

Patient Navigation (PN) / Community Health Workers (CHW) / Promotores de Salud (PdS)

Excerpt for Patient Navigation Competencies only

March 2, 2015 Semi-final Competencies for PN/CHW/PdS

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Purpose of the Working Group: To identify and define competencies in order to increase the opportunities for PN services to be eligible for reimbursement within the Affordable Care Act.

NOTE¹: These are not "navigators" who enroll people into insurance programs.

NOTE²: Sections on CHWs and Promotores de Salud will be posted on the websites for comments to clarify issues raised on February 25, 2015. Everyone is welcome to take part in these discussions.

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Executive Summary

This document is designed for employers, funders, policy makers and politicians. The purpose of the Patient Navigators, Community Health Workers, and Promotores de Salud (PdS) Working Group is to identify and define competencies in order to increase the opportunities for PN / CHW / PdS services to be eligible for reimbursement within the Affordable Care Act and other sources. This document is a “living document,” meaning that the Working Group will continue to improve and refine the draft quarterly and post those updates online. This document is focused on Patient Navigation only. The full version of all 3 roles will be on the website and CHW / PdS Subcommittee members will be refining their sections of the document.

This document summarizes 11 Patient Navigation competencies. Within each competency are the rationale for the competencies, followed by examples of behaviors. The performance behaviors are ranked as “Beginning / Entry Level,” “Intermediate” and “Advanced.”

The history, definitions and competencies as used by this working group follow this Executive Summary. The table of contents may be of assistance for navigating this document.

The Patient Navigation (PN)/ Community Health Worker (CHW) / Promotores de Salud (PdS) Competency Working Group is a voluntary group that was created in 2011. The Working Group has included participation from community-based organizations (i.e., Native American Cancer Research Corporation, Sisters of Color, Community Research Education and Awareness (CREA Results, and Clinica Tepeyac), the Colorado Department of Public Health and Environment, the University of Colorado, Colorado School of Public Health, and members of health care facilities, research institutions, service programs, medically under-served programs, as well as regional care collaborative organizations. Since its inception, the Working Group has reviewed PN/CHW/PdS competencies from national programs and from states, as well as from peer-reviewed publications. Several generations of potential competencies and behavioral skills have been drafted (up to 300 skills in 2012) and formatted into different models throughout the last four years. In August 2014, the document was gradually honed down to the 11 performance-based competencies summarized herein.

Given the concerns raised at the American Public Health Association (fall 2014) about Community Health Worker scope of work, the Working Group members will address issues and controversies via the on-line forum and in-person meetings. Everyone is welcome to take part.

Introduction

Definitions:

Patient Navigators. Dr. Harold Freeman initiated the concept of patient navigation and described navigators as those who work directly with individuals to facilitate timely access to healthcare by eliminating or navigating barriers that may impede care¹. They inform about and provide timely access to recommended examinations. In cancer care, a critical function of their role is to eliminate barriers to timely diagnosis and treatment in those who have abnormal or suspicious findings. Navigators may be lay persons (from the community) or clinical (healthcare) professionals. NPNs cross the threshold of the clinic and continue providing cultural support within clinical departments (i.e., they cross boundaries).²

However, the term “navigator” has varied meanings within healthcare systems, resulting in some confusion about what the title signifies and the myriad duties that may be associated with it. As an example, the federal Affordable Care Act (H.R. 3590)³ refers to navigators as trained individuals who “establish relationships with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be qualified to enroll in a qualified health plan”⁴. Thus, under the Act, a navigator functions mainly as an insurance broker rather than one who helps patients overcome barriers to accessing and using a specific healthcare system or treatment plan/program.

Historical and Political Perspective of Patient Navigation.

The Patient Navigation movement began with Harold Freeman in the late 1980s and was initiated at Harlem Hospital in oncology. The PN movement expanded the idea that lay, non-clinical staff members were needed to reduce health disparities. PNs work both within the community (i.e., lay PN) and within clinical settings (clinical PN).

Next Steps

As the Working Group moves forward in clarifying the roles and refining the competencies, the Group is exploring synergistic collaboration with other fields. Among the first is the peer specialists. A **peer specialist** is a person with a behavioral health condition and/or co-occurring condition who is trained to use his/her recovery experiences to support their peers along their recovery journey. The peer support model is grounded in the belief that “significant interpersonal relationships and a shared sense of community lay the foundation for the process of healing.” Peer specialists freely identify as being in recovery, actively working to reduce stigma and inspire others through appropriately sharing various aspects (e.g., emotional, logistical, mental) of their personal experiences. They strongly uphold the values of recovery and resiliency, serving as role models for wellness, responsibility, and empowerment. In their interactions, peer specialists communicate warmth, empathy, and a non-judgmental stance while honoring the unique needs of their peers. Descriptions generally refer to individuals who have committed to and maintained recovery from their condition(s) for a period of time, often more than one year. This does not necessarily mean that the peer specialist is completely free from afflictive symptoms, but rather that the symptoms do not significantly impact daily functioning. Other markers of recovery that may suggest an individual is appropriate for a peer specialist position include living independently, engaging in meaningful relationships, effectively managing health conditions, maintaining sobriety, and/or avoiding mental health related hospitalizations. While precise job descriptions vary widely across agencies, peer specialists focus heavily on the

identification of strengths, skill building, effective symptom management, and goal setting. They can also provide outreach, advocacy, social and logistical support, and education.

At this time, peer specialists do not have a national credentialing organization or a singular definition for their role in organizations. However, peer support services have been deemed “evidenced-based” by the Centers for Medicare and Medicaid Services and a “critical pathway” to increase consumer involvement in behavioral healthcare by the New Freedom Commission on Mental Health. As of May 2014, there are 34 states, including the District of Columbia, with federal approval to reimburse for peer services and the Affordable Care Act (ACA) included several provisions to enhance and expand the role for peer specialists. They may be found in settings such as community mental health centers, homeless shelters, VAs, social service organizations, jails/prisons, addiction treatment centers, hospitals, healthcare clinics, and drop-in/community centers.

There are several other related fields within public health that have relevance to PN. For example, HIV/AIDS case workers are currently having their roles shifting according to the Centers for Disease Control and Prevention and they too are evolving into Patient Navigators.

On-going Evaluation Projects

Of high priority to the Working Group is the use of evidence-based PN programs for efficiency as well as cost effectiveness. Both Denver Health and Centura Health are actively conducting preliminary evaluation work. The Working Group is interested in two types of evidence. The first is the business model that encourages business groups to talk about internal cost savings. These require the use of strong data collection and strategy techniques and greatly assist in creating clinical policies. The second type of evidence requires service and research models (randomization, control groups) with results presented in peer-reviewed publications. The evaluation of these programs is expanding and providing greater strength of evidence for success. These evaluation efforts also will document how patients directly benefit from each of these programs (PN). These findings will be added to the quarterly updates within the web-based “living document” when published.

Future Efforts

As noted previously, further exploration with Peer Specialists and other related public health para-professionals will take place. New, integrative training efforts will continue to evolve. Certification options based on attainment of the competencies also will be explored.

The Working Group will integrate innovative evidence-based methods for PNs working in rural and under-served communities. Such methods will be shared within the web-based “living document.”

Such efforts may build upon the foundation of the University of New Mexico’s Project ECHO. This program was initiated in 2003 to support and expand access to clinical care in rural, underserved communities. It uses multipoint videoconferencing, best practice protocols, and co-management of patients with case-based learning (also the ECHO model).

Overview of the Patient Navigation Domains, Competencies and Rationale for each Competency

The competency working group identified 11 competencies. Each is described below:

A. Domain: Health Education and Coaching

A1. Competency: Provide health education and coaching that enable patients to self-manage their health condition(s) using culturally-tailored public health theory and strategies.

Rationale: Competency A1 consists of helping patients learn skills to improve their self-care. PNs may use strategies to coach patients in demonstrating to PNs their acquisition of new skills (e.g., teaching patients how to perform insulin injections on themselves and encouraging patients to demonstrate having learned to do it on their own). Other methods may include role-playing or having the patient respond to situations or paraphrase information in easy-to-understand language about what the PN has instructed the patient to do.

B. Domain: Advocacy and Community Capacity Building

B1. Competency: Communicate barriers and human rights violations that patients experience in the health care system to providers and staff in order to assure that these setbacks or discriminatory events are addressed and optimally resolved.

B2. Competency: Seek and facilitate opportunities for community capacity building to address health inequities among populations.

Rationale for B1 and B2 is the need for the PN to help protect the patient from discrimination, racism and other inequities. When such situations occur, the PN needs to have the skills to talk with healthcare providers, community leaders, and administrators about ways to reduce and eliminate such inappropriate behaviors, situations or events. For example, a healthcare provider may not want to explain a local clinical trial relevant to the patient because the patient is poor and from a minority group, but the PN advocates for the patient to encourage the provider to do so. Examples of addressing health inequities in community situations may include identifying unsafe parks or walking areas, or a lack of fresh vegetables in local markets.

C. Domain: Assessment and Referral

C1. Competency: Assist patients to access additional services and programs as needed to self-manage their health condition(s).

Rationale for C1 is that many under-served patients are unaware or are unable to access the services they need. These services may include transportation to and from healthcare clinics for appointments or dismissing the requirement of co-pays for appointments or medications. The PN needs to assess the appropriateness of the resource and the needs of the patient at hand, and then connect the two together to overcome the patient's particular barrier.

D. Domain: Communication

D1. Competency: Demonstrate the ability to effectively communicate with patients, families and members of the health care team.

Rationale for D1 is the need for PNs to use easy-to-understand language when talking with patients for whom English may be a second or third language, but then to also be able to use medical phrases appropriately when talking with healthcare staff. The PN/CHW/PdS needs to be able to assess in real-time what the language and literacy needs for a given patient and family members are, as well as be able to translate terms from the patient into medical jargon that the provider can understand. PNs, then, must be able to communicate effectively between patients and providers on behalf of both parties.

E. Domain: Care Coordination and Case Management

E1. Competency: Facilitate the appropriate and efficient delivery of services to bridge gaps, both within and across systems, to promote person-centered, optimal outcomes.

Rationale for E1 evolves from the necessity for the PN to facilitate access across care systems to ensure the continuity of care. For example, if the patient has diabetes and is diagnosed with cancer, the PN/CHW/PdS needs to be able to talk with the relevant providers (e.g., endocrinologist, oncologist, pharmacist, primary care provider) to assure highest quality of care.

F. Domain: Reporting, Evaluation and Tracking

F1. Competency: Demonstrate effective “documentation” techniques including reporting, evaluating, monitoring, revising and tracking data related to patient care.

Rationale for F1 is that PNs need to keep track of everything they do to help the administrators, funders, etc. understand what truly happens in the work place. This may include strategies for PNs to load and track their activities and they understand the importance of such diligent documentation. Such documentation, for example, can lead to new funding opportunities. This competency, however, does not suggest the PN is responsible for analyzing or generating summary reports of all PN activities or tasks.

G. Domain: Cultural Responsiveness

G1. Competency: Demonstrate skills, establish and follow protocols, and exemplify behaviors that exhibit the value of diversity and intentionally promote effective and productive exchanges among clients and all employees or contractors of myriad cultural backgrounds within the healthcare system and its various settings.

Rationale for G1 stems from the notion that PNs need to be able to work with different cultural groups in respectful manners. PNs must be able to assess in real-time if or when a cultural issue or behavior may be negatively impacting the well-being of the patient or healthcare providers. As such, a PN needs to be able to integrate a patient's cultural beliefs into all interactions with that patient and throughout the continuum of their care. If the PN notices, for example, that the patient appears uncomfortable with others touching him/her, s/he would intervene to reduce such contact or to explain when it is necessary for the patient to be touched. In addition, PNs need to be aware of their innate biases and prejudices that may impact effective communication and provision of care or services.

H. Domain: Outreach Methods and Strategies

H1. Competency: Comprehend and demonstrate the ability to implement multi-prong approaches to engage un- and under-served communities through a variety of innovative strategies, as well as using established best practices (i.e., effective health promotion / behavior practices).

Rationale for H1 consists of the necessity for PNs to have the ability to recognize when strategies are having insufficient impact or relevance to the community and then to be able to shift to implementing alternative strategies for working with community members. For example, a health message of “have a mammogram to be a well woman” may have minimal impact for Native Americans and Latinos, but in such situations, the PN is able to alter the message to include family or inter-generational concepts, resulting in a higher probability of message resonance, and consequently, healthier behaviors by community members.

I. Domain: Use of Public Health Concepts and Approaches

11. Competency: Demonstrate an understanding of the larger, more complex issues of public health and their relation to the health care system in order to promote prevention, problem-solving, and policy change to achieve better health outcomes.
12. Competency: Support positive behavior change through culturally-tailored, promising and best-practices guided by public health theory and strategies.

Rationale for 11 and 12 is that PNs should be using evidence-based strategies or promising practices and not re-inventing the wheel or deviating from established guidelines. PNs need a basic understanding of frequently used and effective strategies for the community with whom they work. However, the PN must frequently also possess the skills to modify such strategies and practices to be culturally or geographically relevant to their local community. For example, lay PNs working in rural regions may need to modify guidelines established for urban areas to be both culturally and geographically relevant to their particular setting.

Explanation of the three levels as used in this document

“Basic” refers to entry level PNs. These individuals would still require additional training for specialized programs, such as for cancer support (i.e., most PNs who work within cancer support are at least at the “intermediate” level). Training programs, however, need to address basic level skills in their curriculum (i.e., how to communicate effectively with patients, family and community members). The basic level has a far more narrow scope than the intermediate level, involving, as an example, simply matching resources to the needs of the patient rather than eliciting from the patient resources lacking in the community needed to diminish social inequity, assessing the appropriateness of the resources and then advocating for change. Conversely, in addressing the intermediate competencies and relevant behaviors, the scope begins to expand with the evolution of rudimentary skills and knowledge.

The reader needs to determine the level of PN they need for their local programs. Noteworthy, however, is that the levels as they are identified herein are not “set in stone” but rather have some flexibility based on the employer’s or funder’s needs.

Patient Navigation Performance Behaviors

Patient Navigation Performance Behaviors Ranked

- NOTE³: Lay PN do not have to be based within a clinical setting, but several behaviors below require HIPPA certification
- NOTE⁴: The “Examples of Behaviors” listed below are numbered to match a master document and are not numbered sequentially within each “level” (Basic, Intermediate, Advanced)

A. Domain: Health Education and Coaching

A1. Competency: Provide health education and coaching that enable patients to self-manage their health condition(s) using culturally-tailored public health theory and strategies.

Examples of Patient Navigator Basic / Entry Level Behaviors:

A.1 Gather data to assess patients’ current management of their health conditions.

Examples of Patient Navigator Intermediate Level Behaviors:

- A.2 Identify gaps in patients’ knowledge regarding how to self-manage their health conditions.
- A.3 Help clients to identify their goals, barriers to change, and supports for change, including eliciting personal strengths and problem-solving abilities.
- A.4 Present pertinent information in a manner that is perceived as culturally and linguistically relevant to patients and their families.
- A.6 Provide and explain credible online and print materials that are culturally-appropriate and at the patients’ health literacy levels to facilitate learning.
- A.7 Refer patients back to providers when clinical expertise is needed.
- A.8 Establish accountability and negotiate responsibilities with the patient and or healthcare team/family to complete plans of actions and fulfill healthcare needs (e.g., wellness care plans).

Examples of Patient Navigator Advanced Level Behaviors:

- A1.5 Effectively use coaching techniques (e.g., teach-back, demonstration, motivational interviewing, strength-based statements, role playing, discussing healthcare language) to maximize the patient’s learning and skill transfer.
- A1.9 Document health education activities with patients appropriately and in a HIPAA compliant manner.

B. Domain: Advocacy and Community Capacity Building

B1. Competency: Communicate barriers and human rights violations that clients experience in the health care system to providers and staff in order to assure that these setbacks or discriminatory events are addressed and optimally resolved.

Examples of Patient Navigator Basic / Entry Level Behaviors:

- B1.1 Elicit disclosure and feedback from patients regarding perceived barriers or human rights violations that impair or prevent using the health care system.

- B1.2 Assist patients in identifying what changes in services they believe are needed to diminish said barriers.
- B1.3 Present information and issues gathered from patients to members of the health care team, and advocate on the patients’ behalf.

B2. Competency: Seek and facilitate opportunities for community capacity building to address health inequities among populations.

Examples of Patient Navigator Intermediate Level Behaviors:

- B2.1 Implement strategies that assist patients in identifying and prioritizing their personal, family, and community needs for new resources.
- B2.2 Develop relationships with relevant agencies and professionals in patients’ communities to secure needed care and relevant resources to address health inequities.
- B2.4 Lead and/or undertake an active role in community and agency planning to bring needed resources into the community.
- B2.6 Provide information and support for patients to advocate for themselves over time and to participate in the provision of improved services.
- B2.7 Advocate on behalf of patients and communities, as appropriate, to assist them and relevant others to attain needed care or resources in a reasonable and timely fashion.

Examples of Patient Navigator Advanced Level Behaviors:

- B.1.4 Participate in health care team discussions about ways to proactively address patient barriers and improve overall patient care.
- B.1.5 Document changes in patient-service provisions in a HIPAA compliant manner.
- B2.3 Apply principles and skills needed for identifying and developing community leadership.
- B2.5 Share community assessment results with colleagues and community partners to inform planning and health improvement efforts for disadvantaged patients.

C. Domain: Assessment and Referral

C1. Competency: Assist clients in accessing additional services and programs as needed to self-manage their health condition(s).

Examples of Patient Navigator Basic / Entry Level Behaviors:

- C1 Identify patient needs for additional services and programs to self-manage their health condition(s).
- C2 Assess quality and appropriateness of resources for patients (e.g., cultural appropriateness of staff behaviors, products, and services) and advocate for changes when needed.
- C3 Apply eligibility criteria in matching patients to available resources.
- C4 Determine patients’ comprehension of needed and available resources and programs.
- C5 Ensure patients are enrolled in helpful or needed services for which they are eligible.
- C6 Identify patients’ language needs and effectively use referral resources (Interpreters, English as second or third language).

Examples of Patient Navigator Intermediate Level Behaviors:

- C7 Periodically reassess patient strengths and needs for referrals, taking into account changes in their personal or family circumstances.

D. Domain: Communication

- D1. Competency: Demonstrate the ability to effectively communicate with clients, families and members of the health care team.

Examples of Patient Navigator Basic / Entry Level Behaviors:

- D1 Explain role and function of PN to clinical / research staff, patients, and families.
- D3 Explain to the healthcare team what specific traditional/cultural care patients may use or prefer in order to improve the effectiveness of services provided.
- D4 Provide support for patients’ healthcare decisions when interacting with healthcare professionals.
- D6 Effectively adjust (i.e., accommodate) communication style to the needs of the audience, such as patients, their families or similar small groups (e.g., explaining basic disease-specific content).
- D7 Use text and visual materials to convey information clearly and accurately.
- D8 Use nonjudgmental language that conveys respect and empathy.
- D9 Identify discrepancies between patients’ verbal and non-verbal behaviors and explore meaning with patients.
- D12 Clarify mutual rights and obligations, as necessary, such as patient confidentiality or reporting responsibilities.
- D14 Maintain appropriate boundaries that balance professional and personal relationships while recognizing dual roles as both PN and community member.

Examples of Patient Navigator Intermediate Level Behaviors:

- D2 Demonstrate skill in navigating emotionally-charged or high stake issues with other healthcare professionals, staff, patients and families.
- D5 Translate patients’ culturally-specific issues into scientific and healthcare terminology to effectively communicate with providers.
- D11 Demonstrate writing skills appropriate to each task at hand (easy-to-understand information for patients and technical language for patient updates to other members of healthcare team).
- D13 Facilitate discussion with the family or small group to address new patient and/or family needs.

E. Domain: Care Coordination and Case Management

- E1. Competency: Facilitate the appropriate and efficient delivery of services to bridge gaps, both within and across systems, to promote person-centered, optimal outcomes.

Examples of Patient Navigator Basic / Entry Level Behaviors:

- E1. Assist patients to ensure completion of specialty appointments through barrier reduction, monitoring, and follow-up.
- E2 Monitor, follow-up and respond to change of care plan(s).
- E3 Maintain patient confidentiality and privacy when working with clinical and professional staff both within and outside of systems of care and community-based programs.

- E4 Document the attainment or receipt of appropriate healthcare.
- E5 Collaboratively and accurately complete required forms with patients, attaching required documentation, and submit to appropriate programs, staff or organizations.
- E7 Obtain and share up-to-date information about health insurance programs and eligibility, public health and social service programs, and additional resources to protect and promote health.
- E9 Provide information and support for people in using agency and institutional services.
- E10 Provide support for patients to follow professional caregiver instructions or advice.
- E12 Coordinate one’s roles with other local programs to prevent duplication of services.

Examples of Patient Navigator Intermediate Level Behaviors:

- E6 Advocate for care for patients.
- E8 Provide care coordination, including basic care planning (prepare questions to ask provider, treatment options clarifications) with individuals and families based on engagement and needs assessments, and facilitate care transitions.
- E11 Use assessment information to develop a plan to address health and related patient needs in cooperation with the patient and based on patient priorities.

F. Domain: Reporting, Evaluation and Tracking

F1. Competency: Demonstrate effective “documentation” techniques including reporting, evaluating, monitoring, revising and tracking data related to client care.

Examples of Patient Navigator Basic / Entry Level Behaviors:

- F.6 Obtain and document patient data within the scope and boundaries of the PN role in the context of the agency team and agency policy.
- F.7 Ensure documentation complies with applicable privacy laws and policies (e.g., Health Insurance Portability and Accountability Act [HIPAA]).

Examples of Patient Navigator Intermediate Level Behaviors:

- F.1 Collect interview or survey data in a culturally-competent manner that complies with the given methodological design of the protocol.
- F.2 Develop, maintain and utilize an organizational system to record and update healthcare, cultural-relevance, health-literacy and linguistically-appropriate resources for patients and their communities.
- F.3 Track, document and report both externally and internally-relevant PN activities for internal administration and funders.
- F.4 Use appropriate technology, such as computers and database systems, for work-based communication in accordance with employer requirements.
- F.5 Document program evaluation and sustainability data to help patients achieve their goals.
- F.8 Document and follow-up on issues related to abuse, neglect, and criminal activity that may be reportable by law and under regulation according to agency policy and report activities when required.

Examples of Patient Navigator Advanced Level Behaviors:

- F.9 Use both quantitative and qualitative data in developing and evaluating program priorities.

G. Domain: Cultural Responsiveness

- G1. Competency: Demonstrate skills, establish and follow protocols, and exemplify behaviors that exhibit the value of diversity and intentionally promote effective and productive exchanges among clients and all employees or contractors of myriad cultural backgrounds within the healthcare system and its various settings.

Examples of Patient Navigator Basic / Entry Level Behaviors:

- G.3 Assess and refer patients to appropriate, culturally-relevant experts to assist with ceremonies or special services (e.g., gifting, tobacco ties for American Indian traditional healer) beyond one’s personal level of expertise.
- G.6 Demonstrate culturally-respectful behaviors when assisting patients with ceremonies or special services (e.g., gifting, tobacco ties for AI traditional healer) that are pertinent to the patients’ cultural healthcare values, beliefs, and practices.
- G.8 Demonstrate cultural knowledge and sensitivity in all aspects of work, including: (1) seeking to understand and acting in accordance with specific cultural norms when appropriate; (2) awareness of potential bias in one’s own culture and life experience; and (3) awareness of the influence of diverse beliefs and practices on thinking and behavior across cultures, communities, and organizations.
- G.10 Explain reasons for health behavior change and patient options in a culturally-sensitive manner.
- G.13 Make accommodations to address communication needs accurately and sensitively with people whose language(s) one cannot understand.
- G.17 Demonstrate the ability to identify and suggest alternatives that respect patients’ privacy and modesty (e.g., during a pap smear, some patients may prefer to maintain wearing a blouse or shirt).

Examples of Patient Navigator Intermediate Level Behaviors:

- G.4 Assist patients with ceremonies or special services in a culturally-respectful manner (e.g., conducting a cultural ceremony in compliance with a given protocol).
- G.5 Effectively communicate cultural assets (e.g., barriers that interfere with participation alongside priorities of caring for family) with providers and funders.
- G.11 Employ techniques for interacting sensitively and effectively with people from cultures or communities that differ from one’s own (e.g., demonstration of cultural humility in instances when cultural competence is not possible)
- G.12 Employ practices that assist service organizations and the patients and communities they serve to better understand one another’s perspectives.
- G.14 Advocate for and promote the use of culturally and linguistically-appropriate services and resources within organizations and with diverse colleagues and community partners.
- G.15 Advocate for patients’ self-determination, personal motivations and dignity.
- G.16 Gather and integrate information from different sources better to understand patients, their families and their communities (Sources may include--but are not limited to-- performing interviews and researching community resources and conditions and participating in peer-reviewed publications describing the specific population).

H. Domain: Outreach Methods and Strategies

- H1. Competency: Comprehend and demonstrate the ability to implement multi-prong approaches to engage un- and under-served communities through a variety of innovative

strategies, as well as using established best practices (i.e., effective health promotion/behavior practices).

Examples of Patient Navigator Basic / Entry Level Behaviors:

- H.2 Use standard knowledge of basic health and social indicators.
- H.3 Effectively engage patients and families in on-going assessment efforts.
- H.7 Identify and share appropriate information, referrals, and other resources to help individuals, families, groups, and organizations meet their respective needs.
- H.11 Identify factors that affect health and resources that will benefit community members.
- H.12 Bring information and services to communities where patients reside, including where they work and spend their time (e.g., grocery stores, parks).

Examples of Patient Navigator Intermediate Level Behaviors:

- H.4 Gather and combine information from different sources to better understand patients, their families and their communities (sources may include--but are not limited to--performing interviews and researching community resources and conditions).
- H.9 Use outreach methods to engage individuals and groups in diverse settings.

Examples of Patient Navigator Advanced Level Behaviors:

- H.5 Share community assessment results with colleagues and community partners to inform planning and health improvement efforts.
- H.6 Implement outreach plans based on individual and community strengths, needs, and resources, all of which are developed in collaboration with other stakeholders.
- H.10 Conduct baseline and on-going needs assessments of communities and their members with clearly defined goals and objectives.

I. Domain: Use of Public Health Concepts and Approaches

I1. Competency: Demonstrate an understanding of the larger, more complex issues of public health and their relation to the health care system in order to promote prevention, problem-solving, and policy change to achieve better health outcomes.

Examples of Patient Navigator Basic / Entry Level Behaviors:

- I.13 Describe ways PN roles in prevention strategies and implementation promote health equity.

Examples of Patient Navigator Intermediate Level Behaviors

- I.5 Communicate with health systems staff and social service organizations to help them understand and accept community and individual conditions, culture, and behavior with the goal of developing policies and plans that support individual and community health efforts.
- I.7 Explain the principles of public health and its relevance for helping patients, their families, and the community.
- I.8 Educate patients on the role of prevention, education, and advocacy and community participation in their health care.
- I.9 Identify how the social determinants of health (e.g., poverty, transportation, safety, housing) impact a client’s ability to access health care.

Examples of Patient Navigator Advanced Level Behaviors

- I.1 Apply information from patient and community assessments to develop and/or validate existing health education strategies.
- I.10 Describe ways social determinants of health (e.g. food deserts, violence, poor infrastructure) impact the individual, family, and community.
- I.11 Explain the relationship between public health and social justice.
- I.12 Describe ways prevention in public health and the role of policy change in preventing injury and disease promote health equality.

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- ¹ Freeman, H. Patient Navigation: A Community Centered Approach to Reducing Cancer Mortality. *J Cancer Educ*; 21(Suppl): S11-S14, 2006.
- ² Burhansstipanov in press, *Global Frontiers*, 2015

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