

## NCMHD Science Advances #6: Training of Navigators

**Title:** The Training of Native Patient Navigators

**Background:** “Native Navigators and the Cancer Continuum” (NNACC) is a community-based participatory research (CBPR) project among Native American Cancer Research Corporation (NACR, CO), Intertribal Council of Michigan, Incorporated (ITCMI, MI), Rapid City Regional Hospital (RCRH, SD), Great Plains Tribal Chairmen’s Health Board (GPTCHB, SD), Muscogee (Creek) Nation (MCN, OK), and Comanche Nation [PI: Eschiti, R15 NR 012195]. Twice each year, in partnership with 2 local Native organizations, trained Native Navigators implement one series of 24-hours of community education related to the full continuum of cancer care in CO, MI, SD and as of 2011, in OK. They implement a baseline and 3-month delayed follow-up “Family Fun Event” for data collection and dissemination of the findings. The rationale for the American Indian (AI) community workshops is to increase cancer knowledge and increase the visibility and accessibility of the local Navigator(s) who can help schedule screening appointments, carry out follow-up recommendations, and provide support and education for those diagnosed with cancer.

**Advance:** Native American Cancer Research Corporation (NACR) has been implementing Native Sister / Native Patient Navigator in-service training since 1996. NACR considers a session to be “training” when it includes collecting knowledge, attitudes and behaviors data before and following the education session and incorporates practical exercises for the participant to practice the new behavior or skill included in the education session. However, NNACC Navigation in-service training differs greatly from NACR’s previous navigation trainings, which lasted between 80 and 120 hours depending on the focus of the project within the cancer continuum (prevention through end-of-life; one cancer site versus multiple cancer sites).

NNACC is a comprehensive cancer intervention. Navigator education required changes in the format of the in-service training and significant expansion to meet the specific requirements for providing community education and patient navigation. Trainings vary by the needs, experiences and prior education of the Navigators themselves (both Navigators from Comanche Nation and 1 from ITCMI have a nursing background, 2 from NACR have masters’ degrees, while the others have an AA or high school education). Through collaboration with the NNACC partners, the Navigator in-service training evolved into 200 hours for the initial overall training with semi-annual updates. This latter is due to the Navigators having variable levels of readiness to learn and be able to apply new content and new skills, regardless of their academic training. For many complex topics, such as cancer treatments or clinical trials, in-service training modules need 3 repetitions before Navigators responded with comments such as “now I get it” or “oh, I thought I understood, but now I see it has more steps in the process for us to help the patients.” Additionally, we learned to videotape all trainings for refreshers and to help train new Navigators as they are hired and integrated into the program. While there is basic training for all sites, additional specific trainings vary for each site. For example, NNACC within Comanche Nation emphasizes pancreatic cancer because there are elevated numbers within the Nation in comparison to other areas. The pancreatic cancer education was tailored for Comanche Nation and then shared with the other Partners. Thus, all Navigators have access to any new or tailored educational workshop that they may or may not implement, based on local AI participants’ requests and needs. Training is reinforced through debriefings with the Navigators and their supervisors to discuss interactions with the patients with their local / regional supervisors. Working as a team, the partners agreed that in the future we would prepare a Survey Monkey (anonymous) to allow the Navigators to self-assess their level of comfort and confidence in the topics. This way we can document variability in readiness and training needs. Repetition each year will document status and progress.

**Public Impact Statement/Significance:** When applying for Navigation funding, sufficient time needs to be allocated for detailed, in-depth and in-breadth in-service training. At least 2 face-to-face in-service and semi-annual update 2.5 day meetings are also needed throughout the grant.

**Specific Area of Opportunity:** Health disparities

**Grant Support (solicited vs. investigator-initiated):**

"Native Navigators and the Cancer Continuum (NNACC) [PI: Burhansstipanov, R24MD002811]

**Publication Citation and Link to Publication:** The NNACC team will be submitting a Native Navigator Training manuscript for peer review during fall 2011.

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