



Georgia Department of Public Health

Reducing disparities in breast and cervical cancer screening through client navigation program in Georgia

Presentation to: GPHA meeting attendees

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We Protect Lives.

Learning Objective

Describe efficacious strategies for implementing client navigation to reduce disparities in breast and cervical cancer screening.

Presentation Overview

I. Background

II. Methods

III. Results

IV. Conclusions

Background

GA Breast and Cervical Cancer Program (BCCP)

- Implement statewide through contracts with 18 Public Health districts, 4 private providers, mammography/cytology facilities, and American Cancer Society (ACS)
- Mammogram, Clinical breast examination, Pap test, Pelvic examination, HPV test, Diagnostic testing of abnormal result, and Referral to treatment
- Eligibility:
 - Uninsured or underinsured GA residents
≤ 200% of federal poverty level
 - Breast cancer screening: women 40-64 years old
 - Cervical cancer screening: women 21-64 years old
- Priority populations: never or rarely screened women, minority women, women with special needs

BCCP and ACS - Partnership

In 2000, the GA Department of Public Health (formerly Department of Human Resources) contracted the **GA Breast and Cervical Cancer Program (BCCP) Public Education and Partnership Components** with the American Cancer Society (ACS).



In 2001, the **Client Navigation** was implemented at health departments for the first time.

In 2010, the BCCP **added the Client Navigation Program** to the existing contract with the ACS.

BCCP Client Navigation - Funding

- Georgia Department of Public Health
Breast and Cervical Cancer Program (BCCP):
CDC and state funding
- United Way of Metro-Atlanta
- American Cancer Society (In-kind)

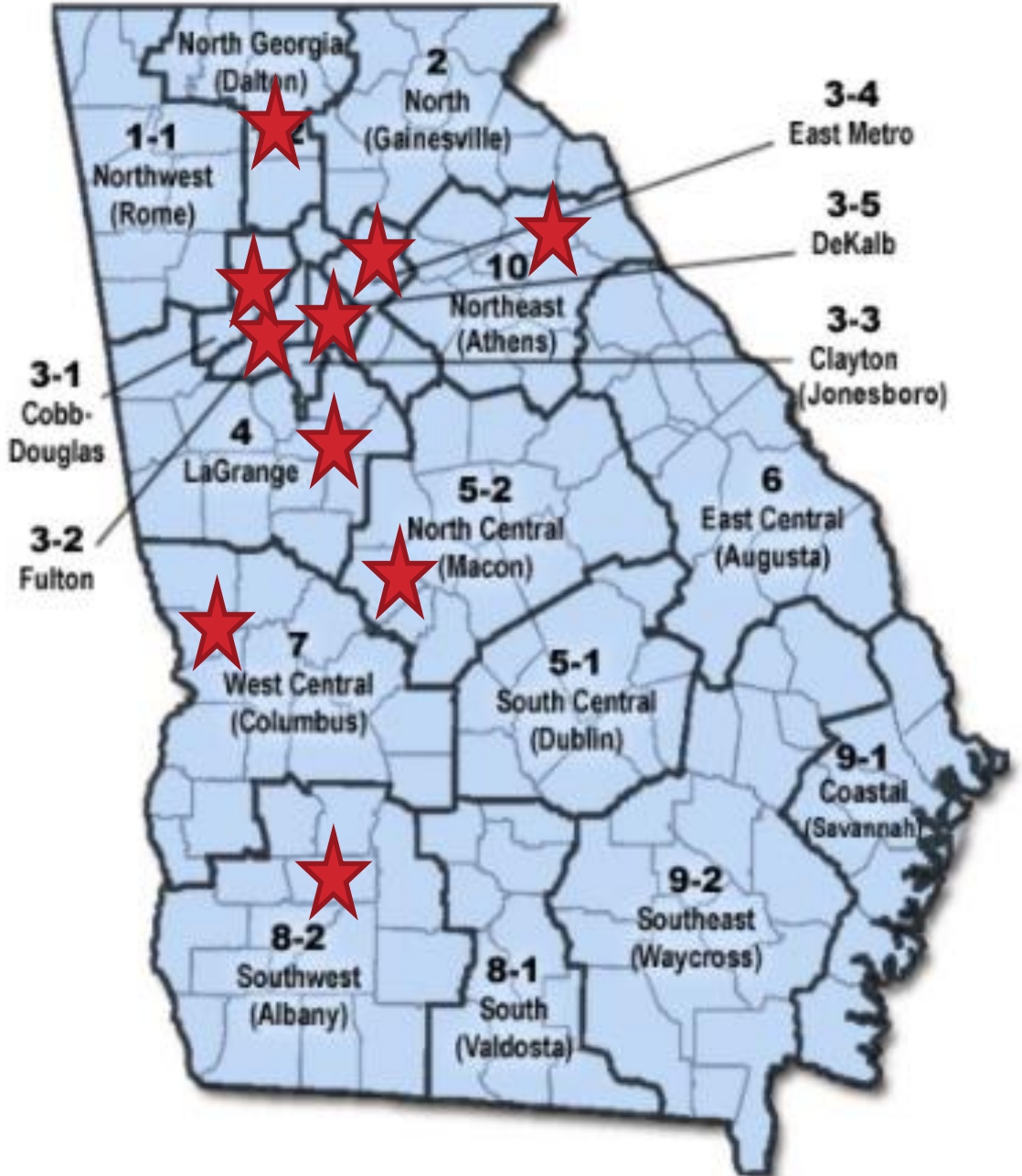
BCCP Client Navigation Team

- 10 Client navigators
- Diverse cultural backgrounds
- 5 bilingual (English and Spanish) Certified Medical Interpreters
- Trainings on cultural competence and cultural sensitivity



Figure 1. Program service areas

Centralized Screening and Navigation



BCCP Client Navigation Program

Table 1. Objectives and principles of client navigation program

Objectives	Principles
Increase awareness and knowledge about breast, cervical, colorectal, and HPV-related cancers and recruit BCCP eligible women	ACCESS
Facilitate access to screening and help women navigate the complex health care system from screening to diagnosis	
Assist BCCP providers with abnormal follow-ups and annual rescreening	NAVIGATION
Use evidence-based interventions to assist and support clients: conduct client reminders; removal of barriers; group and one-on-one education; and small media	
	HEALTH EQUITY

Figure 2. Client navigation program process and activities

Client Navigators promote health department services and use evidence-based strategies:

- Group Education
- One-on-One Education

Client Navigators use evidence-based strategies to ensure screening compliance :

- Cancer information
- Client reminders
- Remove barriers to care

Client Navigators provide clients referrals to Society resources and programs. Client Satisfaction Surveys administered via telephone

Community Education

Client Intake

Cancer Screening

Diagnosis

Facilitate access and navigation to achieve health equity

Women are referred to Client Navigation Program through community outreach events, media, word of mouth, etc.

Eligible women entered into program database and assisted to receive screening services at health department clinics and other BCCP providers

Client Navigators assist with diagnosis and follow up. Client Navigators close client case. Clients are reminded of next screening by Client Navigator

Methods

Data Collection

Table 2. Summary of client navigation program data collection

Data Source	Collection Period	Data Captured	Staff
Client Navigator Activities Database	FY2012 – FY2017	Demographics, one on one education, group education, community partnerships, mass contact log	Client Navigators
Client Intake Database	FY2012 – FY2017	Demographics, screening history, referrals, barriers to cancer care, case management, client reminders	Client Navigators
Client Satisfaction Survey	12/2012 – 2/2014, 1/2015 – 11/2017	Client feedback, satisfaction, knowledge, attitude, and confidence regarding cancer screening	Client Navigators, ACS Data Manager, ACS volunteers
Success Stories	FY2015 –FY2017	Stories of clients that successfully completed plan of cancer care	Client Navigators

Client Intake Database

The screenshot shows a Microsoft Access database window titled "001-a-Client Intake-Master-New - Microsoft Access". The interface includes a menu bar with "File", "Home", "Create", "External Data", "Database Tools", and "Acrobat". Below the menu bar is a navigation pane with tabs: "General Log In", "Client Information", "Client Assessment/Barriers Resolution", "Client Contact Log", "Client Services Breast", "Client Services Cervical/Colorectal", "Outcomes/Referrals", and "Cases Closed". The main content area features a blue header with the text "Client Intake Database". Below the header, there are two logos: the American Cancer Society logo and the Georgia Breast & Cervical Cancer Program logo. To the right of the logos is a photograph of a woman blowing out candles on a birthday cake. A vertical "Navigation Pane" label is positioned on the left side of the main content area. At the bottom of the window, there is a status bar with "Record: 1 of 1", "No Filter", and a "Search" field.

Data Analysis

- Databases in Microsoft Access were exported into Microsoft Excel and SAS to conduct the statistical data analysis.
- Variables regarding education, client intake, and barriers to cancer care were stratified by race/ethnicity.
- Rates related to breast and cervical cancer screening:

$$\text{Mammogram appointment rate} = \frac{\text{No. of clients who had mammogram appointment}}{\text{No. of clients eligible for mammogram}}$$

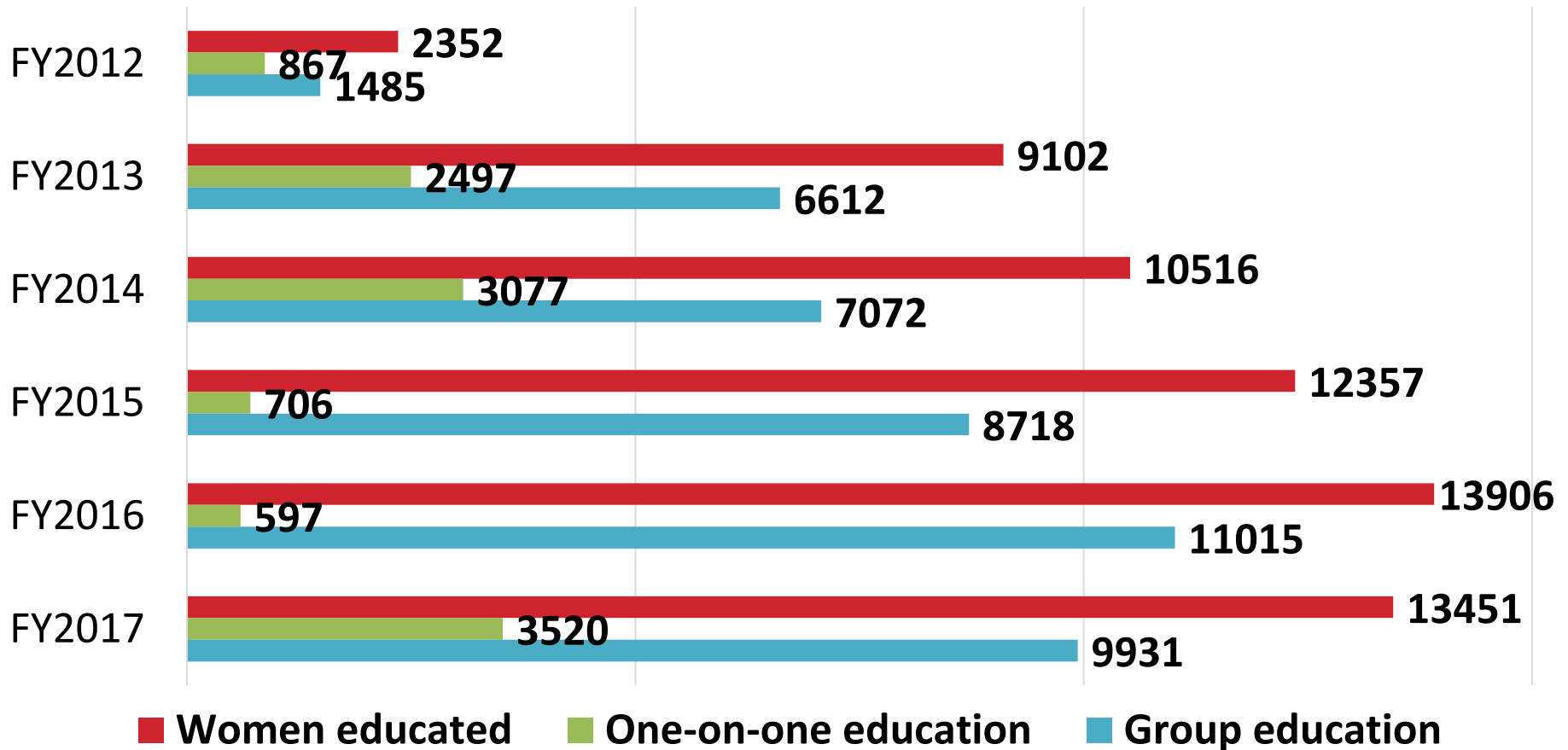
$$\text{Pap test appointment rate} = \frac{\text{No. of clients who had Pap test appointment}}{\text{No. of clients eligible for Pap test}}$$

$$\text{Breast cancer screening rate} = \frac{\text{No. of clients who received mammogram}}{\text{No. of clients eligible for mammogram}}$$

$$\text{Cervical cancer screening rate} = \frac{\text{No. of clients who received Pap test}}{\text{No. of clients eligible for Pap test}}$$

Results

Figure 3. Participation in community education



FY = Fiscal Year

Table 3. Community education by race/ethnicity

Fiscal Year	African American		Caucasian		Hispanic/Latina		Asian		Other		Total
2012	1217	50.9%	172	7.2%	967	40.4%	32	1.3%	4	0.2%	2392
2013	5879	63.0%	1769	18.9%	1591	17.0%	52	0.6%	45	0.5%	9336
2014	5977	56.7%	2234	21.2%	2174	20.6%	109	1.0%	50	0.5%	10544
2015	6595	53.4%	2073	16.8%	3347	27.1%	171	1.4%	171	1.4%	12357
2016	7270	52.3%	2495	17.9%	3730	26.8%	329	2.4%	82	0.6%	13906
2017	6283	46.7%	2635	19.6%	4236	31.5%	267	2.0%	36	0.2%	13451

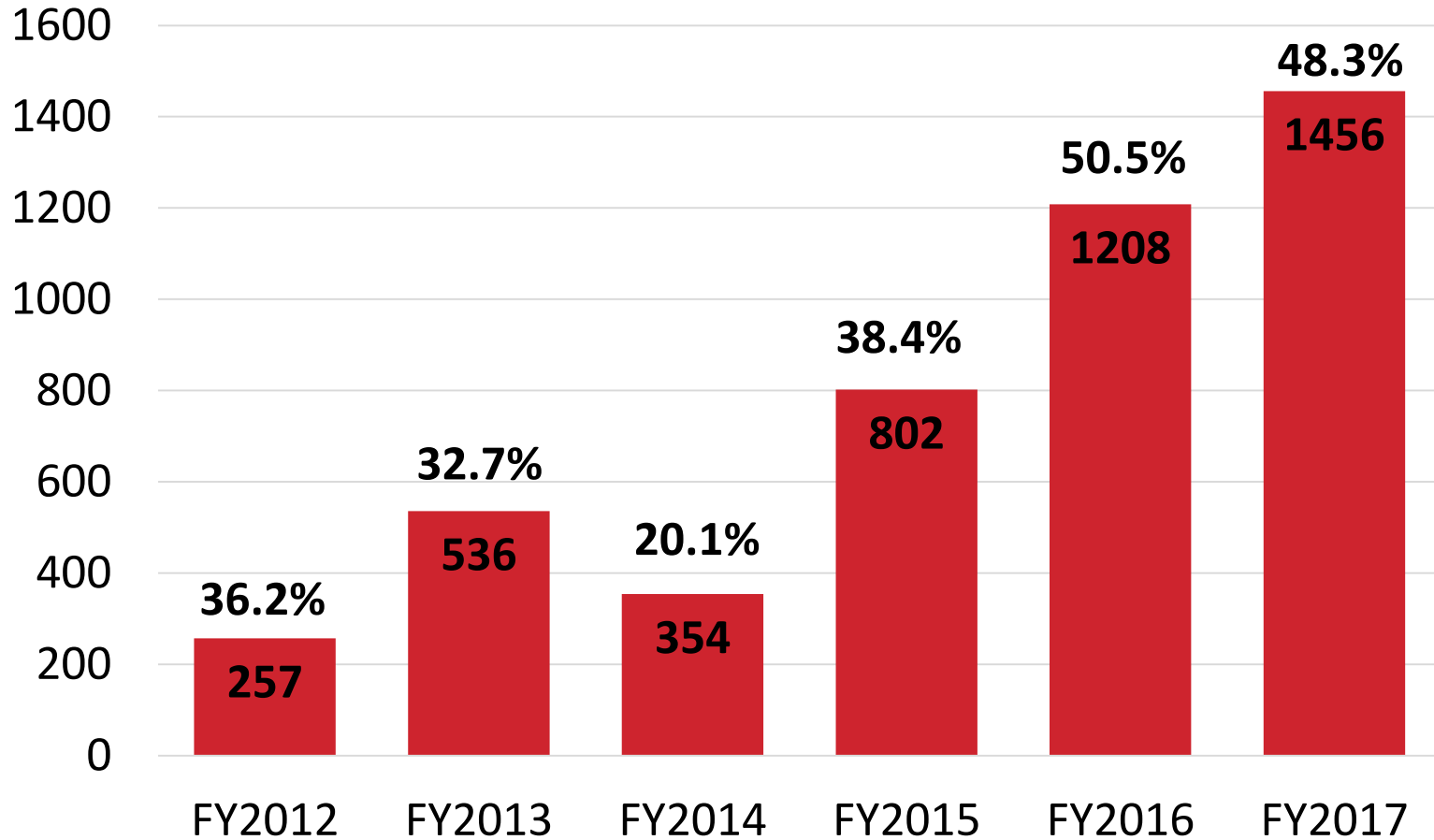
Total = No. of women who received education except for women who refused to disclose their race/ethnicity

Table 4. Client intake by race/ethnicity

Fiscal Year	African American		Caucasian		Hispanic/Latina		Asian		Other		Total
2013	802	49.0%	358	21.9%	436	26.7%	23	1.4%	17	1.0%	1636
2014	836	47.4%	319	18.1%	554	31.4%	37	2.1%	18	1.0%	1763
2015	872	42.1%	254	12.3%	912	44.0%	23	1.1%	10	0.5%	2071
2016	1031	43.6%	291	12.3%	1005	42.5%	24	1.0%	14	0.6%	2365
2017	900	30.0%	425	14.2%	1626	54.2%	31	1.0%	18	0.6%	3000

Data from fiscal year 2012 is not available; Total = No. of clients who were enrolled in the database except for clients who refused to disclose their race/ethnicity

Figure 4. Never or rarely screened clients served by navigators



FY = Fiscal Year

Table 5. Client reminders delivered

Fiscal Year	Phone Call	Letter or Postcard	In Office Visit	Home Visit	Total
2012	N/A	N/A	N/A	N/A	3500
2013 - 2017	12719	17194	918	61	30892

In fiscal year 2012, type of communication channel was not tracked.

Table 6. Reducing barriers to cancer care

Fiscal Year	Cost	Language	Information	Knowledge	Other
2013	1505	288	597	618	334
2014	1267	179	259	226	128
2015	2046	330	418	332	156
2016	1197	469	203	154	28
2017	2981	1436	125	99	109
2013 - 2017	8996	2702	1602	1429	755

Data from fiscal year 2012 is not available

Other = includes fear, transportation, special needs, embarrassment and childcare

Table 7. Reducing barriers to cancer care by race/ethnicity in 2017

Race/Ethnicity	Cost	Information/ Knowledge	Language	Other Barriers
African American	886	81	3	59
Asian	31	3	4	0
Caucasian	422	23	22	16
Hispanic/Latina	1613	111	1406	33
Other	17	4	1	1
Total	2969	222	1436	109

Other Barriers = include fear, transportation, special needs, embarrassment and childcare

Figure 5. Knowledge about cancer screening guidelines

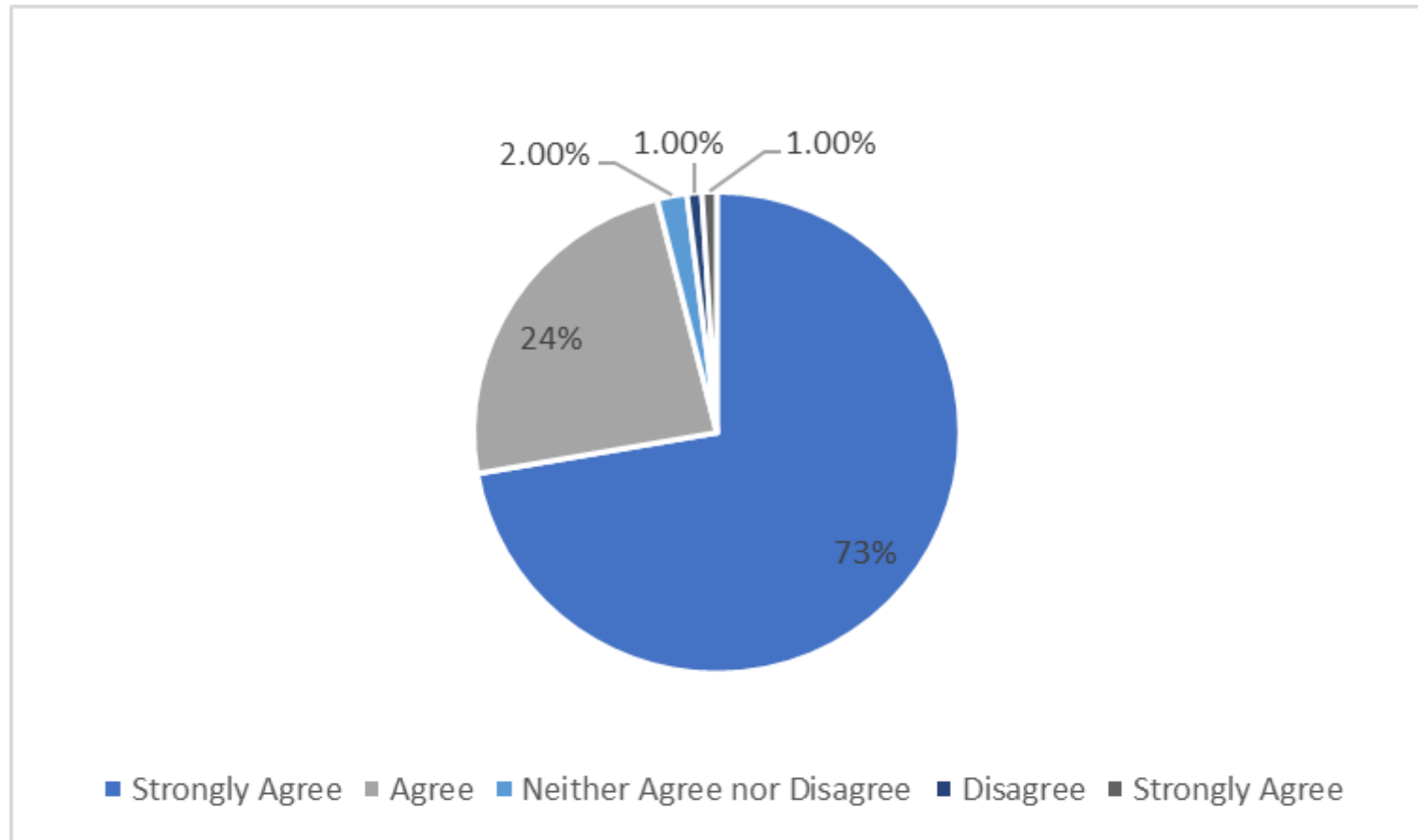


Figure 6. Willingness to receive cancer screening

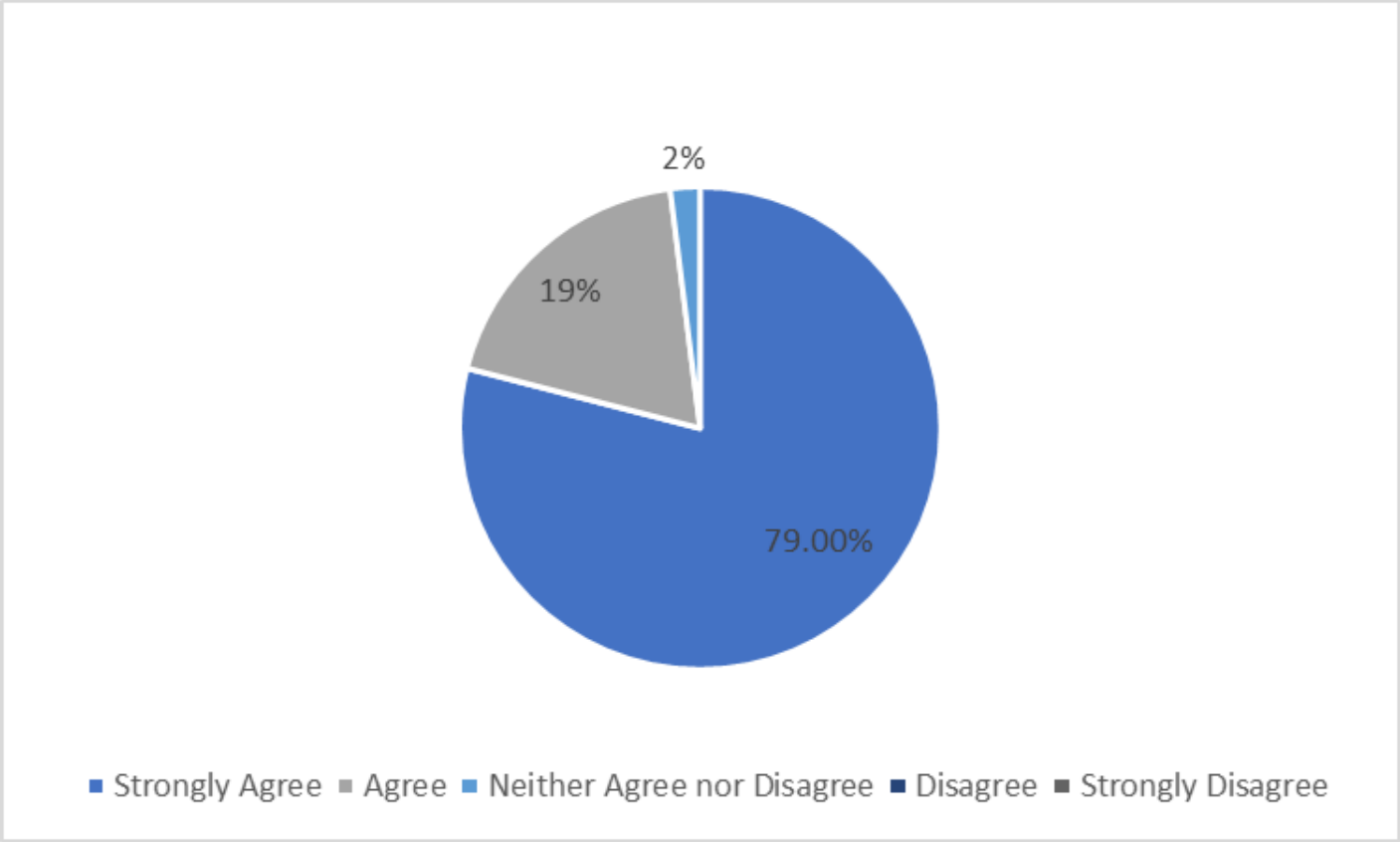


Figure 7. Confidence navigating the health care system

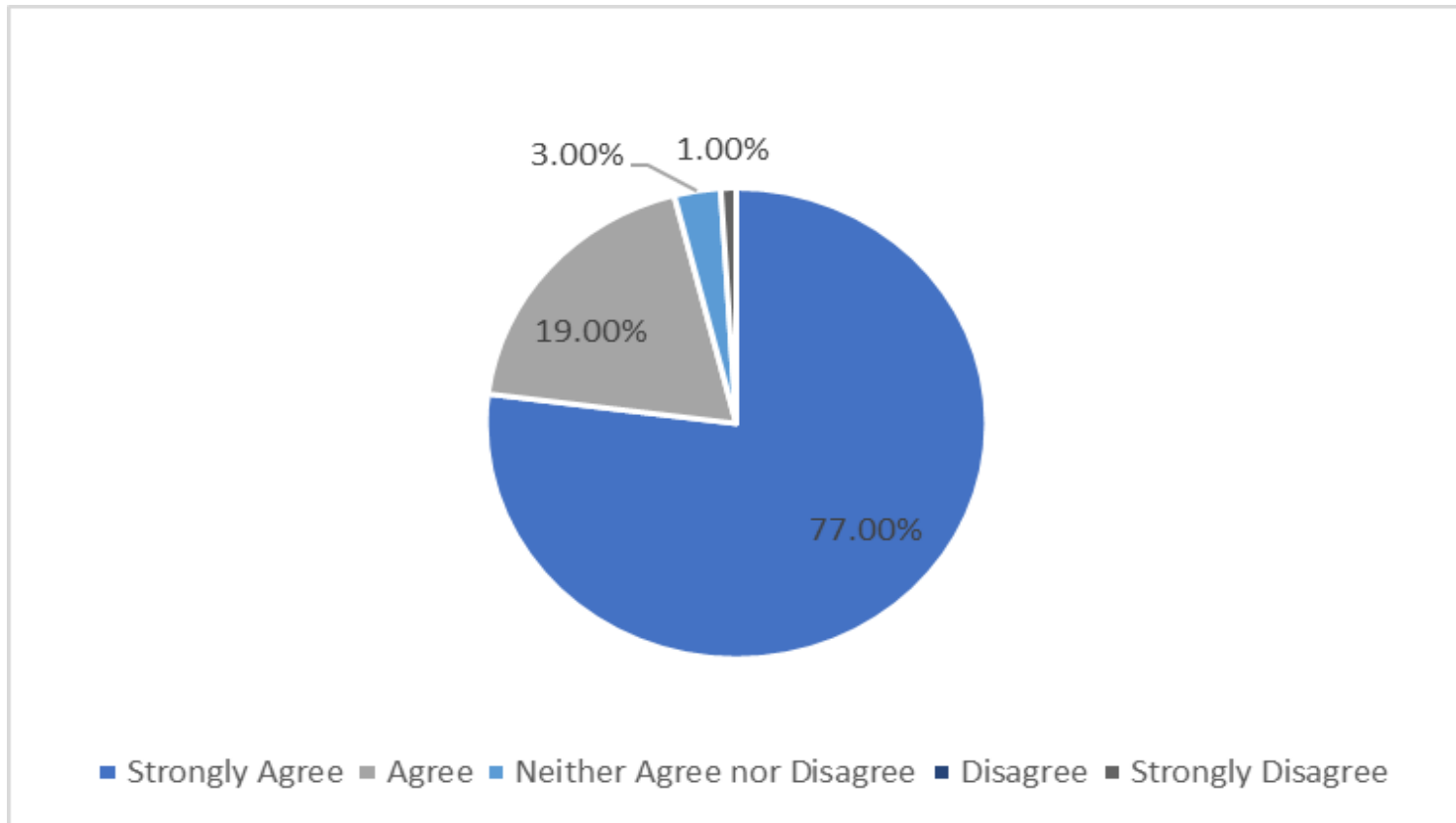
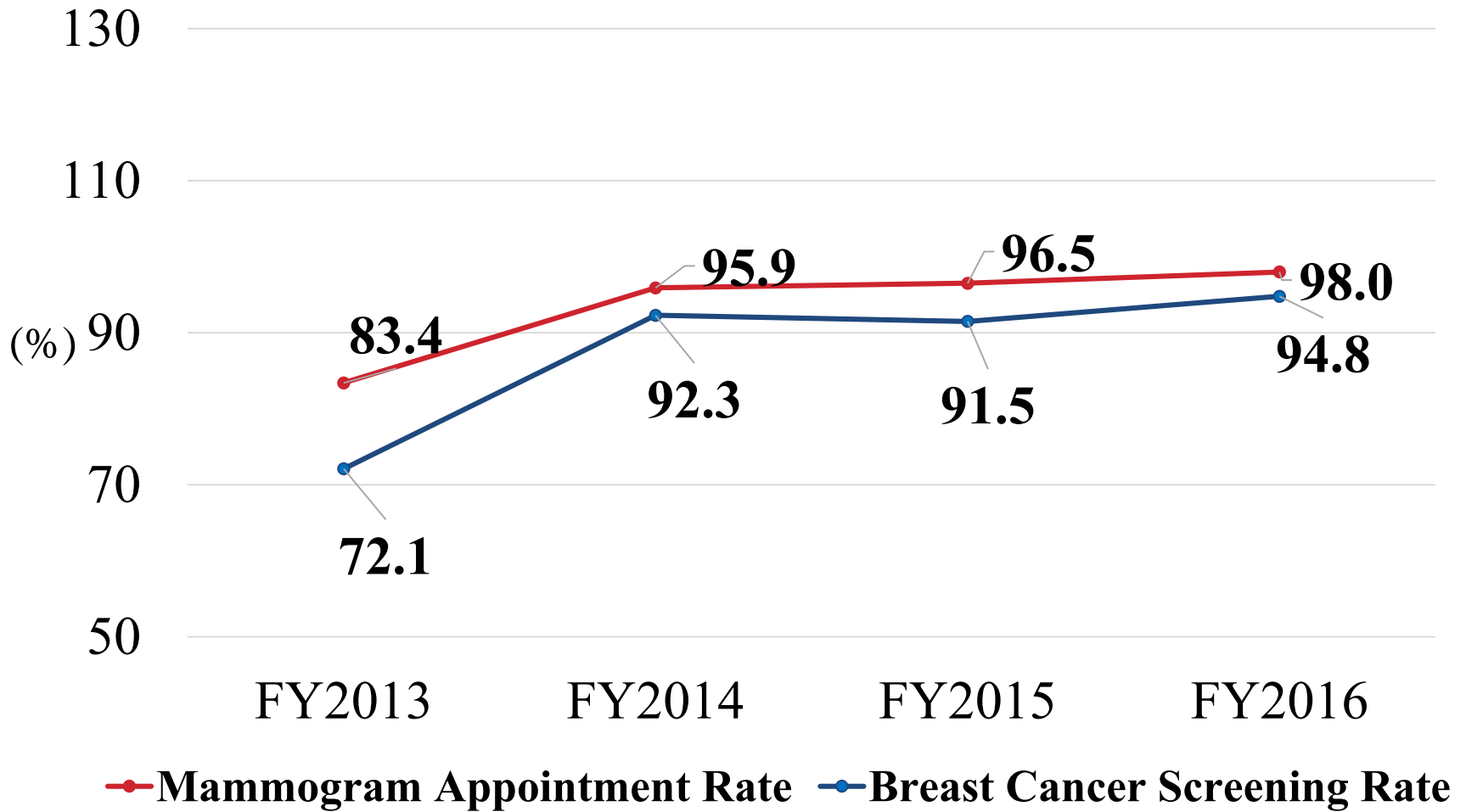
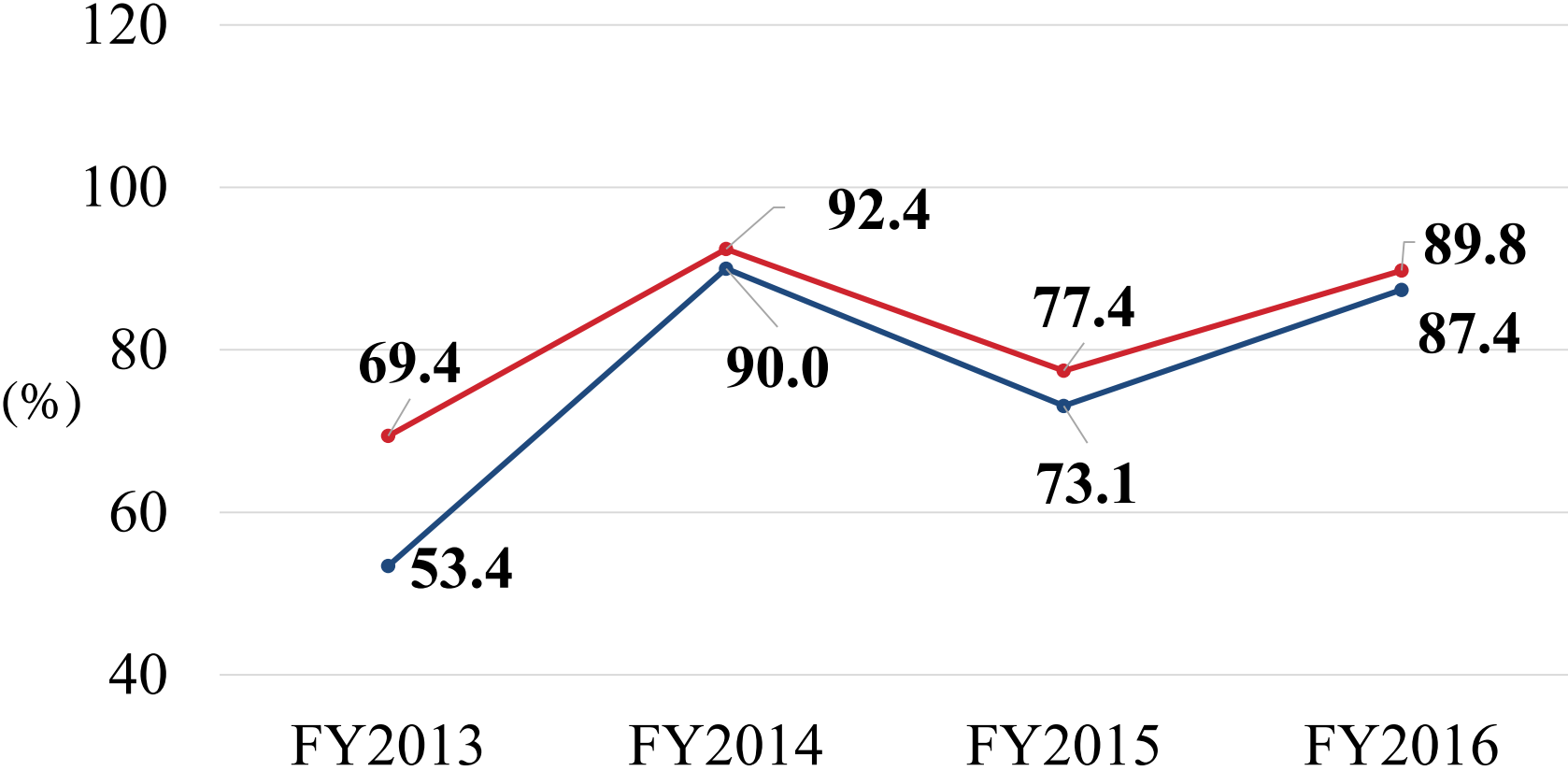


Figure 8. Breast cancer appointment and screening rates



FY = Fiscal Year

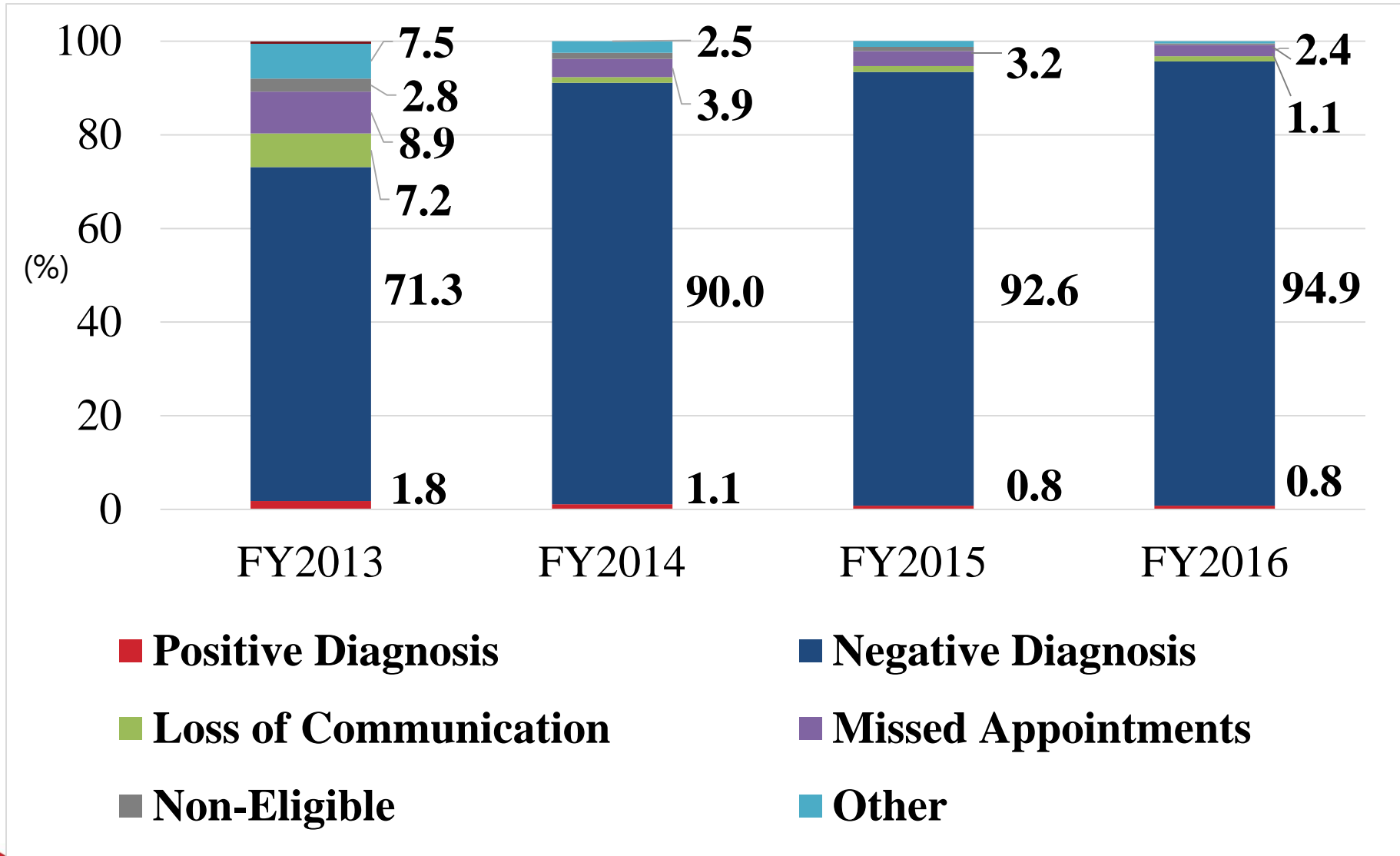
Figure 9. Cervical cancer appointment and screening rates



—●— Pap Test Appointment Rate —●— Cervical Cancer Screening Rate

FY = Fiscal Year

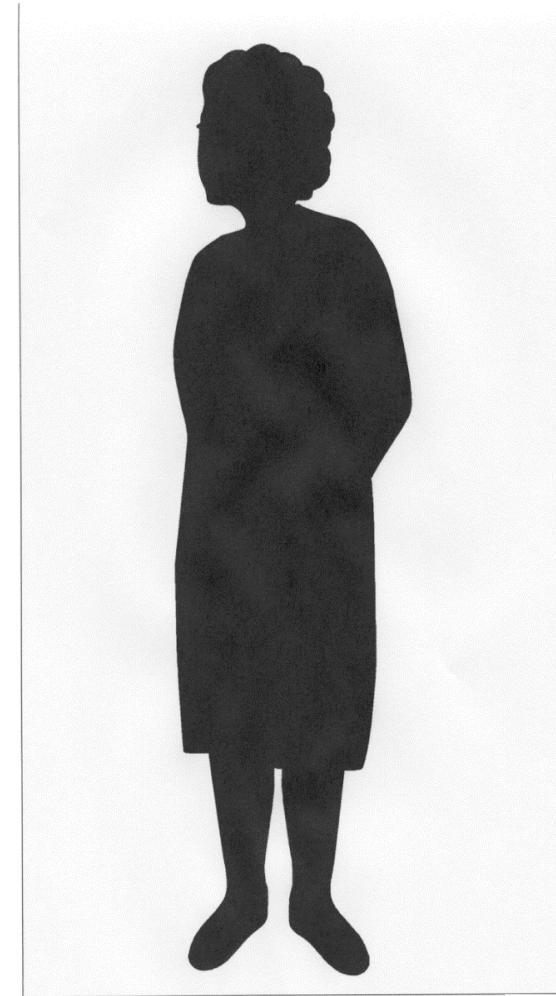
Figure 10. Completion of diagnostic services



FY = Fiscal Year

Success stories

Client is unemployed and has low income. She tries to be compliant with her screenings every year. Sometimes, it is difficult for her, because she does not speak English, and she does not drive. She depends on her family for transportation. Transportation is her greatest barrier to getting the care she needs. I explained to her that Mercy Care had MARTA cards available for clients who need help with transportation. I mailed her the MARTA card, and she was full of gratitude. She was happy to schedule an appointment and was very appreciative for the accommodations that were provided to her. She had her mammogram, and the results were normal.



Conclusions

- The program made measurable progress in educating and navigating higher number of minority women, including African Americans and Hispanics.
- Findings demonstrate the efficacy of the client navigation program in facilitating access to breast and cervical cancer screening and diagnostic services and reducing disparities among underserved women in GA.
- Results can be due to the concentrated efforts of the navigators targeting priority populations, providing community outreach and evidence-based interventions, including group education, one-on-one education, reduction of barriers, client reminders, and small media.



THANK YOU!

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