



Supporting Latina Breast Health with Community-based Navigation

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Published online: 25 March 2018

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Abstract

Latina women continue to face disproportionate breast cancer risk and well-documented breast health care barriers in Philadelphia. In response to breast health needs among Latinas in Philadelphia, a health-focused community-based organization, in partnership with a network of social and health service providers, began offering community-based navigation in 2005. Later, through funding from a federal agency, the organization launched the Naveguemos con Salud (NCS) Breast Health Partnership Project from 2010 to 2013. NCS offered breast health awareness and education to a broad audience of Latinas in Philadelphia and community-based navigation services to all interested in accessing a clinical breast exam (CBE) and/or mammogram. A 2017 survey revisited breast health needs among the same core population to inform next steps. Here, we explore how findings and lessons learned from a past program and an assessment of current needs can inform future community-clinical linkage and community-based navigation to improve access to breast cancer screening and a continuum of care for Latinas.

Keywords Women's health · Breast cancer · Screening · Community-based · Navigation · Latina

Breast cancer is the leading cancer diagnosis and cause of death among Hispanic/Latina women (Latina) [1]. Based on 2015 American Cancer Society calculations, about one in 10 Latinas in the USA are projected to develop breast cancer in her lifetime, with an estimated 19,800 new cases of breast cancer expected to occur among Latinas every year [1]. Latinas continue to be less likely to be diagnosed with breast cancer at a local stage than their non-Hispanic White counterparts [1]. Among cited reasons for these differences in breast cancer outcomes are “lower rates of mammography utilization and delayed follow-up of abnormal screening results” and lower likelihood of receiving “appropriate and timely breast cancer treatment in comparison to non-Hispanic Whites” [1]. Latinas may benefit from dynamic and ongoing screening support to improve persistent breast cancer outcome disparities [2].

Screening

Although regular mammogram screening is recommended after the age of 40 [3], Latinas tend to have lower screening rates in part due to lack of insurance coverage, low health literacy level, language barriers, and lack of familiarity with the health care system [4–7]. In addition, barriers too often prevent Latinas from timely post-screening follow-up care, increasing their risk of diagnosis with more advanced breast cancer than non-Hispanic White women [1].

Navigation

Breast cancer disparities between Latinas and non-Hispanic Whites persist, yet there is evidence of reducing gaps through interventions focused on providing support across the care continuum [1, 8, 9]. A growing number of studies document the importance of community-level patient navigation, as it has the potential to improve early detection of breast cancer by reducing screening barriers while facilitating timely care [10, 11]. Health care providers may provide internal patient navigation to support follow-up [12–14] and communication with care teams [15], but these supports often focus only on active treatment and factors within the clinical setting. Navigators operating at the community level can play a vital role in improving care access over time. Community navigator

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support can range from pre-screening outreach to post-treatment follow-up, and may include providing tailored assistance to mitigate individual barriers to care, such as transportation challenges and translation/interpretation needs [9]. Community-based navigators also complement clinical efforts by supporting medical home connection, assisting with insurance/service enrollment, and facilitating communication across health and social service providers, all while providing education and support essential to increasing an individual's ability and/or readiness to comply with care plans [9].

Local Efforts to Address Breast Cancer among Latinas—Philadelphia

In Philadelphia, Pennsylvania, Latinas' breast cancer rates reflect national trends. Locally, according to the Public Health Management Corporation (PHMC) Household Health Survey (2015), almost one in six report not seeking health care due to cost in the last year (16.1%) [16]. In 2015, estimates demonstrate about 18,450 Latinas over 40 in Philadelphia did not have mammogram screening in the past year (42.0%) [11].

In response to breast health needs among Latinas in Philadelphia, a health-focused community-based organization, in partnership with a network of social and health service providers, began offering community-based navigation in 2005. Later, through funding from a federal agency, the organization launched the *Naveguemos con Salud* (NCS) Breast Health Partnership Project from 2010 to 2013. A 2017 survey revisited breast health needs among the same core population to inform next steps. Here, we explore how findings from a past program and current needs can inform future community-clinical linkage and community-based navigation.

Naveguemos con Salud—Community-based Navigation, 2010–2013

Health Promotion Council of Southeastern Pennsylvania (www.hpcpa.org) implemented *NCS* to decrease breast health care access barriers among Philadelphia's Latina community. *NCS* was modeled after the Harold P. Freeman Patient Navigation Institute's and National Cancer Institute's evidence-based patient navigator models [17, 18], with a community-based navigation approach that bridged the gap between the community and clinical setting. To implement a comprehensive community-based approach, *NCS* employed community navigators, promotoras de salud [19], also known as Latina lay health workers, and uniquely incorporated a Breast Health Navigation Network to support the efforts of the navigators and promotoras.

Table 1 NCS Education Session Survey overall knowledge findings

Breast cancer knowledge (0–8 points scale)	Mean	<i>N</i>	<i>p</i> value
Pre-survey	3.39	538	0.000
Post-survey	6.59	502	

NCS offered breast health awareness and education to a broad audience of Latinas in Philadelphia, and navigation services to all interested in accessing a clinical breast exam (CBE) and/or mammogram. Promotoras raised awareness about breast health in communities where they lived, directing interested individuals to education opportunities and/or navigation support. Navigators provided education and navigation of health and social services, serving as connectors to the clinical setting and often accompanying individuals to screening and follow-up appointments. The Navigation Network provided a critical support to navigators, availing additional resources for patients, assisting with troubleshooting challenges, and promoting the program in the community.

NCS utilized a mixed-method evaluation to identify opportunities for mid-program improvements and access outcomes.¹ Between fall 2010 and summer 2013, *NCS* raised awareness among 9300 individuals, conducted community-based breast health education with over 2295 individuals, and provided navigation services to 566 individuals. Group education participants showed significant improvement in breast health/cancer knowledge (Table 1). In addition, the percent reporting high likelihood to get clinical breast care increased from 57% on pre-survey to 81% on post-survey.

Navigation Services During the course of the project, community navigators accompanied and/or facilitated 688 screening appointments (Table 2). All *NCS* navigation clients received at least one clinical screening and *NCS* connected 52 clients to a medical home.

Among 566 navigation clients, 86% had a regular/primary care provider at intake; however, 75% did not have health coverage/insurance and about half faced cost and/or insurance difficulties when seeking health care in the past. One third of participants faced language difficulties in the past (33%) and 89% preferred to receive health information in Spanish. Based on navigation client follow-up, 99% indicated they were more aware of the benefits of early detection, 94% indicated being better able to set up their own breast screenings, and 98% intended to have/continue regular breast health screenings and monitor their breast health in the future.

¹ Institutional review board [IRB] determination—exempt/non-research; PHMC IRB#00002451; PHMC FWA#00002489.

Table 2 Community navigation service support—screening/procedure appointments

Screening/procedure	% of appointments (<i>N</i> = 688 appointments)
Clinical breast exam	34% (<i>n</i> = 237)
Screening mammogram	26% (<i>n</i> = 178)
Pelvic exam (including Pap smears)*	14% (<i>n</i> = 94)
Ultrasound	6% (<i>n</i> = 40)
Diagnostic mammogram	5% (<i>n</i> = 35)
Biopsy	2% (<i>n</i> = 12)
Follow-up mammogram	1% (<i>n</i> = 10)
Other screenings	12% (<i>n</i> = 82)

*Pelvic examinations were supported by request, as clients built a rapport with navigators and shared health concerns beyond breast health

Ongoing Need for Screening Support

To revisit breast health screening needs among Philadelphia Latinas, Health Promotion Council conducted a brief intercept survey in 2017 at community events that engaged Hispanic/Latino populations. The convenience survey was conducted during face-to-face interactions with 249 respondents from 20 Philadelphia ZIP codes over a six-month period (91.3% female, 94.6% Hispanic/Latino, average age of 43.8 years, and 54.1% uninsured). While the survey sample is not representative, findings do come from the primary recruitment pool for continued community-based breast health work.

Among female respondents ages 40 to 75 (*n* = 88), over a quarter had no mammogram/CBE within the last year (26.0%). The most common reasons reported among this same group were “My doctor’s office did not remind me when it was time to have screening” (33.3%), “screening was not recommended to me by my doctor” (21.4%), “I did not understand the breast cancer screening guidelines/the guidelines are confusing” (19.0%), and “(If no insurance) I was worried about the cost” (19.0%). Other barriers cited included not knowing where to go for screenings, having language/cultural barriers, having no transportation to appointments, being afraid/nervous, and knowing payment would be too much even with insurance. Only one among this group reported not being interested in screening. This feedback illustrates the potential beneficial role of community-based awareness, education, and navigation services to support understanding of screening guidelines and facilitate scheduling of breast health screenings.

Lessons Learned Well-documented screening and care barriers remain a challenge in Philadelphia. Supporting Latinas in reducing negative breast health outcomes through education and navigation programs that bridge the community-clinical gap continues to be a need. Lessons learned from NCS can inform future efforts related to Latina-focused breast health programming, as well as community-based navigation services (Table 3).

Future Programming and Evaluation Community-based navigation expands on the traditional model of system-based

Table 3 Lessons learned—breast health support for Latinas

Awareness activities are critical to community-based navigation	Breast health awareness-focused interactions build program/service visibility and trust in the community, which also supports word-of-mouth recruitment/reach expansion over time.
Effective navigation addresses barriers to seeking screening, follow-up, and treatment	Navigators help individuals make, attend, and get the most out of screening and medical appointments. Understanding barriers helps navigators provide concrete resources, for example, mitigating challenges related to childcare/work obligations, transportation needs, cultural beliefs about medical care, and language barriers.
Breast health navigation does not stop with breast health	Breast health-focused navigators need to be prepared to discuss other health issues. As the trust and relationships build, participants will look for guidance and help with other health issues, particularly those involving women’s health, including pelvic/cervical health and domestic violence.
Collaboration between community-based navigators and clinical health care providers is mutually beneficial	Clinical providers can work with community-based navigators to guide patients to screening appointments and contact patients when traditional follow-up is unsuccessful. The connection/relationship built between patient and navigator may support longer-term appointment compliance and can help health care providers with critical follow-up activities.
Community-level navigation has benefits outside of active clinical care times	Health maintenance primarily takes place in communities, making communities a natural fit for support between screening/treatment times. Navigators provide valuable community linkages, supporting individuals when they are not “patients.”
Navigators need a support system	Navigation work, regardless of community or system base, can be very intensive. It is important for navigators to receive support from internal and external resources while managing their caseload.

navigation by extending beyond the clinical setting and into the community, thus promoting the best practice for improving community-clinical linkages. Community-based navigation can help those at high risk for poor health outcomes have timely, ongoing access to programming dedicated to breast health, like Pennsylvania's HealthyWoman Program, and offer support to complement clinical efforts, which—by nature of the health system as it has historically operated—are limited in their reach beyond the health care facility. Community-based navigation and breast health support programs, especially those serving populations already facing complex disparities in breast health outcomes, can serve as a critical lynchpin in improving screening rates as health care providers shift from volume- to value-based care and as community resources ebb and flow over time. Community-based programming can apply lessons learned from programs like NCS as they move ahead to address current and future needs in a changing health care landscape.

There is broad potential for future evaluations of this work, including, but not limited to, examination of shared benefits between community-based navigators and health systems; analysis of cost-benefit related to resource allocation and support across the cancer continuum, including pre-diagnosis/screening; and exploration of system-based modifications that support a whole person approach to breast health services.

Acknowledgements The authors would like to thank LCDR Ieshia K. Jones for her leadership during Naveguemos con Salud. Additional gratitude to the dedicated and talented navigation team at Health Promotion Council, with special thanks to Marla Vega, Maria Barrera, Elizabeth Rosario, and the full Breast Health Navigation Network.

Funding NCS was funded by a grant from the US Department of Health and Human Services (HHS) Office of Minority Health (CPIMP101062) with additional support from Susan G. Komen for the Cure. Follow-up survey support was provided by and the Breast Cancer Work Group via the Pennsylvania Department of Health. This publication was supported by Grant Number 5U58DP003937-05, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or other funders.

Compliance with Ethical Standards

Human and Animal Rights and Informed Consent This article does not contain any studies with human participants or animals performed by any of the authors.

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