

Navigation Is a Critical Component in a Comprehensive Approach to Dismantling Health Inequities

This document is a Call to Action from the Academy of Oncology Nurse & Patient Navigators (AONN+) Leadership Council for the integration and sustainability of navigation within the healthcare team.

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 inequities.^{1,2}

Definitions:

- *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, or 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 and healthcare 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 healthcare 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 White men, cancer incidence in Black men is 6% higher and cancer mortality is 19% higher. This disparity is even more notable in Black women, who have 8% lower cancer incidence than White 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 White patients.⁶
- Cancer disparities are not limited to racial disparities, but 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 implicate access to timely cancer screening and treatment, as opposed to biologic differences, as a major driver of health inequities.

Patient Navigation (PN):

- One of the only evidence-based interventions that has effectively been able to address disparities in cancer care is PN.^{8,9}
- PN is an evidence-based solution to dismantle health inequities, helping patients overcome healthcare 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 and 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/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 were studied in relation to cancer screening, diagnosis, treatment, clinical trial enrollment, survivorship, and palliative care.
 - The Patient Navigation Research Program, a multisite, randomized controlled trial conducted in heterogeneous settings, compared PN to usual care with outcomes that included time to diagnosis and treatment, patient satisfaction, and cost-effectiveness.¹⁰
 - Within this cohort of over 7500 patients, Black patients 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 2019 Accountability for Cancer Care through Undoing Racism and Equity trial, demonstrated the impact of PN 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 Black and White patients and reduce racial disparities.¹²
 - The 5-year observed survival for White and Black breast cancer patients increased from 91% and 89%, respectively, to 94% for both races, and from 43% and 37% to 56% and 54% for White and Black lung cancer patients, respectively, after the navigation intervention.

Call to Action

Efforts should be made to integrate sustainable PN services into standard oncology care, expand their reach to underserved populations, and strengthen collaboration among healthcare providers, community organizations, and policymakers. Future reimbursement models, including value-based and alternative payment models, for oncology should prioritize access to navigation services specifically 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 towards achieving health equity for all individuals affected by cancer along the care continuum.

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- ² Patel MI, Lopez AM, Blackstock W, et al. Cancer disparities and health equity: a policy statement from the American Society of Clinical Oncology. *J Clin Oncol*. 2020;38(29):3439-3448.
- ³ US Department of Health and Human Services. Healthy People 2030 questions & answers. <https://health.gov/our-work/healthy-people/healthy-people-2030/questions-answers>. Accessed March 3, 2021.
- ⁴ HRSA. Office of Health Equity. <https://www.hrsa.gov/about/organization/bureaus/ohe>. Accessed June 19, 2023.
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- ⁶ Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2022. *CA Cancer J Clin*. 2022;72:7-33.
- ⁷ Centers for Disease Control and Prevention. An update on cancer deaths in the United States. Updated February 28, 2023. Accessed June 18, 2023.
- ⁸ Dixit N, Rugo H, Burke NJ. Navigating a path to equity in cancer care: the role of patient navigation. *Am Soc Clin Oncol Educ Book*. 2021;41:1-8. doi:10.1200/EDBK_100026.
- ⁹ Nelson HD, Cantor A, Wagner J, et al. Effectiveness of patient navigation to increase cancer screening in populations adversely affected by health disparities: a meta-analysis. *J Gen Intern Med*. 2020;35:3026-3035. doi:10.1007/s11606-020-06020-9.
- ¹⁰ Freund KM, Battaglia TA, Calhoun E, et al; Patient Navigation Research Program Group. National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. *Cancer*. 2008;113:3391-3399.
- ¹¹ Ko NY, Snyder FR, Raich PC, et al. Racial and ethnic differences in patient navigation: results from the Patient Navigation Research Program. *Cancer*. 2016;122(17):2715-2722. doi: 10.1002/cncr.30109.
- ¹² Cykert S, Eng E, Manning MA, et al. A multi-faceted intervention aimed at black-white disparities in the treatment of early-stage cancers: the ACCURE pragmatic quality improvement trial. *J Natl Med Assoc*. 2020;112:468-477.

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