

■ CNE Article

Native Cancer Navigation: The State of the Science

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The purpose of this literature review is to determine the current state of the science for the effectiveness of patient navigation on improving outcomes of cancer care across the continuum among Native Americans. The research will help healthcare professionals ascertain potential evidence-based practice guidelines and gaps in knowledge, which may provide direction for future research. Data synthesis included the use of Native navigation for cancer care, which has been demonstrated in limited, nonrandomized studies to improve cancer knowledge, access to care, and quality of life for Native Americans. Those studies had limitations, including small sample size, self-report of outcome measures, and lack of randomization. Evidence is insufficient to conclude that the use of Native navigation is superior to usual cancer care for Native American patients. Oncology nurses have a role in training personnel to serve as cancer navigators. Nurses need to be supportive of culturally appropriate navigation programs and know about services provided by navigators. In addition, nurse educators need to encourage Native Americans in their communities to consider choosing nursing as a profession. If an oncology nurse has an interest in research, opportunities exist to assist with or conduct research projects regarding Native cancer navigation. A particular need exists for addressing the gaps in research identified in this article.

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Cancer burden continues to escalate among Native Americans (NAs) (Cobb, Wingo, & Edwards, 2008). Burden includes multiple ways cancer affects the family, such as loss of income from the patient, when family members move home to serve as caregivers, and increased time and money needed for transportation to and from healthcare facilities that provide cancer care. Disparities in cancer incidence and mortality, as well as increasing cancer burden, necessitate interventions to improve access of American Indian/Alaska Native (AIAN) patients to prevention and treatment services to decrease cancer burden.

Patient navigation programs offer one avenue for delivery of cancer screening and other services, but their success among specific cultural groups often hinges on innovative and culturally appropriate approaches (Edwards et al., 2010). Examining the literature about patient navigation programs successfully implemented within AIAN communities may provide the basis for future culturally relevant evidence-based models. Therefore,

the purpose of this review is to determine the current state of the science for the effectiveness of patient navigation on improving outcomes of cancer care across the continuum among NAs. The search strategy included a review of cancer-related patient navigation programs published in peer-reviewed journals or online to ascertain potential evidence-based practice guidelines and gaps in knowledge that may provide direction for future research.

Background and Significance

NA refers to both American Indians and Alaska Natives (see Figure 1). Disparities in health care began when NAs relinquished their lands to the federal government in the past for the promise of health care (Dixon & Roubideaux, 2001). Health care for NAs has never been funded at a level comparable to that of other Americans (Dixon & Roubideaux, 2001). Limited access to health care has had serious consequences in the health status of NAs, including the high cancer incidence and mortality rates.