



Navigation:

A Critical Component
in a Comprehensive Approach
to Dismantling Health Inequities

This Academy of Oncology Nurse & Patient Navigators (AONN+) Leadership Council's Health Inequities Statement was published in August 2023, serving as a call to action for the integration and sustainability of navigation within the health care team.

Navigation: A Critical Component in a Comprehensive Approach to Dismantling Health Inequities

There has never been a more optimal time to embrace and move toward widespread implementation and sustainability of the patient navigation role to address individual health equities.^{1,2} Health equity is the attainment of the highest level of health for all people³ and the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.⁴ Health inequities are unfair, unjust, avoidable, and unnecessary. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities.⁵

Cancer Disparities

The root causes of racial disparities in cancer care are complex, including implicit bias, poor communication and potential language barriers in care delivery, lack of representation in the oncology community, mistrust of the health care system and clinical trials, and social drivers of health. Disparities in cancer care persist, with marginalized communities facing significant barriers to accessing and receiving quality oncology screening and treatments, which lead to more advanced stage presentation and worse oncologic outcomes. Despite recent progress toward reducing disparities in the burden of cancer, ethnic or communities of color, which make up 40% of the US population, continue to experience cancer inequities. Below are just a few examples:

- Compared to Caucasian men, cancer incidence in African American men is 6% higher and cancer mortality is 19% higher. This disparity is even more notable in African American women, who have 8% lower cancer incidence than Caucasian women but 12% higher cancer mortality.⁶



- American Indian/Alaskan Native people also have higher incidence rates for kidney (80% higher), liver (2 times higher), and lung cancers (5 times higher for those living in the Northern Plains), as well as increased mortality from these diseases, when compared to Caucasian patients.⁶

Cancer disparities are not limited to racial disparities; inequities also are present in rural communities. Compared to those individuals living in urban areas, rural communities show 17% higher death rates from all cancers combined.⁷ Numerous studies highlight socioeconomic and racial/ethnic disparities present in oncologic care, and further identify access to timely cancer screening and treatment, as opposed to biologic differences, as a major driver of health inequities.

Patient Navigation

One of the only evidence-based interventions that has effectively been able to address disparities in cancer care is patient navigation.^{8,9} Patient navigation is an evidence-based solution to dismantle health inequities, helping patients overcome health care system barriers and providing them with timely access to quality medical, logistical, and psychosocial care from before cancer diagnosis through all phases of their cancer experience. Navigation encompasses both clinical and nonclinical navigators who are critical members of the multidisciplinary team who provide important perspectives on logistical, structural, and social needs of the patient as well as cultural considerations, patient values, and care preferences.

Patient navigators:


- Promote health equity and its benefits in improving oncologic screening and treatment, especially for traditionally marginalized communities.
- Improve the lives of those in greatest need, specifically those who have experienced systemic and institutional injustices and inequities.
- Impact health literacy through patient education and the value of trusted relationships between patients and patient navigators.
- Demonstrate sensitivity and responsiveness to a diverse patient population, including, but not limited to, race, ethnicity, gender and gender identity, age, culture, religion, abilities, and sexual orientation.
- Expose health inequities and find solutions to ensure that all people have the opportunity to live healthy, fulfilling lives.
- Can expose and increase awareness of bias against underrepresented populations in cancer care, particularly as it applies to their unequal representation in clinical trials.
- Identify solutions appropriate for communities that lack resources and/or infrastructure.
- Exhibit cultural humility with diverse communities, cultural norms, beliefs, or practices.

Effectiveness and scope have been studied in relation to cancer screening, diagnosis, treatment, clinical trial enrollment, survivorship, and palliative care. One study, the Patient Navigation Research Program, a multisite, randomized controlled trial conducted in heterogeneous settings, compared patient navigation to usual care with outcomes that included time to diagnosis and treatment, patient satisfaction, and cost-effectiveness.¹⁰ Within this cohort of more than 7500 patients, African American patients who received help from a navigator experienced the greatest reduction in time from abnormal cancer screening to resolution, suggesting that navigation has the most profound impact on historically marginalized communities.¹¹

Interventions, such as the Accountability for Cancer Care through Undoing Racism and Equity (ACCURE; NCT01954641) trial, demonstrated the impact of patient navigation in reducing racial disparities and improving care for all cancer patients. The trial used a multifaceted, system-based intervention to improve treatment completion for both African American and Caucasian patients and to reduce racial disparities.¹² The 5-year observed survival for Caucasian and African American breast cancer patients increased from 91% and 89%, respectively, to 94% for both races. For Caucasian and African

American lung cancer patients, 5-year survival rates went from 43% and 37%, respectively, to 56% and 54%, respectively, after the navigation intervention.

Call to Action

Efforts should be made to integrate sustainable patient navigation services into standard oncology care, expand their reach to underserved populations, and strengthen collaboration among health care providers, community organizations, and policymakers. Future reimbursement models for oncology, including value-based and alternative payment models, should prioritize access to navigation services specifically designed for marginalized communities to ensure that these oncologic outcome disparities do not continue to persist or worsen. Only through a collective effort can we work toward achieving health equity for all individuals affected by cancer along the care continuum. To see how this call to action aligns with the Association of Community Cancer Centers' efforts to stand up its Comprehensive Cancer Care Services Institute, see the last page of this article. 

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The Association of Community Cancer Centers' Comprehensive Cancer Care Services Institute

COMPREHENSIVE CANCER CARE encompasses a broad range of services that are commonly referred to as supportive oncology care. These [services](#)—which encompass the care continuum from patient navigation and fertility preservation to spiritual support and palliative care—are not just help that is “nice to have.” The delivery of comprehensive cancer care is essential to person-centered care and has been found to greatly improve patient quality of life and outcomes.

Although supportive oncology care services are recommended in guidelines and required by accreditation bodies, such as the American College of Surgeons Commission on Cancer, significant barriers prevent consistent delivery of and access to these services. Two major obstacles are inadequate reimbursement and workforce shortages in many of the specialties that provide these services. Challenges are especially pronounced in community programs and practices where there is limited access to philanthropy and other funding to supplement supportive oncology care.

The Association of Community Cancer Centers (ACCC) recognizes the need for action. In response, the ACCC is launching a new strategic initiative: the [Comprehensive Cancer Care Services Institute](#). ACCC past president Krista Nelson, MSW, LCSW, OSW-C, FAOSW, program manager of Quality & Research, Cancer Support Services and Compassion, Providence Health & Services, highlighted the importance of this initiative at ACCC's 40th National Oncology Conference, in Austin, Texas. She explained that “Development of this institute is critical as we know that the needs of patients with cancer exceed the standard treatment of their disease and transcend into mental, social, physical, and other unique supportive care needs. In addition, these comprehensive cancer care services need to be accessible to all patients with cancer and their care partners.”

The Comprehensive Cancer Care Services Institute will build on ACCC's robust portfolio of cancer care [resources and tools](#), including:

- Information to support [patient navigation](#) services
- Support and [empowerment for caregivers](#) and family members as crucial members of the cancer care team
- [Business briefs](#) to justify hiring the staff necessary to provide comprehensive cancer care services
- Resources to support [psychosocial care](#) of patients with cancer and their family members
- Tools to improve and support [health literacy](#) in oncology care
- [Nutritional support](#) to improve patient outcomes
- Resources to implement and grow [financial navigation services](#)
- Models and tools to incorporate [shared decision-making](#) in treatment conversations with patients
- Resources to ensure providers are integrating [survivorship care](#) plans into the continuum of care

ACCC seeks to further develop these resources to incorporate new information, identify effective practices, and address new challenges in the post-COVID cancer care community. Special focus will be placed on the improved delivery of [emotional distress and mental health](#) screening and support services, improving access through new care delivery models like [telehealth](#) and [virtual visits](#), and advocacy for adequate reimbursement for comprehensive cancer care services.

ACCC's Comprehensive Cancer Care Services Institute will be led by a diverse, multidisciplinary team of cancer care service providers.