cancer plan minnesota

Workgroup: Detection **Date: 6-30-2016**

Issue Statement:

Trust, cost, awareness, transportation, education, are all components driving cancer inequities.

Describe the issue using public health data, peer reviewed research, or other evidence:

"The role of a Community Health Worker has been shown to increase colorectal [4,12], cervical [13], pap smears [13,14], and mammography [15-18] screenings and clinical breast examinations [18,19]." - *Community Health Workers a Cross Cutting Issue*

Interventions incorporating CHWs have been found to be effective for improving knowledge about cancer screening, as well as screening outcomes for both cervical and breast cancer (Viswanathan et al, 2009).

The three-year Patient Navigation Research Program demonstrated a moderate benefit in improving timely cancer care for diagnosis and treatment of breast, cervical, colorectal, and prostate cancer (Freund et al, 2014).

A Colorectal Cancer Male Navigation Program designed for Hispanic men showed an increase in life expectancy by six months for participants as compared to non-participants with a health care savings of $1,148 per program participant (Wilson et al, 2014).

Freund KM, Battaglia TA, Calhoun E, Darnell JS, Dudley DJ, Fiscella K. Impact of patient navigation on timely cancer care: the PatientNavigation Research Program. *J Nat Cancer Inst*. 2014;106(6).

Smedley B, Smith A, Nebon A. *Unequal treatment: confronting racial and ethnic disparities in health care*. Washington, DC: Instituteof Medicine; 2002.

Viswanathan M, Kraschnewski J, Nishikawa B, et al. Outcomesof Community Health Worker Interventions. Evidence Report/Technology Assessment No. 181 (Prepared by the RTI International—University of North Carolina Evidence-based Practice Center under Contract No. 290 2007 10056 I) AHRQ Publication No. 09-E014. Rockville, MD; 2009.

Wilson FA, Villarreal R, Stimpson JP, Pagan JA. Cost-effectiveness analysis of a colonoscopy screening navigator program designed for Hispanic men. *J Cancer Educ*. 2014. Epub 2014 Aug 30. doi: 10.1007/s13187-014-0718-7

What factors contribute to this issue? What racial, economic, geographic and other barriers contribute to this issue?

Barriers: lack of family/social support, lack of access to care, differences in perceptions of health (culturally based), and cost of/access to transportation.

Example of lack of family support barrier with colon cancer is; patients are concerned about care needed after a colonoscopy.

What are the gaps in policy, systems and/or environmental services that give rise to this issue?

Access. There is a gap between screening and access to diagnostic procedures.

CHW programs are also often underfunded, causing high overturn of staff. The Division of Cancer Prevention and Control's National Comprehensive Cancer Control Program reports that 61 of the 65 CCC plans it funds include references to CHWs, PNs (patient navigators), outreach workers, community health representatives, promoters, community health advisors, lay health educators, lay health advisors, or peer educators.

POLICY, SYSTEMS, and/or ENVIRONMENTAL (PSE) CHANGE: What are the policy, systems and/or environmental change opportunities to address this issue? What strategies would you recommend to achieve PSE change?

In April of 2015, the Centers for Disease Control and Prevention issued a policy brief on Community Health Workers, "Addressing Chronic Disease through Community Health Workers: A Policy and Systems- Level Approach." The document gives evidence that supports the effectiveness of CHWs in preventing and managing cancer.

HEALTH EQUITY: Which strategies promote health equity? Describe how they promote health equity.

As trusted members of the community served, CHWs have the capacity to link to communities to and navigate health services. CHWs also strengthen community capacity to create their own health future, a goal of the Triple Aim of Health Equity. They not only strengthen the community's capacity but they also educate providers and administers on the community's health needs, and help identify effective strategies to address those needs.

Not only does cancer disproportionately affect some communities more than others, the stage at which cancer is detected is also a health inequity. CHWs have a key role in helping communities overcome their unique barriers.

Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies

Workgroup: **Detection** **Date: 6/30/2016**

1. **Objective:** Increase/strengthen partnerships to effectively utilize community health workers (CHW) and partner with community-based organizations to educate and engage individuals who are less likely to be screened.

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like? In five years we hope to establish a system which provides consistent high quality cancer training for community health workers and other community allies, ensures that professional CHWs are reasonably compensated and that health care systems have the resources they need to provide adequate support services for these staff.

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
MN Community Health Worker Alliance	Has developed a statewide standardized curriculum for CHWs that is based in core competencies, professional standards, and proficiencies for reimbursing providers.
MN Sage Program	Sage Program staff organize and offer the Cancer in Your Community Curriculum to enhance cancer specific knowledge of community health workers.

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)

Strategies

Strategy #1: Increase accessibility, affordability and availability for community members to receive CHW certification by strengthening partnerships (i.e. MN Community Health Worker Alliance; MCTC; tribal colleges; MNSCU?).

Rationale: The Minnesota Community Health Worker Alliance and other stakeholders worked hard to pass state legislation in 2008 (State Statue 256B.0625.Subd 49 and 256D.03SubD4) that authorizes hourly reimbursement for CHWs. Under the 2008 law, CHWs who have graduate from the standardized curriculum and received a certificate are eligible to enroll under the Minnesota Health Care Plans and can provide services supervised by providers that are billable to Medicaid.

Unfortunately, FQHCs are specifically exempted from this statute because they could potentially tap into existing revenue to fund these activities. However, most FQHCs have limited budgets and likely need additional categorical funding to build stronger CHW programs.

Evidence:

Diaz J. Social return on investment: Community health workers in cancer outreach. . 2012.

Feltner FJ, Ely GE, Whitler ET, Gross D, Dignan M. Effectiveness of community health workers in providing outreach and education for colorectal cancer screening in Appalachian Kentucky. *Soc Work Health Care*. 2012;51(5):430-440.

Gaziano T, Abrahams-Gessel S, Surka S, et al. Cardiovascular disease screening by community health workers can be cost-effective in low-resource countries. *Health Aff*. 2015;34(9):1538-1545.

Harris MI. Racial and ethnic differences in health care access and health outcomes for adults with type 2 diabetes. *Diabetes Care*. 2001;24(3):454-459.

Mock J, McPhee SJ, Nguyen T, et al. Effective lay health worker outreach and media-based education for promoting cervical cancer screening among Vietnamese American women. *Am J Public Health*. 2007;97(9):1693-1700.

Palmas W, Teresi JA, Findley S, et al. Protocol for the northern Manhattan diabetes community outreach project. A randomised trial of a community health worker intervention to improve diabetes care in hispanic adults. *BMJ Open*. 2012;2(2):e001051-2012-001051. Print 2012. doi: 10.1136/bmjopen-2012-001051 [doi].

Percac-Lima S, Grant RW, Green AR, et al. A culturally tailored navigator program for colorectal cancer screening in a community health center: A randomized, controlled trial. *Journal of general internal medicine*. 2009;24(2):211-217.

Rothschild SK, Martin MA, Swider SM, et al. Mexican American trial of community health workers: A randomized controlled trial of a community health worker intervention for Mexican Americans with type 2 diabetes mellitus. *Am J Public Health*. 2014;104(8):1540-1548.

Strategy #2: Increase the consistency and quality of cancer-specific knowledge of CHW and other allied community leaders through the delivery of the Cancer In Your Community curriculum.

Rationale:
The Minnesota Cancer Alliance has developed a curriculum that has been delivered by MDH Sage Program to a great number of Community health Workers to supplement both credit and non-credit based general training. Identifying additional CHWs that have not received this training and working with partnering organizations to recruit them could improve the quality and consistency of the cancer-specific education delivered throughout Minnesota.

Evidence:

Diaz J. Social return on investment: Community health workers in cancer outreach. . 2012.

Feltner FJ, Ely GE, Whitler ET, Gross D, Dignan M. Effectiveness of community health workers in providing outreach and education for colorectal cancer screening in Appalachian Kentucky. *Soc Work Health Care*. 2012;51(5):430-440.

Gaziano T, Abrahams-Gessel S, Surka S, et al. Cardiovascular disease screening by community health workers can be cost-effective in low-resource countries. *Health Aff*. 2015;34(9):1538-1545.

Ghebre, R.G., Sewali, B, Osman, S., Adawe, A., Nguyen, H.T., Okuyemi, K.S., Joseph, A. (2014). Cervical Cancer: Barriers to Screening in the Somali Community in Minnesota. *Journal of Immigrant and Minority Health*, 17, 3; 722-728.

Harris MI. Racial and ethnic differences in health care access and health outcomes for adults with type 2 diabetes. *Diabetes Care*. 2001;24(3):454-459.

Mock J, McPhee SJ, Nguyen T, et al. Effective lay health worker outreach and media-based education for promoting cervical cancer screening among Vietnamese American women. *Am J Public Health*. 2007;97(9):1693-1700.

Palmas W, Teresi JA, Findley S, et al. Protocol for the northern Manhattan diabetes community outreach project. A randomised trial of a community health worker intervention to improve diabetes care in hispanic adults. *BMJ Open*. 2012;2(2):e001051-2012-001051. Print 2012. doi: 10.1136/bmjopen-2012-001051 [doi].

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Strategy #3: Support payment reform (i.e. third party billing) and reinforce public policies to increase training opportunities, compensation and effective deployment of community health workers.

Rationale: Training and sustainable funding will aid in the development of a reliable workforce.

Evidence:

Diaz J. Social return on investment: Community health workers in cancer outreach. . 2012.

Feltner FJ, Ely GE, Whitler ET, Gross D, Dignan M. Effectiveness of community health workers in providing outreach and education for colorectal cancer screening in Appalachian Kentucky. *Soc Work Health Care*. 2012;51(5):430-440.

Gaziano T, Abrahams-Gessel S, Surka S, et al. Cardiovascular disease screening by community health workers can be cost-effective in low-resource countries. *Health Aff*. 2015;34(9):1538-1545.

Harris MI. Racial and ethnic differences in health care access and health outcomes for adults with type 2 diabetes. *Diabetes Care*. 2001;24(3):454-459.

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Palmas W, Teresi JA, Findley S, et al. Protocol for the northern Manhattan diabetes community outreach project. A randomized trial of a community health worker intervention to improve diabetes care in Hispanic adults. *BMJ Open*. 2012;2(2):e001051-2012-001051. Print 2012. doi: 10.1136/bmjopen-2012-001051 [doi].

Percac-Lima S, Grant RW, Green AR, et al. A culturally tailored navigator program for colorectal cancer screening in a community health center: A randomized, controlled trial. *Journal of general internal medicine*. 2009;24(2):211-217.

Rosenthal EL, Brownstein JN, Rush CH, et al. Community health workers: part of the solution. *Health Aff*. 2010;29(7):1338–1342.

Rothschild SK, Martin MA, Swider SM, et al. Mexican American trial of community health workers: A randomized controlled trial of a community health worker intervention for Mexican Americans with type 2 diabetes mellitus. *Am J Public Health*. 2014;104(8):1540-1548.

Wiggins N, Borbon A. Core roles and competencies of community health advisors in the final full report of the National Community Health Advisor Study: Weaving the future. University of Arizona. Available at: www.chw-nec.org/pdf/CAHsummaryALL.pdf.

Strategy #4: Develop strategies to build community partnerships to reduce structural barriers to cancer screening (i.e. mobile mammography; evidence-based stool test distribution programs).

Rationale:
Move towards patient focused care, capture patients while they are already in the clinic.

Alignment**:** - Park Nicollet is currently offering a mobile mammography unit to limited communities in the state.

- Flu shots are done on an annual basis. Flu shots reach a greater proportion of high risk populations. There is an evidence-based model called Flu-FIT based on the work of Michael Potter with the Kaiser Health System in California. It has been replicated in other states including Iowa and South Dakota.
- The Shakopee Mdewakanton Sioux Community- Mobile mammography unit works with tribal clinics to schedule appointments and follow-up appointments, as well as annual mammographys.

Evidence:

Palmas W, Teresi JA, Findley S, et al. Protocol for the northern Manhattan diabetes community outreach project. A randomized trial of a community health worker intervention to improve diabetes care in Hispanic adults. *BMJ Open*. 2012;2(2):e001051-2012-001051. Print 2012. doi: 10.1136/bmjopen-2012-001051 [doi].

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Gaziano T, Abrahams-Gessel S, Surka S, et al. Cardiovascular disease screening by community health workers can be cost-effective in low-resource countries. *Health Aff*. 2015;34(9):1538-1545.

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Mock J, McPhee SJ, Nguyen T, et al. Effective lay health worker outreach and media-based education for promoting cervical cancer screening among Vietnamese American women. *Am J Public Health*. 2007;97(9):1693-1700.