Exploring the Role of Community Health Workers in Providing Cancer Navigation: Perceptions of African American Older Adults

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Previous studies have shown that African Americans may experience more barriers to quality cancer care than Caucasian Americans (Gornick, 2000). Those barriers include issues related to the high cost burden of cancer treatment and lack of support resources for patients, families, and caregivers (Chang et al., 2004; Halbert et al., 2002). The risk for poor outcomes is additive in the presence of comorbidities and decreased economic, psychological, and social resources (Aday, Begley, Lairson, & Slater, 1998), in addition to aging (Schneider, Zaslavsky, & Epstein, 2002). In fact, cancer-related disparities are projected to notably worsen among ethnic minorities and older adults (Smith, Smith, Hurria, Hortobagyi, & Buchholz, 2009).

Cancer outcomes are unequally distributed across racial and ethnic groups, with minorities experiencing worse outcomes, particularly in overall survival (American Cancer Society, 2010; Hayes & Smedley, 2004; Ries et al., 2005). Cancer generally occurs later in life, with more than half of cancer diagnoses occurring among individuals aged 55 years or older (American Cancer Society, 2010), thus increasing the vulnerability of older African Americans. African American older adults enrolled in Medicare are more likely to report poor health than their Caucasian counterparts (42% versus 25%) and are much less likely to have supplemental insurance (Chang et al., 2004).

Several groups (Brandeis University, 2003; Institute of Medicine, 2002) have recommended employing community health workers (CHWs) to help eliminate disparities. CHWs have been described as serving in areas of community outreach and follow-up by helping patients to access health-related services. They also have

Purpose/Objectives: To obtain experiential data regarding African American older adult survivors' perceptions of and recommendations on the role of community health workers (CHWs) in providing a cancer navigation intervention.

Research Approach: Focus groups.

Setting: Rural Virginia and urban Maryland.

Participants: 48 African American solid-tumor cancer survivors, aged 65 years or older, with Medicare insurance.

Methodologic Approach: Analysis was accomplished through a reflexive process of transcript review, categorization, and interpretation.

Findings: Themes and accompanying categories identified were uneasiness surrounding the CHW role (disconnect between identified support needs and CHW role, essential CHW characteristics, and potential application of CHWs), recommendations to adequately address cancer needs (coordinating cancer treatment and unmet needs during cancer), and the importance of individualized interventions. Participants provided specific recommendations regarding the role of the CHW and how to develop supportive interventions.

Conclusions: Study participants had surprisingly limited prior exposure to the CHW role. However, they stated that, in certain circumstances, CHWs could effectively assist older adult African Americans undergoing cancer diagnosis or treatment.

Interpretation: Study findings can be helpful to researchers and to healthcare providers engaged in assisting older African Americans during cancer diagnosis and treatment. The results lay a foundation for developing culturally appropriate interventions to assist this at-risk population.

provided informal counseling, social support, health education, screening, detection, and basic emergency care (Rosenthal et al., 1998; Witmer, Seifer, Finocchio, Leslie, &

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