Using Evidence-Based Interventions to Increase Cancer Screening Compliance among Underserved Populations through Client Navigation in Georgia

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BACKGROUND

The American Cancer Society (ACS) Client Navigation Program (CNP) provides population based community education on breast, cervical and colorectal cancer and assists eligible women to access screening and diagnostic services offered through the Georgia Breast and Cervical Cancer Program (BCCP).

The Georgia BCCP is part of the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Early Detection Program (NBCEDP), which serves low income, underserved women. ACS Client Navigators are based in health departments throughout 3 health districts in Georgia. Client Navigators serve counties based on population needs, Georgia cancer registry data, and screening capacity.

Program funding is provided by the Georgia Department of Public Health, the United Way of Greater Atlanta and the American Cancer Society.

CLIENT NAVIGATION PROCESS

Client Navigators focus on prevention, early detection, and diagnosis stages of the cancer care continuum. EBIs are used throughout the navigation process to increase cancer screening among eligible women.

RESULTS

Since 2012, the ACS CNP has provided community education to over 21,000 women and assisted 4,414 women to receive cancer screening services. The majority of women educated and screened were minorities, as over 75% identified as African-American or Hispanic. At least 20% of clients were classified as rarely or never screened. For both breast and cervical cancer screening, the percentage of clients who received and attended appointments increased from FY2013-FY2014. The percentage of clients who screened to completion also increased from FY2013-FY2014.

BARRIERS TO CARE

The top 5 barriers to care reported by clients in 2014 include: cost, lack of knowledge regarding screening guidelines, language, transportation and fear.

METHODS

Program data collected from Fiscal Year (FY) 2012-2014 was analyzed to evaluate implementation of evidence-based interventions (EBIs) and program impact.

GEORGIA COUNTIES SERVED

The ACS CNP uses evidence-based interventions (EBIs) identified in the Guide to Community Preventive Services for the Community Preventive Services Task Force, the American Cancer Society Client Navigation Program, and the Guide to Clinical Preventive Services with the assistance of the American Cancer Society Client Navigation Program.

CONCLUSIONS

• The American Cancer Society Client Navigation Program is effectively facilitating cancer screening using EBIs
• Client Navigators remove barriers to care to ensure screening compliance and complete diagnosis of BCCP participants

EDUCATION SPOTLIGHT

The American Cancer Society partners with the University of Georgia Cooperative Extension to deliver the Closing the Liberty Cancer Prevention Course (Liberty which offers information on proper nutrition, physical activity, and cancer screening guidelines to encourage early detection and cancer prevention. In 2012, this evidence based intervention was recognized by the CDC as a Promising Practice.

Evaluations from the 2014 course indicated that the majority of participants found the program to be informative (86.8%) and engaging (88.2%). Furthermore, 20 women who attended Closing the Liberty received required cancer screening from the Georgia BCCP with the assistance of the American Cancer Society Client Navigation Program.

SUCCESS STORY: FULTON COUNTY, GA

A woman arrived at the site in clinic with a rag in her right breast. During her CBC, the doctor felt a mass. The patient was referred for ultrasound (US) and the Client Navigator scheduled her appointment. During her appointment reminder call, the Hispanic client expressed concern with her language barrier. The Client Navigator accompanied her to the appointment and helped her obtain and understand clinical calculus.

The patient was only 24, a single mother, and an undocumented citizen. The Client Navigator has provided interpretation for the client on numerous occasions, assisted her in locating hospital to receive treatment, and kept her first child’s appointment at a state funded cancer care.

ACKNOWLEDGEMENTS

We would like to thank the Client Navigation Program team for their hard work and dedication, the American Cancer Society Corporate and South Atlantic Leadership for the Georgia Breast and Cervical Cancer Program team at the Georgia Department of Public Health and the ACS who work with to make a difference in the lives of the women we serve. A special thanks to Dr. Joseph Baisa, Director of Survey Research and Evaluation at the American Cancer Society for his patience and support.