



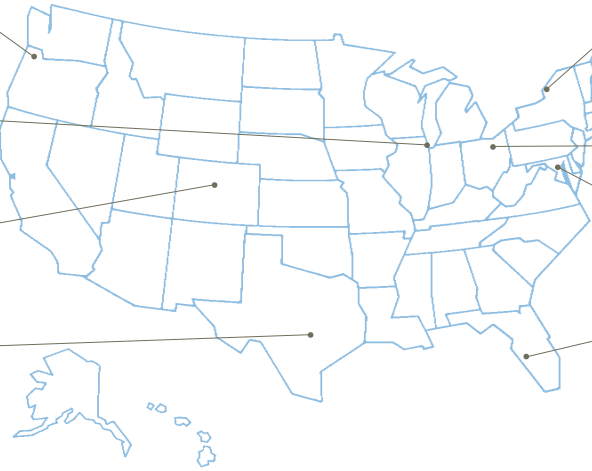
## Patient Navigator Research Program Projects

**Northwest Portland Area Indian Health Board**  
Joshua D. Jones

**Northwestern University**  
Charles L. Bennett

**Denver Health and Hospital Authority**  
Peter C. Raich

**University of Texas**  
Donald J. Dudley



**University of Rochester**  
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**Boston Medical Center**  
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**Ohio State University\***  
Electra D. Paskett

**George Washington University**  
Steven R. Patierno

**H. Lee Moffitt Cancer Center & Research Institute**  
Richard G. Roetzheim

\* Funded by the American Cancer Society

### The nine major institutions funded through the PNRP

#### **Boston Medical Center, Boston, MA**

PI: Karen M. Freund, M.D., M.P.H.

Focus: Testing breast or cervical cancer navigation services to women in socially and economically challenged urban neighborhoods, in partnership with community health centers.

#### **Denver Health and Hospital Authority, Denver, CO**

PI: Peter C. Raich, M.D., F.A.C.P.

Focus: Providing breast, colorectal and prostate cancer navigation services for minority and underserved patients, many of whom are uninsured, in partnership with community organizations and cancer centers.

#### **George Washington University, Washington, DC**

PI: Steven R. Patierno, Ph.D.

Focus: Developing city-wide consortium to test and evaluate breast cancer navigation services among African American and Hispanic/Latina women.

#### **H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL**

PI: Richard G. Roetzheim, M.D., M.S.P.H.

Focus: Conducting culturally appropriate patient navigation focused on breast and colorectal cancers in culturally diverse populations, in partnership with the Health Choice Network and ACS.

#### **Northwest Portland Area Indian Health Board, Portland, OR**

PI: Joshua D. Jones, M.D.

Focus: Expanding an existing navigation project into five diverse tribal communities and provide breast, cervical, prostate and colorectal cancer navigation services, in partnership with tribal health centers.

#### **Northwestern University, Chicago, IL**

PI: Charles L. Bennett, M.D., Ph.D., M.P.P.

Focus: Providing patient navigation follow-up to low-income patients with prostate, colorectal, breast or cervical cancer, in partnership with Veterans Affairs and federal health center clinics.

#### **Ohio State University Research Foundation, Columbus, OH**

PI: Electra D. Paskett, Ph.D., M.P.H.

Focus: Implementing and evaluating a patient navigation program for breast, cervical and colorectal cancers in an underserved urban population, through a consortium of institutions and community partners.

#### **University of Rochester School of Medicine & Dentistry, Rochester, NY**

PI: Kevin Fiscella, M.D., M.P.H.

Focus: Randomized controlled trial to assess whether underserved minority and low-income urban populations with breast and colorectal cancers benefit from navigation services.

#### **University of Texas Health Sciences Center, San Antonio, TX**

PI: Donald J. Dudley, M.D.

Focus: Examining a navigation program for Hispanic/Latina and African American women with breast and cervical cancers, in partnership with university and health clinics and University Hospital.

### For More Information

For more information about patient navigation or the Patient Navigator Research Program, visit our Web site at <http://crchd.nci.nih.gov/initiatives/pnp>.

If you have additional questions about PNRP, contact:

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**NATIONAL  
CANCER  
INSTITUTE**

NIH Publication No. 06-6016  
Printed March 2006



National Cancer Institute

The Patient  
Navigator  
Research  
Program (PNRP)

U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
National Institutes of Health

## The Patient Navigator Research Program (PNRP)



Unequal access to standard cancer care is one of the causes of health disparities. The National Cancer

Institute (NCI) is taking the lead in tackling this problem through a multi-site Patient Navigator Research Program directed by the Center to Reduce Cancer Health Disparities (CRCHD).

In October 2005, the NCI with support from the American Cancer Society awarded grants to nine academic research institutions to establish the Patient Navigator Research Program (PNRP). These institutions are charged with developing innovative patient navigator interventions to reduce or eliminate cancer health disparities and test their efficacy and cost-effectiveness.

PNRP's overall aim is to decrease the time between a cancer-related abnormal finding, definitive diagnosis, and delivery of quality standard cancer care.

### Who Are Patient Navigators?

Patient Navigators are trained, culturally competent health care workers who work with patients, families, physicians and the health care system to ensure cancer patients' needs are appropriately and effectively addressed.

### What Do Patient Navigators Do?

The most important role of patient navigators is to ensure that individuals with suspicious cancer findings receive timely diagnosis and treatment. Patient navigators work with cancer patients to “navigate” the health care system and access appropriate social and financial services. A primary function of the navigator is to establish and help maintain communication between patients, their families, physicians and the health care system.

Navigators assist patients in a variety of ways:

- providing emotional support and information on what to expect to cancer patients;
- helping patients understand their diagnoses;
- coordinating appointments with providers to ensure that patients with suspicious findings receive timely diagnosis and treatment;
- helping arrange transportation and/or child/elder care for visits to cancer treatments;
- helping arrange language translation or interpretation services;
- helping patients and their families access support systems;

- facilitating access to available financial support and assisting with related paperwork; and
- helping coordinate follow-up to community outreach support services.

### Who will PNRP reach?

PNRP is reaching patients from communities and populations experiencing a disproportionate share of the cancer burden. These include African Americans, American Indians, Asians, Hispanics/Latinos, and rural underserved populations.

### What Cancers Will PNRP Address?

PNRP focuses on four cancers for which screening tests are available:

- breast,
- cervical,
- prostate, and
- colorectal.

### Partnering to Enhance Access to Cancer Care

PNRP grantees are establishing formal partnerships with community out-patient settings and hospitals offering quality cancer diagnosis and treatment services. These collaborations assist navigators in helping patients overcome access barriers. Given the many professionals and services in the cancer care system, these partnerships are essential to ensuring timely diagnosis and delivery of cancer care.

### What are PNRP's Goals?

The nine PNRP projects are charged with achieving the following common study goals:

- timely, definitive diagnosis following an abnormal test result;
- timely treatment following positive diagnosis;
- cost-effectiveness; and
- patient satisfaction with the diagnostic and cancer care experience.

Together, PNRP grantees and NCI are training navigators, testing and identifying promising navigation approaches, and working to ensure that best practice navigation models will be widely disseminated to communities who can most benefit.

### Evidence To Date

Training people within communities to guide and support patients who need assistance obtaining timely, quality standard cancer care has already demonstrated potential. This concept is known as patient navigation, and the NCI's PNRP will be testing this approach to increase patient access to health care.

Patient navigation has increased survival rates among African American breast cancer patients in Harlem, and educated the larger community about cancer prevention and treatment. In addition, CRCHD is conducting a pilot program in Portland, OR to evaluate the effectiveness of using patient navigators to help American Indians overcome the unique barriers to cancer care that they experience. CRCHD in collaboration with the NCI Radiation Research Program is also using navigators to promote recruitment for clinical trials among medically underserved, low income, and minority communities.