Patient navigation helps Latinos overcome barriers to health

Manual authored by health disparities researchers shows clinics and other providers how to add patient navigators, or “promotoras”

SAN ANTONIO (May 24, 2011) — Researchers at The University of Texas Health Science Center at San Antonio have created a manual to motivate and guide health care providers across the nation to implement “patient navigation” services that can help Latino patients overcome barriers to timely health care.

The manual, developed by Redes En Acción: The National Latino Cancer Research Network, a National Cancer Institute program at the UT Health Science Center, touts the benefits of adding bilingual, bicultural patient navigators to clinics and health settings.

Patient navigators, often known as community health workers or promotoras, typically work in their own communities and clinics to convey information to neighbors and patients on health, wellness and access to support services.

The new manual outlines a step-by-step approach to help providers and groups learn about and consider adding navigators.

It also features tools, customizable templates and resources for starting navigation services.

“We are excited to offer, for free, this guide to help health care providers and groups integrate patient navigation into their scope of services,” said Amelie G. Ramirez, Dr.P.H., director of Redes En Acción and the Institute for Health Promotion Research in the School of Medicine at UTSA.
UT Health Science Center. “We have found that patient navigation is a valuable strategy to help reduce the many barriers to care faced by the Latino population, and in turn increase timely delivery of health care services.”

Latinos tend to face myriad barriers to care—socioeconomic disadvantages, lack of insurance, and cultural, language and discrimination issues—and are thus more likely than whites to forgo or delay timely health care services for illnesses and injuries.

This often leads to inadequate screening and preventive care, delayed diagnosis of cancer, late or inadequate treatment and worse outcomes.

Navigators have potential to reverse this situation.

Sandra Veronica Covarrubias, a patient navigator at the IHPR at The UT Health Science Center, says her patients appreciate the help of a navigator.

“One lady who needed cancer care services felt alone and confused with scheduling her appointments. She was very grateful because I provided her with transportation, help with appointment scheduling, and interpretation when she didn't understand,” Covarrubias said. “She also felt grateful for my help and knew that, whether her results were good or bad, I would be there for her. Her experience with me has motivated her to educate her daughter about the importance to get her annual exams.”

To help health organizations across the nation meet the needs of underserved Latino patients, Redes developed the 39-page manual, formally called “A Patient Navigation Manual for Latino Audiences: The Redes En Acción Experience.”

The manual first defines patient navigation and its roots in Harlem, N.Y.

It then offers a six-step guide to determine whether navigation is right for a health organization, and goes on to highlight important considerations for implementing a successful patient navigation program.

Much of the manual’s tips, templates and examples stem from the Redes En Acción National Patient Navigator Intervention Study, which tested patient navigation’s ability to decrease Latinas’ lag times from abnormal screening results to confirmatory diagnosis and treatment initiation in San Antonio. The San Antonio site of the Patient Navigator Research Program, a national program funded by the National Cancer institute that is similarly testing patient navigation, also contributed templates.
“Patient navigation has proven beneficial for underserved populations,” Dr. Ramirez said. “Now we want to make it as easy as possible for providers to add navigators.”

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The University of Texas Health Science Center at San Antonio, one of the country’s leading health sciences universities, ranks in the top 3 percent of all institutions worldwide receiving federal funding. Research and other sponsored program activity totaled $228 million in fiscal year 2010. The university’s schools of medicine, nursing, dentistry, health professions and graduate biomedical sciences have produced approximately 26,000 graduates. The $744 million operating budget supports eight campuses in San Antonio, Laredo, Harlingen and Edinburg. For more information on the many ways “We make lives better®,” visit www.uthscsa.edu.

The Institute for Health Promotion Research (IHPR) at The University of Texas Health Science Center at San Antonio investigates the causes and solutions to the unequal impact of cancer and chronic disease among certain populations, including Latinos, in San Antonio, South Texas and the nation. The IHPR, founded in 2006, uses evidence-guided research, training and community outreach to improve the health of those at a disadvantage due to race/ethnicity or social determinants, such as education or income. Visit the IHPR online at http://ihpr.uthscsa.edu. One of the IHPR’s many research projects is Redes En Acción: The National Latino Cancer Research Network (NCI Grant Nos. U01 CA114657 and U54 CA153511). Redes is a network of advocates dedicated to engaging in cancer research, training and awareness activities to reduce Latino cancer health disparities. Find out more at www.redesenaccion.org.