

## Using Patient Navigation to Solve Latino Cancer Health Disparities

Amelie G Ramirez\*

Institute for Health Promotion Research, The University of Texas Health Science Center at San Antonio, TX, USA

U.S. Latinos have higher rates of liver, cervical, and other cancers, have lower cancer screening rates, and are diagnosed at more advanced, less treatable cancer stages than non-Latinos.

Patient navigation is an emerging way to tackle these grave disparities.

In fact, bilingual, bicultural patient navigation can effectively guide Latino cancer patients and survivors through the complex care system, increasing timely diagnosis and treatment [1-3].

Now researchers are taking navigation to innovative new levels, beyond just helping patients. For example, studies are testing how navigation can improve Latino cancer survivors' quality of life, help survivors make cancer-recurrence-fighting dietary changes, and educate on cancer prevention. The behaviors that can be influenced by navigation are boundless.

Patient navigation is a means for providing access to recommended cancer screening services, follow-up, diagnosis, and treatment in medically underserved populations.

Navigators are trained to help "navigate" underserved people through the complex care system and other barriers to care (finances, transit, child care, language, culture, etc.). It aims to help reduce missed appointments, reduce delays in seeking care, increase follow-up care, and cover the entire ecological framework from policy, community, organizational, interpersonal, and survivor elements.

Several years ago, my colleagues and I developed a national Latino cancer research network (*Redes En Acción*; funded by the National Cancer Institute from 2000-2015) to use research, training, and awareness to reduce cancer health disparities among Latinos.

As part of *Redes*, we adapted patient navigation for Latinos.

Breast cancer, for example, is the leading cause of cancer-related deaths in Latinas, who are more likely to be diagnosed at advanced disease stage, making it critical to reduce the time from screening to diagnosis to treatment.

Our studies found that Latinos had delays in time to confirmatory diagnosis and start of treatment after an abnormal mammogram. Our subsequent clinical trials hypothesized, and went on to prove, that patient navigation by a bilingual, bicultural patient navigator can reduce Latinas' times to diagnosis and treatment and significantly increase the proportion of Latinas initiating treatment. Navigation indeed is likely to have saved the lives of many Latinas in these studies [1-3]. Those studies opened new doors.

Our *Redes* team launched a follow-up study hypothesizing that Latino breast, prostate, and colorectal cancer survivors who get an innovative navigation intervention (vs. usual care) will show greater compliance in following prescribed treatments and improved general and cancer-specific quality of life.

The study focuses on more than 250 Latino survivors in San Antonio and Chicago who report a significantly lower general health-related quality of life, physical well-being and emotional well-being.

Some promising preliminary findings indicate that our intervention

reduces psychological needs and, in turn, increases health-related quality of life.

Navigation also is extending into healthy lifestyles.

Our new study, called Rx for Better Breast Health, funded by Susan G. Komen, is testing an innovative intervention including navigation to teach breast cancer survivors how certain foods may reduce the risk of breast cancer recurrence as well as the risk of developing other cancers.

The study, which recently wrapped up recruitment of 150 breast cancer survivors in the San Antonio, randomly assigns the survivors to one of two groups. Each study group gets different cancer nutrition tools for an anti-inflammatory diet, possibly including: cooking demonstrations by Chef Iverson Brownell, who specializes in creating healthy, tasty culinary recipes, and reinforced by patient navigation, telephone counseling and tailored monthly newsletters.

The study tests the idea that women who get the more intensive cooking workshops, navigation, counseling and newsletters will increase their intake of anti-inflammatory foods. It also will examine how this affects their biomarkers of obesity and inflammation.

We also have another Komen-funded study that is testing how Latina breast cancer survivors in an enhanced patient navigation PN program go on to participate in screening and treatment plans, and an Avon Foundation-funded project called *Navegando Salud* that uses navigation to offer breast cancer screenings, education, and clinical trial information to women in South Texas.

This is a model that can be replicated anywhere.

Organizations can use the online bilingual *Patient Navigator Manual: Developing and Implementing a Patient Navigator Program* manual [4], which outlines the necessary steps and provides tools to incorporate navigation for Latinos at any organization.

Patient navigation has real potential and promise to resolving Latino cancer health disparities on many levels. Let's keep the ball rolling.

### References

1. Ramirez AG, Pérez Stable EJ, Penedo FJ, Talavera GA, Carrillo E, et al. (2013) Navigating Latinas with breast screen abnormalities to diagnosis: The Six Cities Study. *Cancer* 119: 1298-1305.
2. Ramirez AG, Perez Stable EJ, Talvera JA, Penedo FJ, Carrillo E, et al. (2013) Time to definitive diagnosis of breast cancer in Latina and non-Hispanic white women: the Six Cities Study Springer Plus 2:84.

\*Corresponding author: Amelie G Ramirez, Director and Professor at Institute for Health Promotion Research, The University of Texas Health Science Center at San Antonio, TX, 78229, USA, Tel: 210 562 6500; E-mail: [ramirezag@uthscsa.edu](mailto:ramirezag@uthscsa.edu)

Received August 20, 2015; Accepted August 21, 2015; Published August 24, 2015

Citation: Ramirez AG (2015) Using Patient Navigation to Solve Latino Cancer Health Disparities. *J Women's Health Care* 4: e114. doi:10.4172/2167-0420.1000e114

Copyright: © 2015 Ramirez AG. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

3. Dudley DJ, Drake J, Quinlan J, Holden A, Karnad A, et al. (2012). Beneficial effects of a combined navigator/promotora approach for Hispanic women diagnosed with breast abnormalities. *Cancer Epidemiology, Biomarkers & Prevention*, 21: 1639-1644.
4. Redes En Acción: The National Latino Cancer Research Network (2011). *A Patient Navigation Manual for Latino Audiences: The Redes En Acción Experience*.