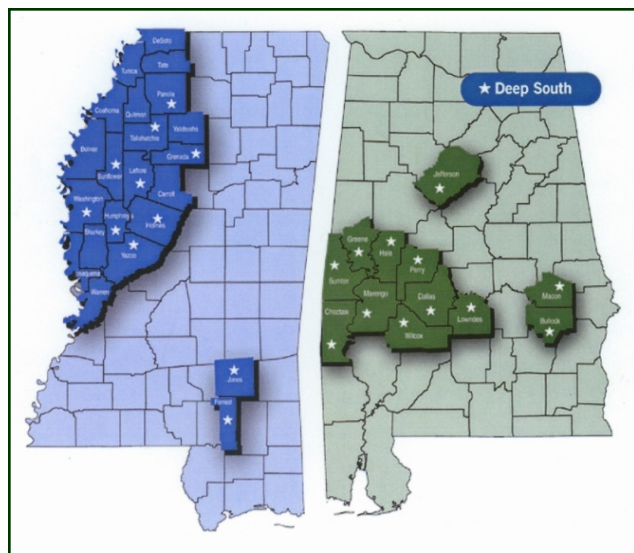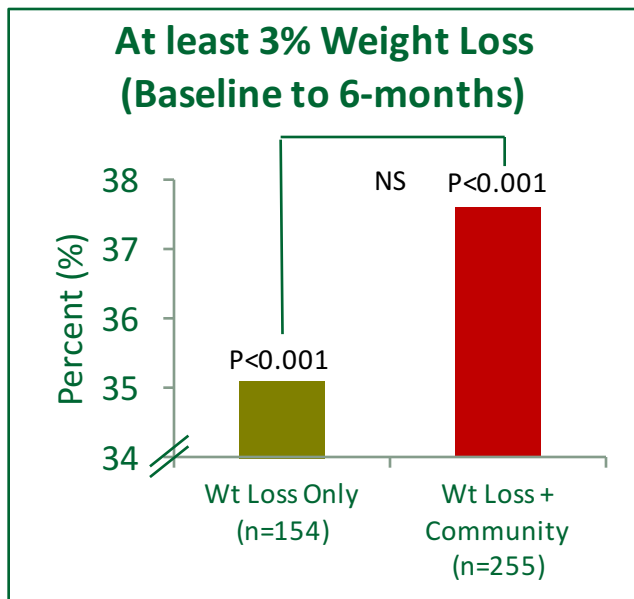
Sample: 1531 rural AA women residing in 8 Black Belt counties

Results (all p-values <.0001):

Never screened:	14% to 4%
Infrequently screened:	16% to 20%
Regularly screened:	70% to 76%

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Journey To Better Health Trial (U54 CA1853719)

At least 3% Weight Loss (Baseline to 6-months)

- First trial using community-based health advisors to deliver a 2-year weight loss intervention adapted from NIH-funded randomized trials

- N=409 African-American women, 8 DSNCC counties (retention : 99.5% 6 mos, 75% 24 mos)

- Statistically and clinically significant weight loss within groups (P<0.001)

- Improvement in waist circumference, blood pressure, cholesterol and triglycerides at 6-mos

- **IMPACT:** Translated efficacious clinic-based intervention to rural, low resource, community-based setting with similar magnitude of effect

- **FUTURE DIRECTIONS:** Adapted intervention to rural African American cancer survivors and family members (R01 CA160313)

Prev Med 66:28-33, 2014; *Prev Chron Dis* 11:1403-40, 2014

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CHA/Lay Navigator Model Applied

- CDC REACH 2010 + BCCEDP

- AVON CHAAP

- ADPH

- Susan G. Komen

- Recruitment and Retention Shared Facility

- Enhancing Minority Participation In Clinical Trials
 (U24: UAB, U. Minn., MD Anderson, UC Davis, Johns Hopkins)

- CMS Innovation Grant

CHA/ Lay Navigators

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Patient Care Connect

- 12 Cancer Centers Across 5 Southeastern States

- ~40 lay (non-clinical) navigators

- 12 nurse site managers

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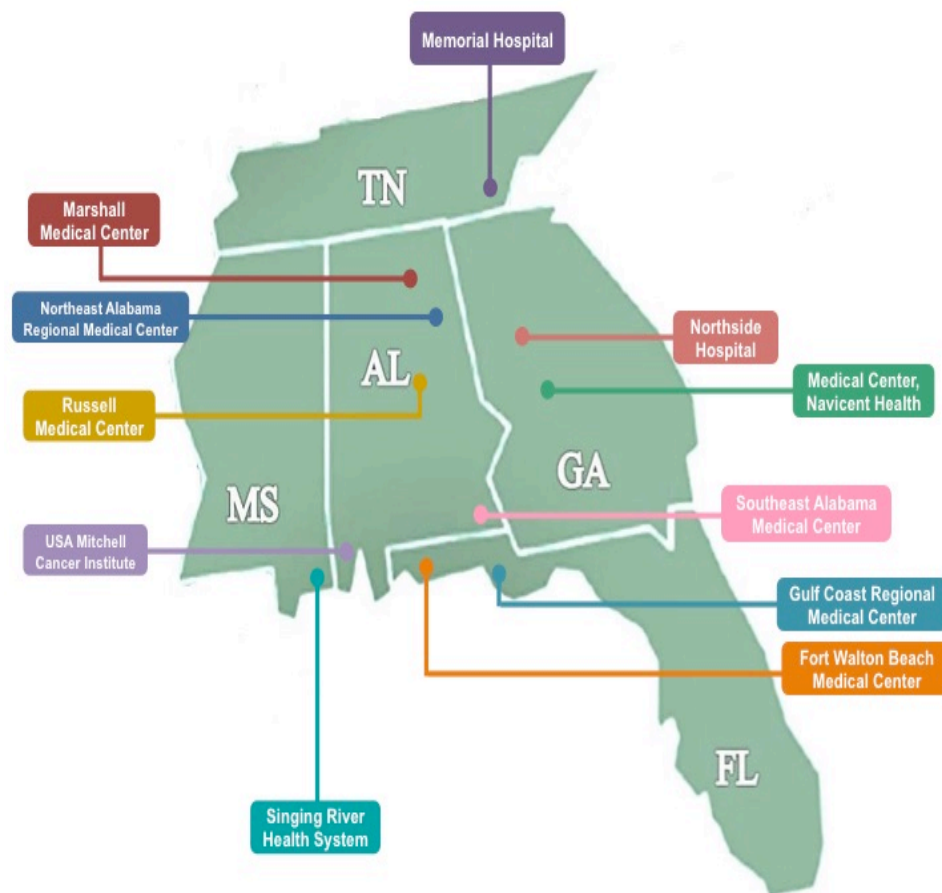
Cumulative Quarterly Enrollment of Navigated Participants
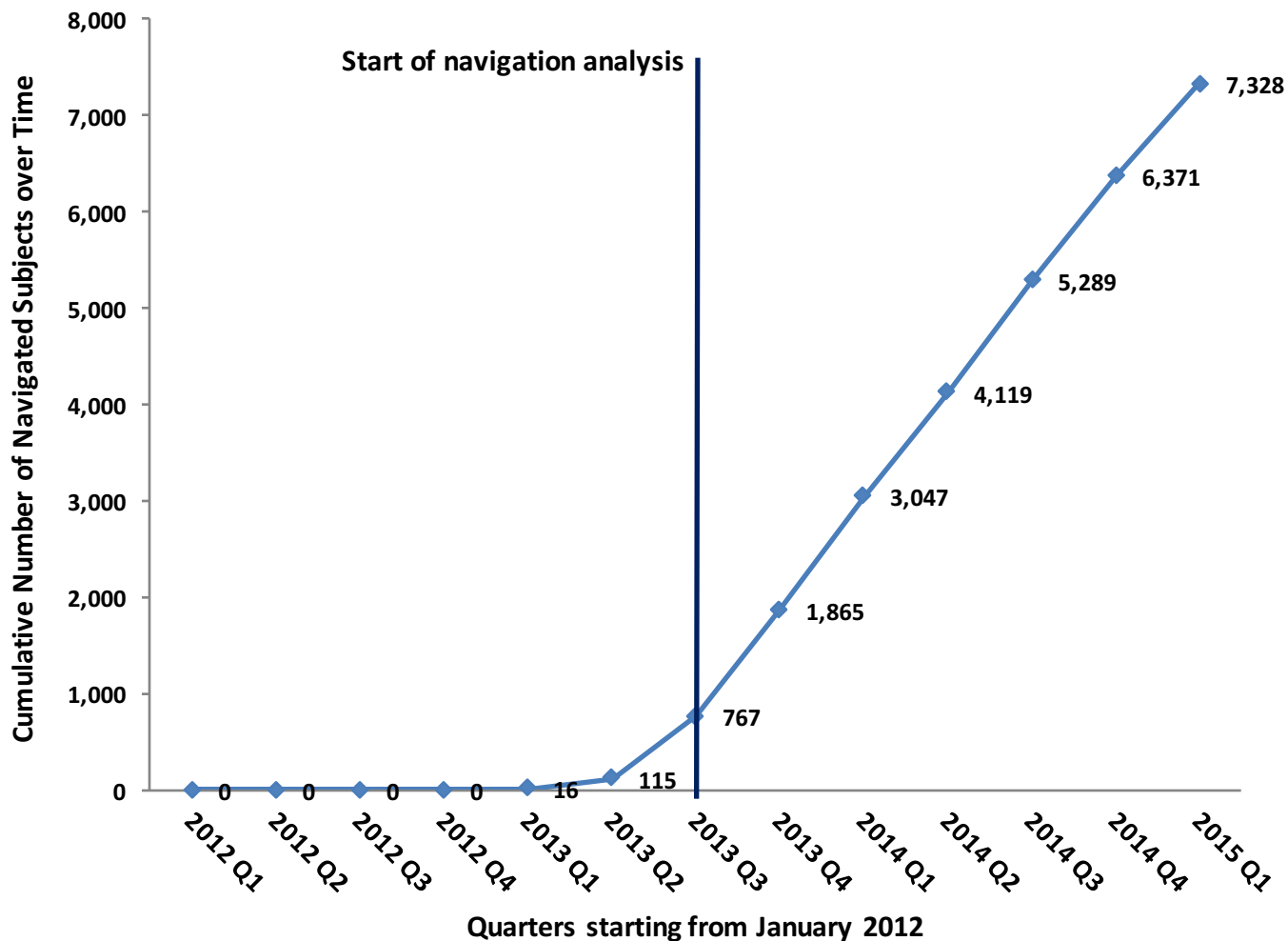
Model Adjusted Healthcare Utilization After Program Implementation

CMS Innovation Project
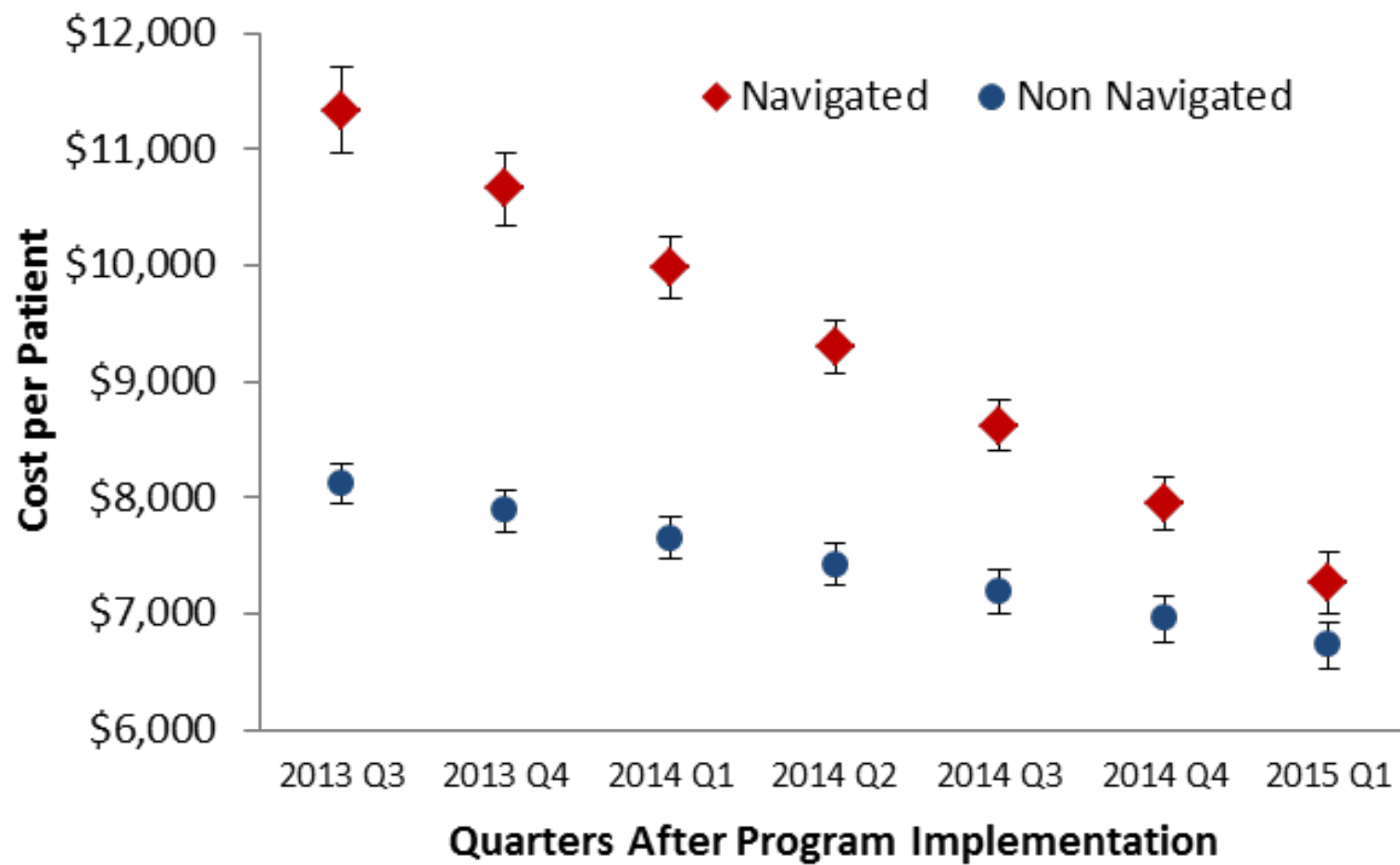
CMS Oncology Payment Model

- Notified last week that lay navigators will be included in the CMS Oncology Payment Model

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The Keys to Success

- Create trust
- Eliminate bias
- Share power