

improve

Native American Patient Navigators

“Evidence shows minority populations don’t receive the same cancer screening and care as the general population,” says Randall Burt, MD, senior director of prevention and outreach at Huntsman Cancer Institute (HCI) and professor in the Department of Internal Medicine at the University of Utah. “Native Americans are neediest in this regard. Geographical, logistical, and especially cultural barriers make them the most underserved people in our country in terms of cancer care.”

Believing these barriers can be overcome, Burt joined Stephen Alder, PhD, and Sandra Marsh from the University of Utah Department of Family and Preventive Medicine; Randall Rupper, MD, MPH, with the Department of Internal Medicine; and Lynne Hall and Phyllis Nassi of HCI’s Special Populations program. Collaborating with Sletten Cancer Institute in Great Falls, Montana, the team launched a research study in 2006 to identify how “navigators” can work with Native Americans to improve cancer screening and treatment rates—ultimately saving lives.

Tribal leaders support the project, largely because of relationships already established with HCI’s Special Populations program. “They want to be aware of modern prevention and care available to the rest of society, as they deserve,” says Burt. In addition to tribal support, the project required health service researchers, statisticians, and many Native American participants in addition to those in Utah. “It couldn’t be done without all of the pieces,” Burt says.

Funded by a grant from the Center for Medicare and Medicaid Services (CMS), the study is part of a four-year, multisite project targeting Medicare-eligible minorities who have the financial resources for cancer care yet do not take advantage of it. HCI, the only site focusing on Native Americans, will help navigators recruit nearly 2,000 participants with and without cancer living in eleven tribal locations in Utah and three in Montana.

Navigators are also Native American. “Since the principal barrier is psychosocial, cultural sensitivity is mandatory,” Burt says. “For many tribes, even discussing cancer requires a shift in mind-set. Few people are ever diagnosed, and even when they are, treatment is rarely sought. But cancer does not have to be endured silently. It can often be prevented or detected early through screening. And, even if diagnosed, cancer is often very treatable—sometimes curable—with appropriate care.”

Study participants are organized in two randomized groups based on geographic location. The Education Group receives cancer and health instruction from navigators and encouragement to seek screening and treatment as necessary. The Intervention Group receives the same education, but navigators also facilitate appointments, transportation, and communication with care providers, and ensure procedures and treatments are completed. Over the study period, the groups will be compared.

“We will measure the project’s initial success by an increase in the number of people receiving cancer screening and recommended care in the Intervention Group compared to the Education Group,” Burt explains. “The hope is it will be great enough to justify incorporating navigators into the Medicare plan for these populations,” he says.

“Long-term, we want to see cancer incidence and survival rates improve among Native Americans based on education, facilitated access to care, and a cultural change in outlook about cancer screening and treatment.”

