

Bridging the Healthcare Divide With Patient Navigation: Development of a Research Program to Address Disparities

Karen A. Schwaderer, RN, BSN, OCN[®], and Joanne K. Itano, RN, PhD, OCN[®]

Americans who live in poverty as well as certain ethnic and racial groups have higher cancer death rates than other populations. Patient navigators have been identified as an important weapon against these disparities. Navigators can address insurance, financial, and logistical issues (e.g., transportation, appointment scheduling, child or elder care). They can provide understandable health education that may lessen fears of cancer diagnosis and treatment. This article describes the development and implementation of a multisite patient navigator program involving five cancer institutions in Western Pennsylvania. Navigator programs have great potential to enhance cancer care by reaching underserved populations and opening the door for future research.

A great deal of progress has been made in recent decades in the war on cancer. Technologic advances in screening and early-detection techniques, along with new treatments, have changed a previously dim outlook for many patients with cancer. Unfortunately, not all populations have benefited from this progress, with certain groups of Americans carrying a heavier burden of cancer than others.

Americans who live in poverty and specific ethnicities, particularly African Americans, have 10%–15% lower five-year survival rates than other populations (Freeman, 2004). According to Ward et al. (2004), male and female residents of counties in which at least 20% live below the poverty level (i.e., the threshold of income that varies by household size) have 13% and 3% higher cancer death rates, respectively, compared with counties in which less than 10% live below the poverty level.

Lower socioeconomic status, cultural beliefs, and social inequity can cause disparities among ethnic groups; however, poverty is the most important cause of disparities in Americans. Living in poverty often means residing in low-quality housing, making unhealthy lifestyle choices, and lacking knowledge about healthcare resources (Freeman, 2004). Lack of insurance and financial support as well as decreased access to health care prevent many Americans from receiving the preventive screenings and cancer treatments necessary to survive cancer (Freeman, 2004). Some populations' cultural beliefs may create feelings of mistrust toward the healthcare system, and language differences may cause misunderstandings of medical terms. For Americans living in rural areas, geographic access and lack of transportation to community facilities may impede individuals from receiving appropriate cancer treatment.

At a Glance

- ◆ Patient navigation is a new concept in which trained personnel assist patients with cancer with access to care and impact outcomes.
- ◆ Barriers to care are comparable for rural and urban facilities, but the time to resolve barriers differs according to the community resources available.
- ◆ Patients and physicians report satisfaction with the use of patient navigators. However, the impact of patient navigation on clinical outcomes and its cost-effectiveness warrants further investigation.

African Americans comprised 13% of the U.S. population and 24% live below the poverty level (American Cancer Society, 2007). Thirty-three percent of working-age African Americans were uninsured in 2005 compared to 20% of Caucasians

Karen A. Schwaderer, RN, BSN, OCN[®], is the director of patient navigation and clinical services at the University of Pittsburgh Medical Center at McKeesport in Pennsylvania; and Joanne K. Itano, RN, PhD, OCN[®], is an associate professor of nursing and the director of academic planning and policy at the University of Hawaii in Honolulu. The authors were participants in the 2006 *Clinical Journal of Oncology Nursing* Writing Mentorship Program. Schwaderer's employment is funded by the National Cancer Institute (grant #5U56CA105486). (Submitted October 2006. Accepted for publication December 3, 2006.)

Digital Object Identifier: 10.1188/07.CJON.633-639