

# Prevention Navigation

Krista MacArthur, RN, BSN, MBA-HCM  
Norton Prevention & Wellness



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# Objectives

- Define difference between public health and population health
- Understand the role of navigation in disease screening, prevention interventions and abnormal results
- Identify potential barriers to care
- Recognize cultural, societal, language and health literacy impact on overall health





# Questions, questions, questions....

- o How do you know where to go?
- o How do you know what you need to do?
- o How do you know something is wrong?
- o Who can you ask for answers?
- o Who do you trust to do the right thing?
- o What is health literacy and why is that important?
- o What if you don't speak the language?
- o What exactly is culture, and how does it matter?



# Population Health vs Public Health

- o What exactly is population health?
  - o Health outcomes of a group of individuals, including the distribution of such outcomes within the group
  - o Improving the health of entire human population
- o What is public health?
  - o Science based – focuses on protecting/promoting population health, preventing illness and injury, eliminating health inequities and working to improve the health of vulnerable communities and populations





# Social Determinants of Health

“conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”

- o Includes Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- o Access to educational, economic, and job opportunities
- o Access to health care services
- o Quality of education and job training
- o Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- o Transportation options
- o Public safety
- o Language/Literacy

- o Social support
- o Social norms/ attitudes (e.g., discrimination, racism, and distrust of government)
- o Exposure to crime, violence, and social disorder (Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it))
- o Residential segregation
- o Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- o Culture



# Health Literacy

“degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”

- o Those with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease.
- o Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes





# Health Literacy

- o Affects the ability to:
  - o navigate the healthcare system, including filling out complex forms and locating providers and services
  - o Share personal information, such as health history, with providers
  - o Engage in self-care and chronic-disease management
  - o Understand mathematical concepts such as probability and risk
- o Often, those who are in the medical field speak in words that people don't understand
- o Or, an influx of information cannot be retained
- o Add a language barrier to that and double the problem!



# Barriers

- o Anything that limits or prevents people from receiving adequate health care
  - o High cost of care
  - o Inadequate or no insurance (underinsured/uninsured)
  - o Lack of availability of services
  - o Lack of culturally competent care
  - o Transportation





# A little bit about Norton Prevention & Wellness

- o Community outreach – social determinants
- o Reverse the access issue
- o Meeting people where they are
- o Minimize health literacy issues
- o Remove language barrier
- o Data collection
- o Navigation post screening





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# What do we look for...

- o Our goal is to serve at least half of our patients in underserved areas
- o Use data from census bureau and other sources to determine high risk areas:
  - o uninsured
  - o Limited access to care
  - o Higher cancer rates
  - o Populations traditionally reluctant to screening



# Services

- o Mobile screening mammography
- o Mobile wellness exams for women (pap/HPV)
- o Colon cancer screening
- o Tobacco cessation
- o BP, BMI, glucose standard for cardiovascular screenings
- o Cholesterol screening
- o Sun damage screening
- o Bone density ultrasound (not dexa!)
- o Ask a Nurse Practitioner/Nurse







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# Why do we offer these services at screenings?

- o Obviously, cancer screening and early detection is important
- o Quitting tobacco is difficult
- o Undiagnosed hypertension or diabetes
- o “Gadgets”
- o Educate, educate, educate!

These are strategies to encourage people to get screened, get help, and get connected to care.





# Outreach and Navigation

- o Occurs in 3 stages for any screening type:
  - o Getting people to come to the screenings
  - o The screening itself
  - o Post screening contact



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# If you build it, they will come....

- o Not so much!
- o Staff and promotoras work within the community
- o Development and cultivation of partnerships with community groups, agencies, employer groups to be host for screenings
- o The team works with the organizer to attract attendees.





# At the Screening

- o One to one discussions, education, information
- o Maximize face to face time - cardio -> cancer prevention
- o Meet people where they are
- o Simple language, short and targeted
- o Recommend healthy interventions, actions and advise possible additional contact



# Uh oh – it's abnormal. Now what?

- o Patients are encouraged to see their doctor or go to ICC/ED from screening depending on results
- o Cancer screening results take longer, and are followed by nurses who are responsible for different navigation
- o Cardiovascular navigation for those with high blood pressure or blood glucose also happens post screening





# Cancer Screening Navigation

- o Abnormal results reviewed by APRNs and/or nurse
- o Patients are notified via telephone same day as results are received
- o Results are explained to the patient in lay terms, and discussion of next steps
- o Work with pt to fit testing in their schedule
- o Follow patient to diagnosis (negative or cancer)
- o If short term follow up (6months-2 years) will follow and navigate those patients



# And everyone shows for their appointment....

- o Calls – wrong numbers, no answer, won't return calls, etc.
- o Letters, lots of letters! Result letters, call us letters, please call us letters, certified letters
- o No shows – competing priorities for people, don't think they need it because their screenings have been “fine” before
- o Reappear months later
- o Nurses are diligent in contact attempts





# The “C” Word

- o So if we target the high risk areas, we find cancer
- o Costs! It is expensive to treat cancer
  - o Connections to CDC funding administered via the local health departments (eligibility requirements)
  - o Work with patient and NHC Financial Assistance program
- o Transition care to the appropriate cancer navigator



# Other Navigation

- o Elevated BP, Glucose –
  - o All information gathered into a database, and report generated biweekly
  - o Nurse will send information or call the patient to follow up based on severity of abnormality
  - o All materials have our contact number should patients want more information
  - o Each patient is given a copy of results and educational materials if indicated or wanted





# But, everything has a cost

- Who pays for this?
- If insured, we bill insurance for mammograms and wellness exams (include pap and HPV testing)
- Grants
- NHC absorbs operational costs as well as the cost for care for many – some out of PW budget, and some via financial assistance



# Data Collection

- Why? How do you determine the effectiveness of your interventions/navigation?
  - Reporting
  - Obtain funding
- Documentation – how do you determine what to document and where does it go?





# Navigation Role

- o Disease prevention and health promotion can be done by ANYONE
- o Relationships are key – honest, open, trust
- o All you need is a passion to want to help
- o Compassion and empathy
- o Willing to learn and talk about it!
- o Cancer prevention vs cancer screening
- o Don't take rejection personally – some aren't ready



# Contact Information

Norton Prevention & Wellness

502-899-6842



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