https://www.heiahurumowai.org.nz/wicc2026 semi-confirmed: April 21-24, 2026

Hei Āhuru Mōwai

Māori Cancer Leadership Aotearoa

Dr Nina Scott
Co-chair

Prof. Jacquie Kidd
Co-chair

Gary Thompson
Tumuaki - CEO

Our co-chairs Dr Nina Scott and Professor Jacquie Kidd and CEO Gary Thompson look forward to laying out the welcome mat for the World Indigenous Cancer Leaders and all delegates to Aotearoa, New Zealand in March/April 2026. The people of Te Arawa, Rotorua also stand ready to welcome you to the Cultural Centre of our beautiful country.

We are honoured and look forward to the cordial exchange of indigenous culture, knowledge, lived experiences, practice, research, networks, and new perspectives to help us improve cancer prevention, treatment and outcomes for our peoples.

Mark your calendars and start preparing to embark on this haerenga (journey) of discovery and joyful exchange of culture with us.

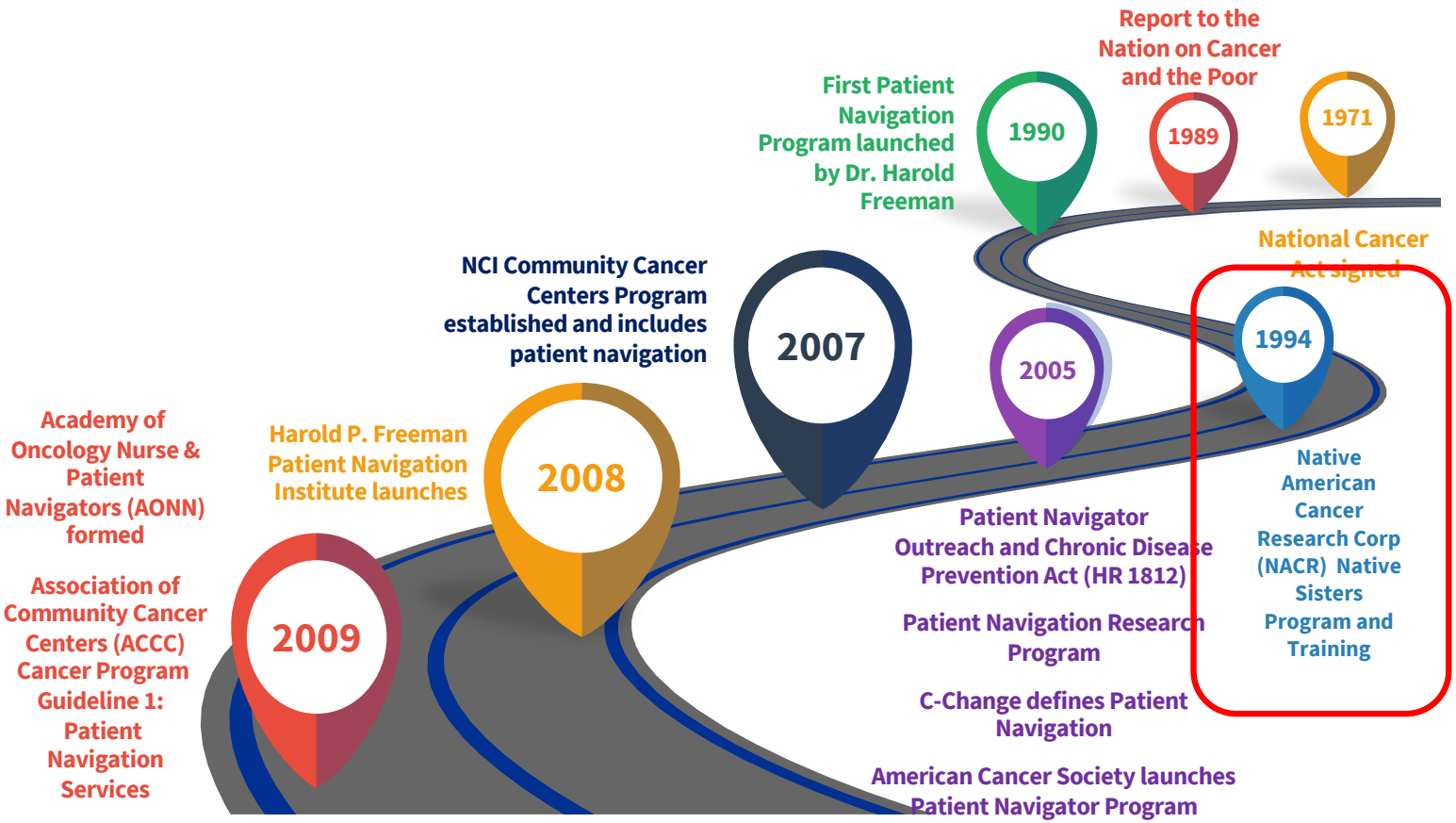
“Ki te kotahi te kākaho ka whati, ki te kāpuia e kore e whati.”
A single reed on its own is weak, but when bound together there is strength.

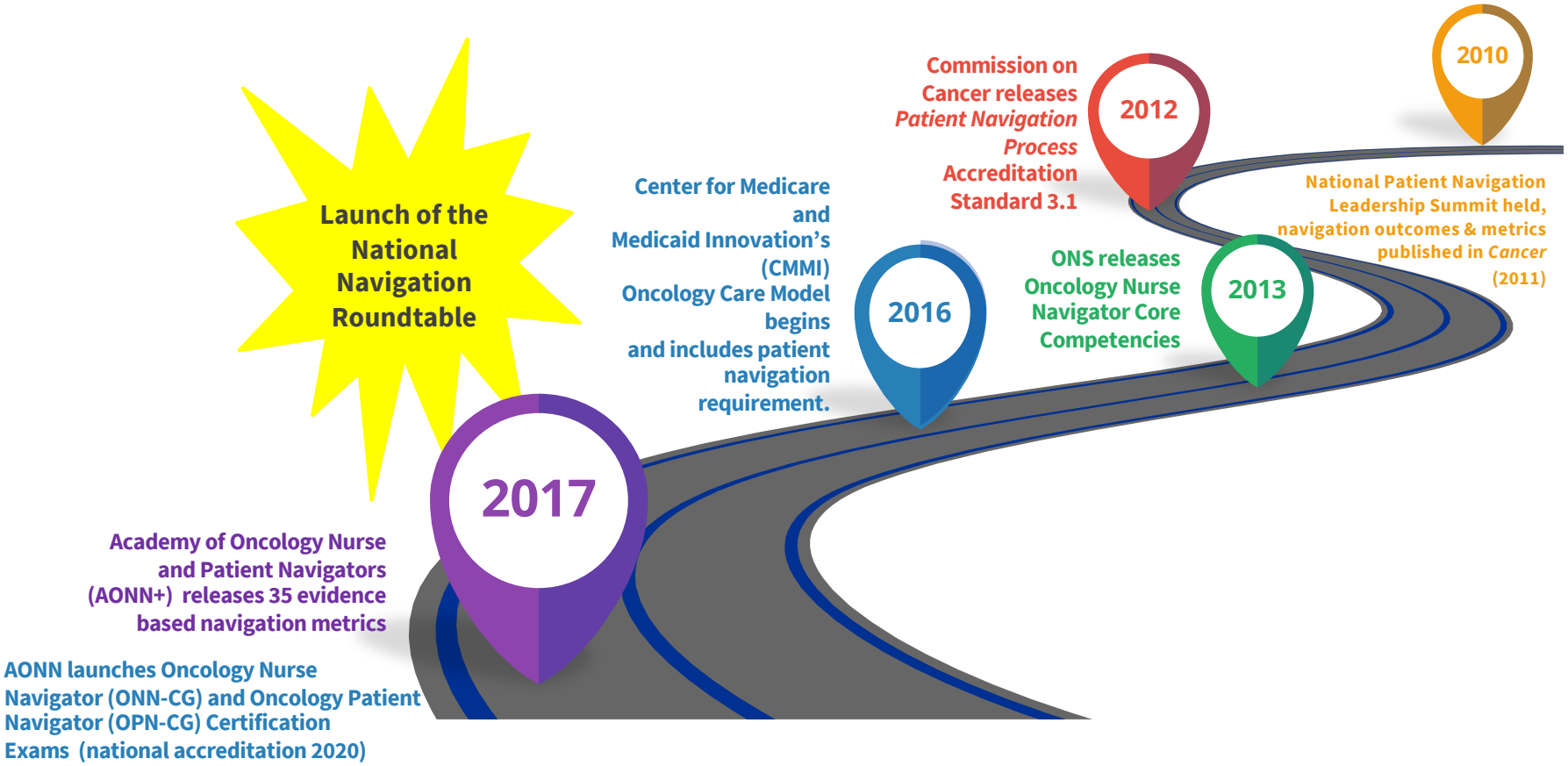
What was the original Navigator Model?

- Dr. Freeman's original model (1990 Harlem Hospital)
- Initiated at the time the patient receives diagnosis for cancer
- Promotes access to timely cancer diagnosis and treatment
- Aims to ensure seamless, coordinated care and services by assisting cancer patients and their families in "navigating" through the health care deliver system
- Trained to be knowledgeable of the local environment and familiar with the complexities of the healthcare system.

Harold Freeman, MD
Harlem Hospital, NY

Freeman HP. Patient Navigation: A Community Centered Approach to Reducing Cancer Mortality. *J Cancer Educ.* 2006; 21 (Suppl.): S11-S14


Report to the Nation on Cancer and the Poor
1971
First Patient Navigation Program launched by Dr. Harold Freeman
1990
1989
National Cancer Act signed
1994
NCI Community Cancer Centers Program established and includes patient navigation
2007
2005
Academy of Oncology Nurse & Patient Navigators (AONN) formed
Harold P. Freeman Patient Navigation Institute launches
2008
Native American Cancer Research Corp (NACR) Native Sisters Program and Training
Patient Navigator Outreach and Chronic Disease Prevention Act (HR 1812)
Patient Navigation Research Program
C-Change defines Patient Navigation
American Cancer Society launches Patient Navigator Program
Association of Community Cancer Centers (ACCC) Cancer Program Guideline 1: Patient Navigation Services
2009



PONT Standards 2022

Native Patient Navigation Training based on

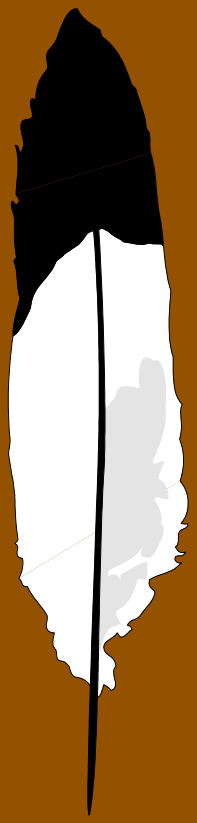
Competencies

Nationally recommended Navigation metrics

“Level” of Navigation services

Medicare reimbursement of navigation services

Topics tailored to each program’s needs



Competency-based PN Training

Valverde PA, Burhansstipanov L, Patierno S, Gentry S, Dwyer A, Wysocki KL, Patterson AK, Krebs LU, Sellers J, Johnston D. Findings from the National Navigation Roundtable: A call for competency-based patient navigation training. Cancer. 2019 Dec 15;125(24):4350-4359. doi: 10.1002/cncr.32470. Epub 2019 Sep 10. PMID: 31503340.

Competencies from the American Cancer Society's (ACS) National Navigation Roundtable (NNRT) Workforce Development (WFD) Domains for Training and Certification Competencies

- I. Ethical, cultural, legal, and professional issues
  - Competency: Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to respecting confidentiality, organizational rules and regulations, ethical principles and diversity in gender, age, culture, race, ethnicity, religion, abilities, sexual orientation and geography.

- II. Client and care team interaction and communication skills
  - Competency: Apply insight and understanding concerning human emotional responses to create and maintain positive interpersonal interactions leading to trust and collaboration between patient/client/family and the healthcare team. Patient safety and satisfaction is a priority.

ACS NNRT WFD Competencies (continued)

- III. Health Knowledge
  - Competency: Demonstrates breadth of health, the cancer continuum, psychosocial and spiritual knowledge, attitudes and behaviors specific to their PN (clinical/licensed or non-medical licensure) role

- IV. Patient Care Coordination
  - Competency: Participates in the development of an evidence-based or promising/best practice patient-centered plan of care, which is inclusive of the client's personal assessment and health provider/system and community resources. The PN acts as liaison among all team members to advocate for patients in order to optimize health and wellness with the overall focus to improve access to services for all patients. PN conducts patient assessments (needs, goals, self- management, behaviors, strategies for improvement) integrating clients' personal and cultural values

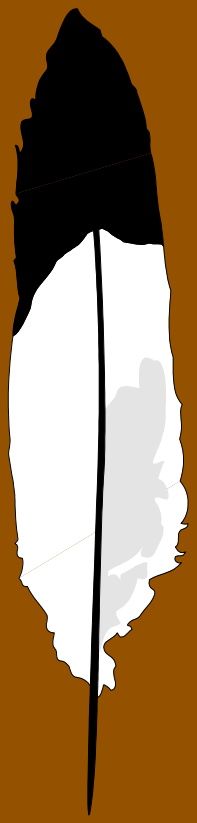
ACS NNRT WFD Competencies (continued)

- V. Practice-based learning
  - Competency: Optimizes navigator practice through continual professional development and the assimilation of scientific evidence to continuously improve patient care, based on individual PN gaps in knowledge, skills, attitudes and abilities.

- VI. Systems-based Practice
  - Competency: Advocate for quality patient care by acknowledging and monitoring needed (desirable) improvements in systems of care for patients from enhancing community relationships and outreach through end-of-life. This includes Enhancing community relationships, developing skills and knowledge to monitor and evaluate patient care and the effectiveness of the program.

ACS NNRT WFD Competencies (continued)

- VII. Domain: Communication/Interpersonal Skills
  - Competency: Promote effective communication and interactions with patients in shared decision making based on their needs, goals, strengths, barriers, solutions and resources. Resolution of conflict among patients, family members, community partners and members of the oncology care team is demonstrated in professional and culturally acceptable behaviors.



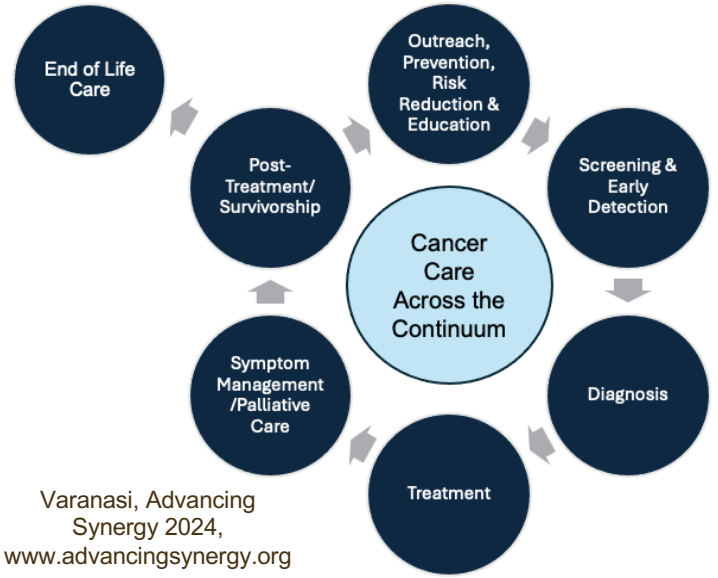
PN Programs Address ~35 nationally recommended metrics for PN programs

Native American Cancer Initiatives, Inc. (NACI); https://www.NatAmCancer.org/

Cancer Care Continuum can be adapted to conditions other than cancer

- PN expanded to many other conditions
  - Autism spectrum disorders
  - Cardiovascular
  - Dementia
  - Diabetes
  - Drug addiction
  - Hepatitis C
  - HIV / AIDS
  - Peri- or post-partum conditions
  - Respiratory
  - Spinal injuries

Figure 1. Cancer Care Across the Continuum

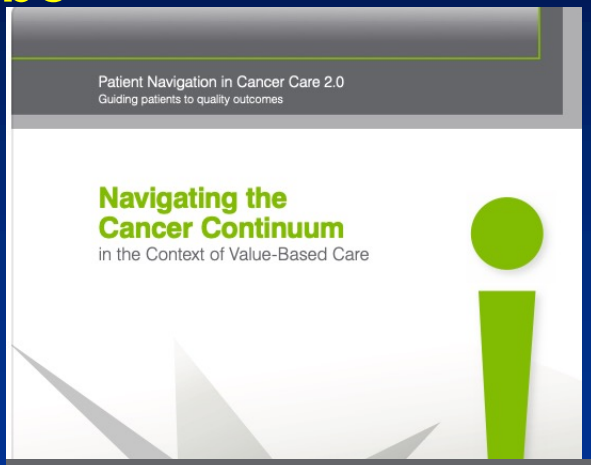


Varanasi, Advancing Synergy 2024, www.advancingsynergy.org

Remove “cancer” from the phases and note that some public health programs will not include specific phases, e.g., end-of-life

Navigation programs should be

- Assessed annually to evaluate successes
- Identified areas of unmet need, new barriers, and ongoing challenges
- Establish objectives for expanding and advancing the program
- Using the metrics and outcome measures established for the navigation program
- Data collected can be compared with the baseline and analyzed to determine areas needing additional attention, further development to promote program viability and evolution



https://www.patientnavigation.com/geriatric

Geriatric Cancer Care:
A Resource Guide for the Navigator

Patient Navigation in Cancer Care 2.0 (Pfizer) p. 49 https://www.patientnavigation.com/
2022 Pfizer Geriatric Tool Kit https://www.patientnavigation.com/geriatric

Examples of National Organizations & recommendations for metrics and reports

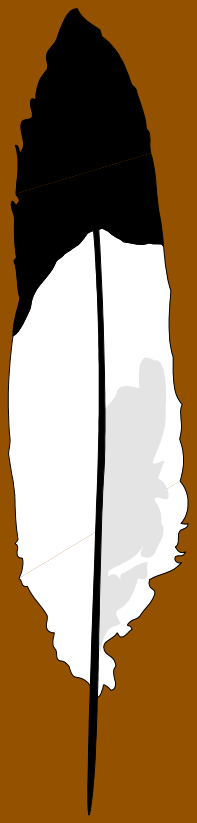
- Commission on Cancer
- The National Accreditation Program for Breast Centers
- The American Society of Clinical Oncology (ASCO)'s Quality Oncology Practice Initiative Merit-based Incentive Payment System / Alternative Payment Models
- Center for Medicare and Medicaid's Oncology Care Model
- Academy Of Oncology Nurse & Patient Navigators
- Oncology Nursing Society

NOTE: uniformity in PN data metrics

3 areas of measurement:
- Patient Experience (PE)
- Clinical outcomes (CO)
- Return on investment (ROI)

Categories	Metric	Meas	Interval	Data Type
Coordination of Care / Care Transitions	1. Treatment Compliance: Percentage of navigated patients that adhere to institutional treatment pathways per quarter	CO ROI	Quarter	Number Percent
	2. Barriers to care: Number and list of specific barriers to care identify by navigator per month	CO ROI	Month	Number
	3. Interventions: Number and specific referrals / interventions offered to navigated patients per month	PE CO	Month	Number
	4. Clinical Trial Education: Number of patients educated on clinical trials by the navigator per month	PE CO	Month	Number
	5. Clinical Trial Referrals: Number of navigated patients per month referred to clinical trial department	PE CO	Month	Number
	6. Patient Education: Number of patient education encounters by navigator per month	PE CO ROI	Month	Number
	7. Multidisciplinary Communication: number of patients who are referred to revenue generating services (i.e., radiology, rehabilitation, palliative care, tumor site-specific pre/rehab programs)	ROI	Month	Number
	8. Diagnosis to initial treatment: Number of business days from diagnosis (date pathology resulted) to iniitial treatment modality (date of first treatment)	PE CO	Business days	Number
	9. Diagnosis to First Oncology Consult: Number of business days from diagnosis (date pathology received) to initial oncology consult (date of first appointment)	ROI	Business days	Number
Research, Quality, Performance Improvement	10. Patient Experience / Patient Satisfiaction with Care: Patient experience or patient satisfaction survey results per month (utilize institutional specific navigation tool with internal benchmark)	PE	Month	Number Percent
	11. Patient Experience / Patient Satisfaction with Care: Monitor one major goal of current navigation program annually as defined by cancer committee (example: Population served)	PE CO ROI	Annual	Text
	12. Patient Transition from Point of Entry: Percentage of navigated analytic cases per month transitioned from institutional point of entry to initial treatment modality	PE CO	Month	Number Percent
	13. Diagnostic Workup to Diagnosis: Number of business days from date of abnormal finding to pathology report for navigated patients *"suspicious findings" for bone cancers, myelomas, lymphomas ... Need to confirm these data are being collected and include in the*	CO	Business days	Number
	14. 30-, 60-, 90-Day Readmission Rate: Number of navigated patients readmitted to the hospital at 30, 60, 90 days. Report quarterly	ROI	Quarterly	Number
ions management, Organizational Develop, Health Economics	15. Navigation Operational Budget: Monthly operating expenses by line item	ROI	NA	NA
	16. Navigation Caseload: Number of new cases, open cases, and closed cased navigated	ROI	Month	Number
	17. Referrals to Revenue-Generating Services: Number of referrals to revenue-generating services per month by navigator	ROI	Month	Number
	18. Inpatient Oncology Unit Length of Stay		Days	Number
	19. No show rate. Number of navigated patients who do not complete a scheduled appointment	ROI	Month	Number
	20. Patient Retention through Navigation: Number of analytic cases per month or quarter that remained in your institution due to navigation.	ROI	Month	Number

Categories	Metric	Meas	Interval	Data Type
Operat...	21. Emergency Department Utilization: Number of navigated patient visits to the emergency department per month *[nausea/vomiting/dehydration, constitpation, symptom management, sepsis, other on for admission]*	ROI	Month	Number
	22. Emergency admissions per Number of Chemotherapy Patients: Number of navigated patient visits per 1000 chemotherapy patients that had an emergency department visit per month		Month	Number
Community Outreach, Prevention	23. Cancer Screening Follow-Up to Diagnostic Workup: Number of navigated patients per quarter with abnormal screening referred for follow-up diagnostic workup	PE CO ROI	Quarter	Number
	24. Cancer Screening: Number of participants at cancer screening event and/or percentage increase of cancer screening	PE CO	Month / Quarter	Number
	25. Completion of Diagnostic Workup: Number of navigated individuals with abnormal screening that completed diagnostic workup per month/quarter	CO ROI	Month / Quarter	Number
	26. Disparate Population at Screening Event: Number of individuals per quarter at community screening events by Office of Management and Budget (OMB) Standards.	PE CO	Quarter	Number
Professional Roles and Responsibilities	27. Navigation Knowledge at the Time of Orientation: Percentage of new hires that have completed institutionally accepted developed navigator core competencies	CO	Annual	Number Percent
	28. Oncology Navigator Annual Core Competencies Review: Percentage of staff that have completed institutionally accepted developed navigator core competencies annually to validate core knowledge of oncology navigation	CO	Month	Number Percent
Psychosocial Support, Assessment	29. Psychosocial Distress Screening: Number of navigated patients per month that received psychosocial distress screening at a pivotal medical visit with a validated tool	PE CO	Month	Number
	30. Social Support Referrals: Number of navigated patients referred to support network per month [social worker, psychologist, chaplain, Palliative care, financial counselor]	PE CO ROI	Month	Number
Patient Empowerment, Patient Advocacy	31. Patient goals: Percentage of analytic cases per month that patient goals identified and discussed with the navigator	PE CO ROI	Month	Number Percent
	32. Caregiver Support: Number of caregiver needs / preferences discussed with navigator per month	CO	Month	Number
	33. Identify Learning Style Preference: Number of navigated patients per month that preferred learning style was discussed during the intake process	PE CO	Month	Number
Survivorship and End of Life	34. Survivorship Care Plan: Number of navigated patients (patients with curative intent) per month that received a survivorship care plan and treatment summary	PE CO	Month	Number
	35. Transition from Treatment to Survivorship: Percentage of navigated analytic cases per month transitioned from completed cancer treatment to survivorship.	PE CO	Month	Number Percent
	36. Referrals to Support Services at the Survivorship Visit: Number of navigated patients per month referred to appropriate support service at the survivorship visit	PE CO ROI	Month	Number
	37. Palliative Care Referral: Number of navigated patients per month referred for palliative care services *NOTE: add separate metric on "Hospice"*	PE CO ROI	Month	Number

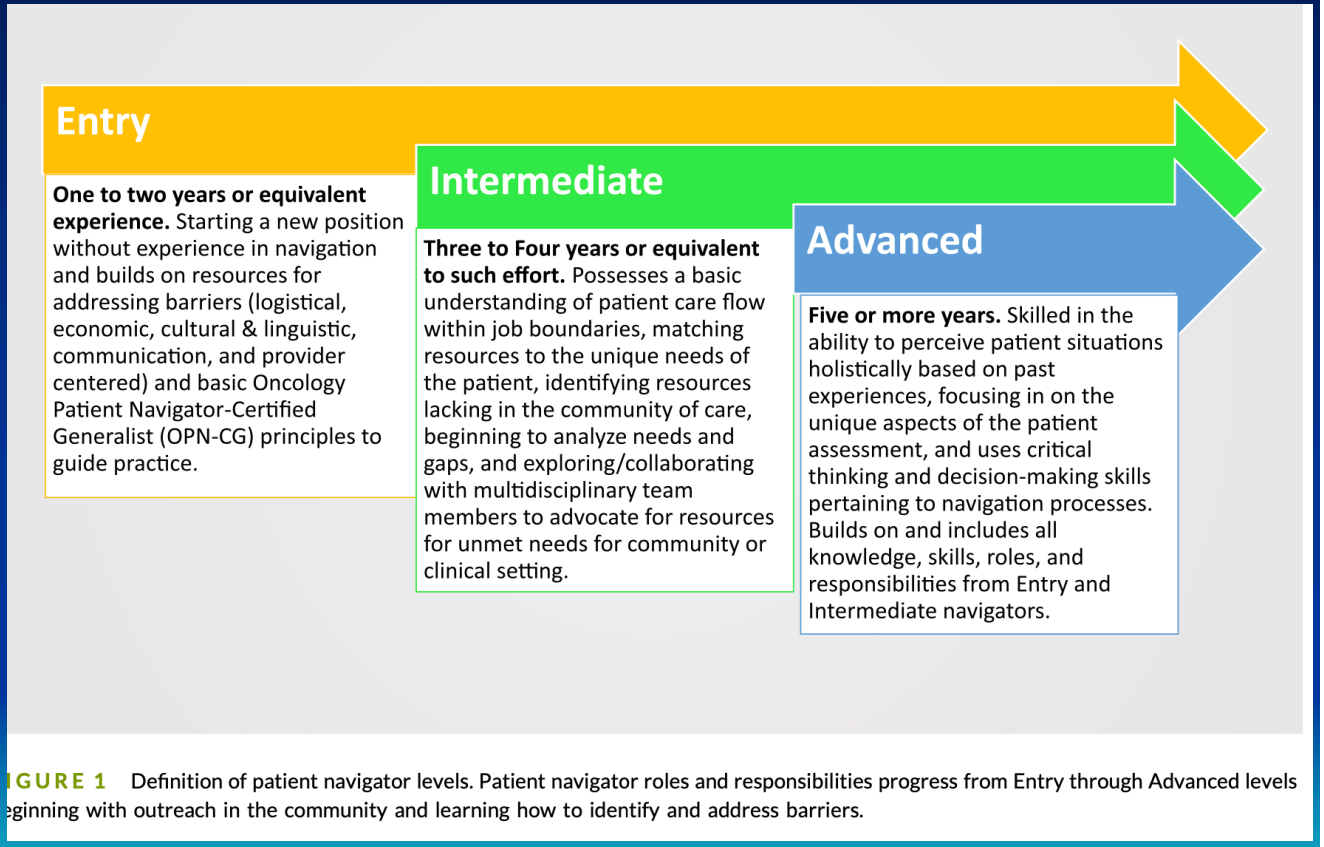


“Levels” of Navigation Services

Varanasi AP, Burhansstipanov L, Dorn C, Gentry S, Capossela MA, Fox K, Wilson D, Tanjasiri S, Odumosu O, Saavedra Ferrer EL. Patient navigation job roles by levels of experience: workforce Development Task Group, National Navigation Roundtable. Cancer. 2024; 1-19. doi:10.1002/cncr.35147.
http://doi.org/10.1002/cncr.35147

"Levels" of Navigation Services

- ACS NNRT WFD addressed levels because PNs assigned tasks that were
  - Inappropriate (market shopping, clean house, office duties like photocopying)
  - Too basic for someone with Advanced skills
  - Too advanced for Entry level skills



IGURE 1 Definition of patient navigator levels. Patient navigator roles and responsibilities progress from Entry through Advanced levels eginning with outreach in the community and learning how to identify and address barriers.

Varanasi AP, Burhansstipanov L, Dorn C, et al. Patient navigation job roles by levels of experience: workforce Development Task Group, National Navigation Roundtable. Cancer. 2023; 1-19. doi:10.1002/cncr.35147

- ACS NNRT WFD members ranked competencies for job behaviors as entering, intermediate and advanced.
- Full table: https://navigationroundtable.org/resource-center/

WFD NNRT Competency #1	WFD NNRT Competency #1	WFD NNRT Competency #1
Domain: Ethical, cultural, legal, and professional issues – process (how)	Domain: Ethical, cultural, legal, and professional issues – process (how)	Domain: Ethical, cultural, legal, and professional issues – process (how)
Maintain patient confidentiality and privacy when working with clinical and professional staff both within and outside of systems of care and community-based programs.	Use assessment information to develop a plan to address health and related patient needs in cooperation with the patient and based on patient priorities.	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.
Document the attainment or receipt of appropriate healthcare.	Assess and refer patients to appropriate, culturally-relevant experts to assist with ceremonies or special services beyond one's personal level of expertise.	Collect interview or survey data in a culturally-competent manner that complies with the given methodological design of the protocol.
Obtain and document patient data within the scope and boundaries (limitations) of the PN/PN role in the context of the agency team and agency policy.	Demonstrate culturally-respectful behaviors when assisting patients with ceremonies or special services (that are pertinent to the patients' cultural healthcare values, beliefs, and practices).	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.

Varanasi AP, Burhansstipanov L, Dorn C, et al. Patient navigation job roles by levels of experience: workforce Development Task Group, National Navigation Roundtable. Cancer. 2023; 1-19. doi:10.1002/cncr.35147

“Levels” of Patient Navigators

WHY?

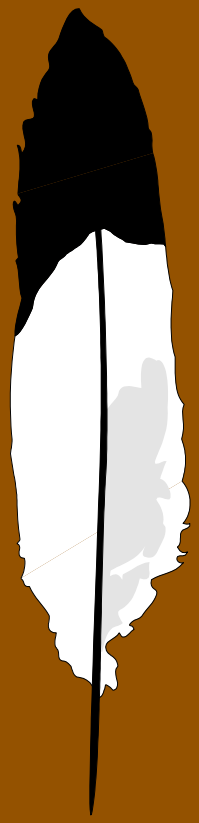
1. **To provide a resource for administrators to create job descriptions for navigators with specific levels of expertise.**
2. **To provide a resource for patient navigators to advance their oncology careers and attain a higher level of expertise.**

Clearer job descriptions with better training & evaluation opportunities

Integration of navigators within healthcare teams and improved care coordination

Task-shifting and task-sharing to overcome barriers

Varanasi AP, Burhansstipanov L, Gentry S, Chappell M, Dorn C, McMahon J, Bradsher K, Saavedra Ferrer E, Barnett LM, Leighliter M, Wilson DM, Lewis T. Job Descriptions by Oncology Patient Navigator Experience: workforce Development Task Group, National Navigation Roundtable. Cancer. 2025 (in press).



Centers of Medicaid and Medicare (CMS) reimbursement of navigation services

CMS and Reimbursement

- As of Nov 2023, Codes reimburse for education and services when PN is working with someone who has been diagnosed with cancer … not for outreach, screening, etc.

Pratt-Chapman, Mandi L., PhD, MA, OPN-CG; Gabriel Rocque, MD: Julie McMahon, MPH; Manali Patel, MD, MPH, MS, FASCO; Taneal Carter, MS, MPA; Nancy Pena, OPN-CG, MI, BS; Poorna Kushalnagar, PhD; Lexi Boyd, BSN, NR; Reesa J. Sherin, MSN, RN; Jessica Quiring, BS, CN-BA, OPN-CG, CDP; Zarek Mena, OPN-CG; Linda Burhansstipanov, MSPH, DrPH; Don S. Dizon, MD; Clara Lambert, CPH, BBA, OPN-CG; Samuel Cykert, MD; and Julie E. Bauman, MD, MPH, The Centers for Medicare & Medicaid Services, Will Pay for Patient Navigation—Now What? Association of Cancer Care Centers, October 2024.

CMS & Navigation Reimbursement Acronyms

- CHI: Community Health Integration
- CMS: Centers for Medicare and Medicaid Services
- CPT: Current Procedural Terminology; Reimbursement for anything that patient accesses within hospital
- G codes: used to report patient functional data to Medicare; Reimbursement codes for clinical or educ events *not in hospital*
- PIN: Principal Illness Navigation
- SDOH: Social Determinants of Health

Pratt-Chapman, Mandi L., PhD, MA, OPN-CG; Gabriel Rocque, MD: Julie McMahon, MPH; Manali
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OPN-CG; Samuel Cykert, MD; and Julie E. Bauman, MD, MPH, The Centers for Medicare & Medic

Native American Cancer Research Corporation (NACR) & Na
(NACI); https://www.NatAmCan

TABLE 1. PATIENT NAVIGATION-RELATED G-CODES AND 2024 MEDICARE RATES FOR SELECT SERVICES

Code	How to Use	2024 Rate[a]	Minimum Time to Bill	Training Required
G0136	Risk Assessment based on a practitioner's reason to believe there are unmet SDOH needs, not intended for routine screening for patients at every visit or for every patient. Typically not administered in advance of the visit. If conducted during an annual wellness visit, cost-sharing does not apply. If conducted at a visit for any other reason, cost-sharing applies. CMS does not require a particular tool, but cites the CMS Accountable HealthCommunities Tool and Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) as appropriate tools. This code is permanently added to telehealth visits, as well.	$18.67	5-15 minutes not more than every 6 months per practitioner per beneficiary	State-based requirements OR documentation of key competency domains
G0019	Community Health Integration (CHI) initiating visit with assessment by a clinical health worker under the direction of a billing practitioner to document and address SDOH needs that significantly interfere with a patient's ability to complete diagnosis or treatment of the chronic health condition. Examples of CHI services include person-centered care planning, health system navigation, referral and coordination to community-based resources, care coordination, and patient self-advocacy promotion.	$78.92	60 minutes (once/month)	State-based requirements OR documentation of key competency domains
G0022	CHI services to address SDOH needs that are significantly interfering with a patient's ability to complete diagnosis or treatment of the chronic health condition after an initial assessment under supervision of a billing practitioner	$49.45	Additional 30-minute increments (unlimited)	State-based requirements OR documentation of key competency domains
G0023	Initial person-centered assessment for PIN services: should assess SDOH, facilitate patient-driven goal setting, and establish an action plan for tailored support. Support can include coordination of community-based services and care transitions, health education, patient self-advocacy skill coaching, active navigation of the health care system, facilitating behavior change, providing social and emotional support, mentorship, and inspiration to help patients meet treatment goals.	$78.92	First 60 minutes per calendar month (once/month)	State-based requirements OR documentation of key competency domains
G0024	PIN services after the initial assessment is billed using G0023. Note that "incident to" billing can used for services provided by navigators working within the cancer care setting, but also for navigation conducted external to the cancer care setting with appropriate agreements with trained staff at community-based organizations. Clear integration of community-based services with the supervising practitioner are required for billing.	$49.45	Additional 30-minute increments per calendar month (unlimited)	State-based requirements OR documentation of key competency domains
G0140	PIN services by peers—intended for mental and substance abuse support based on training from SAMHSA.	$78.92	First 60 minutes per calendar month (once/month)	SAMHSA standards[b]
G0146	PIN services by peers - intended for mental and substance abuse support based on training from SAMHSA.	$49.45	Additional 30-minute increments per calendar month (unlimited)	SAMHSA standards[b]

HCPCS Code	G0023	G0024	G0141	G0146
Code Description	Provides personalized and supportive services to patients with a high-risk condition for up to 60 minutes of services per calendar month	Provides personalized and supportive services to patients with a high-risk condition for up to 30 minutes of services per calendar month	Provides peer support for patients with behavioral health conditions for up to 60 minutes of services per calendar month	Provides peer support for patients with behavioral health conditions for 30 additional minutes of services per calendar month
Provider	Certified or trained auxiliary personnel/ patient navigator		Certified or trained auxiliary personnel/ peer support specialist	
Condition	1 Chronic Condition (Cancer qualifies)		Behavioral Health Focus	
Service Desc (Non- Exhaustive List)	• Person-centered interviews to understand the patient's life story, strengths, needs, goals, and preferences • Facilitating patient-driven goal setting and establishing an action plan • Developing and proposing strategies to help meet treatment goals • Providing social and emotional support		• Patient-centered interviews • Health education • Helping patients develop self-advocacy skills	
How Often Can you Bill?	Can be billed once a month (can be billed with G0140/146))		Can be billed once a month (can be billed with G0023/024)	
Payors	Medicare FFS, Dual Eligibles (Medi/ Medi), Medicare Advantage			
Requirements	• Patient must have at least on E&M visit by overseeing physician prior to billing of the PIN Code • Patient must be referred and consent given for navigation services (can be verbal or written, but will require documentation)			

Payment for PIN Services

- Auxiliary healthcare staff working under a qualifying billing practitioner (Medicare Part B)
- Specific to “serious, high-risk disease” (e.g., chronic conditions) expected to last at least 3 months and require ongoing monitoring of a treatment plan
- Auxiliary staff must meet qualifications (individual state requirements or documentation of sufficient knowledge (e.g., accreditation exam from AONN+))
- Table 1 includes amount of reimbursement per service
  - Code G0022 CHI services to address SDOH needs that are significantly interfering with a patient’s ability to complete diagnosis or treatment of the chronic health condition after an initial assessment under supervision of a billing practitioner
  - $49.45; Minimum 30 minute plus additional 30-minute increments (unlimited)
  - Training required: State-based requirements or documentation of key competency domains

Process of Getting Started with PIN Code Reimbursement

- Patient must have a chronic condition (for at least 3 months)
- Supervising / billing practitioner who performed the initial assessment
  - Can bill for Clinic or non-clinic auxiliary staff
- Patient Navigation Eligibility
  - Credential, accredited (e.g., AONN+, ONS, GW, state-specific requirements)
- 30 minute increments of service
- Monthly invoice to CMS by one practitioner
- CMS requires cost sharing (20%)
  - Ask patient to partially pay for navigation services
  - Requirement is to ask, NOT collect monies

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Example of NACR's "plans"

- Native Sisters (what we call our PNs) need to become accredited
  - GW website (free and solid foundation); https://cme.smhs.gwu.edu/gw-cancer-center-/content/new-oncology-patient-navigator-training-fundamentals
  - NACR's trainings for cultural competence; https://natamcancer.org/Training
  - AONN+ Accreditation exam (OPN-CG); https://aonnffl.org/nurse-navigator-certification
- Collaborate with Denver Indian Health and Family Services on "Supervising / billing practitioner" for approvals and support for PIN code reimbursement
  - HIPAA, IRB, other requirements
- Tracking system that documents what PN does and for how long
  - Includes PN preparation to meet with patient and tasks following the appt
  - NACR staff use NACI Care® (tracking and billing submission)

Example of Academy of Oncology Nurse and Patient Navigators (AONN+) OPN-CG Oncology Patient Navigator – Certified Generalist

- Application criteria
  - Provide a copy of your curriculum vitae demonstrating 1 year or 2000 hours of direct patient navigation in practice at time of application
  - Provide your job description reflecting your roles and responsibilities
  - Provide a reference letter signed by your employer verifying navigation experience

https://www.aonnffl.org/patient-navigator-certification

Exam Blueprint

Click the + to expand.

- \+ 1. Patient Care – 20%
- \+ 2. Knowledge for Practice – 24%
- \+ 3. Practice-Based Learning and Improvement – 10%
- \+ 4. Interpersonal and Communication Skills – 14%
- \+ 5. Professionalism – 14%
- \+ 6. Systems-Based Practice – 3%
- \+ 7. Interprofessional Collaboration – 8%
- \+ 8. Personal and Professional Development – 7%

GW School of Medicine & Health Sciences
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NEW ONCOLOGY PATIENT NAVIGATOR TRAINING: THE FUNDAMENTALS
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REGISTER/TAKE COURSE
Welcome to the new course, if you experience any issues advancing through the course, please email cancercontrol@gwu.edu.
Visit the frequently asked questions on our Patient Navigator Training Resources page for more information.
This comprehensive, competency-based training is free, aligns with CMS requirements for training and uses evidence-based information to prepare patient navigators to effectively address barriers to care for cancer patients and survivors. Through a collaborative process, the GW Cancer Center developed the first-ever, national consensus-based competencies for oncology patient navigators without a clinical license. The original training was released in 2015 and was updated and re-released in 2025 after extensive content update from a professional review committee and reformatting.
COURSE SUMMARY
Available credit:
14.00 AMA PRA Category 1 Credit™
14.00 Completion
14.00 Certified Health Education Specialist/Master Certified Health Education Specialist (CHES®/MCHES®)
14.00 Nursing CEU
Course opens: 03/16/2025
Course expires: 03/17/2027
Rating:

Susan G. Komen Foundation

New Course Announcement: Navigating Professional Oncology Navigation Taskforce (PONT) Standards

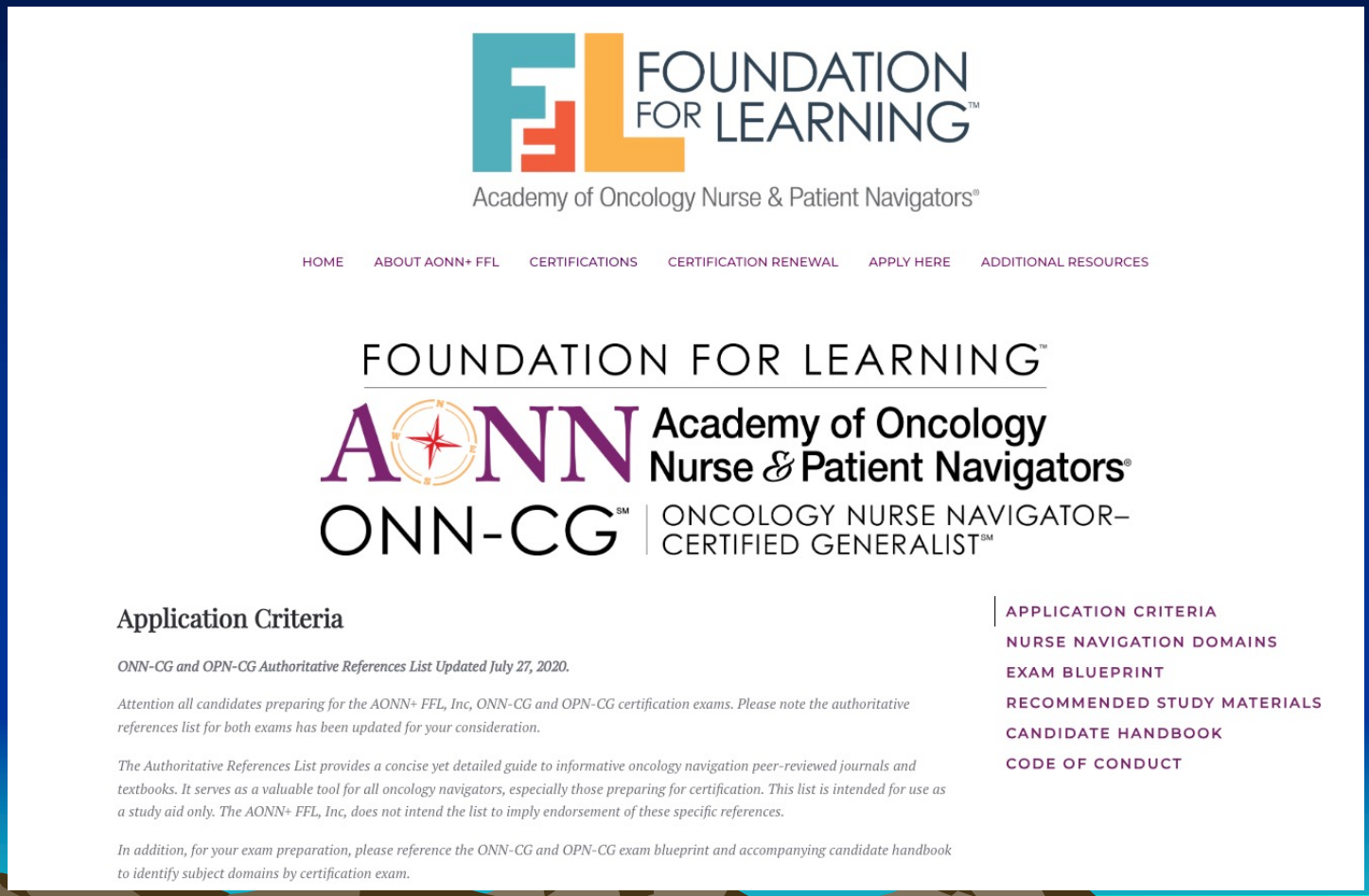
Enhance your impact with our new course, "Navigating Professional Oncology Navigation Taskforce (PONT) Standards." Learn about the PONT standards, how to apply them and identify opportunities for professional growth. Our course will be available on April ~~24~~ on our learning platform.

April 30th, not 24th

LEARN MORE

https://navigationnation.learnupon.com/users/sign_in?next=%2Fcourses&utm_source=sfmc&utm_medium=email&utm_campaign=25Apr8_PatientNav&utm_term=aware&utm_id=56045&sfmc_id=129400617

Academy of Oncology Nurse and Patient Navigators (AONN+)



FOUNDATION FOR LEARNING™

Academy of Oncology Nurse & Patient Navigators®

HOME ABOUT AONN+ FFL CERTIFICATIONS CERTIFICATION RENEWAL APPLY HERE ADDITIONAL RESOURCES

FOUNDATION FOR LEARNING™

AONN Academy of Oncology Nurse & Patient Navigators®

ONN-CG℠ | ONCOLOGY NURSE NAVIGATOR–CERTIFIED GENERALIST℠

Application Criteria

ONN-CG and OPN-CG Authoritative References List Updated July 27, 2020.

Attention all candidates preparing for the AONN+ FFL, Inc, ONN-CG and OPN-CG certification exams. Please note the authoritative references list for both exams has been updated for your consideration.

The Authoritative References List provides a concise yet detailed guide to informative oncology navigation peer-reviewed journals and textbooks. It serves as a valuable tool for all oncology navigators, especially those preparing for certification. This list is intended for use as a study aid only. The AONN+ FFL, Inc, does not intend the list to imply endorsement of these specific references.

In addition, for your exam preparation, please reference the ONN-CG and OPN-CG exam blueprint and accompanying candidate handbook to identify subject domains by certification exam.

APPLICATION CRITERIA
NURSE NAVIGATION DOMAINS
EXAM BLUEPRINT
RECOMMENDED STUDY MATERIALS
CANDIDATE HANDBOOK
CODE OF CONDUCT

Academy of Oncology Nurse and Patient Navigators (AONN+)

Criteria

- Must have an active RN license in good standing
- Provide a copy of your curriculum vitae demonstrating current navigation employment and at least 3 years of direct navigation experience at time of application
- Provide documentation verifying you have earned at least 15 CEs in the past 12 consecutive months. No more than 5 CEs for Tumor Board attendance will be accepted.
- Continuing education hours must consist of education within the defined knowledge domains: Patient Advocacy and Patient Empowerment, Quality and Performance Improvement, Coordination of Care and Care Transitions, Psychosocial Distress Screening, Survivorship, Community Outreach and Prevention, Professional Roles and Responsibilities, Organizational Management, or End of Life
- Provide your current job description
- Provide a reference letter signed by your employer verifying your role

NavPoint Health and NACI Care®

888-638-2980 hello@navpointhealth.com

NavPoint Health

Training on how to use tailored version of NACI Care® for individual programs

What is NACI Care™

NACI Care™ is a comprehensive patient navigation tool designed for data entry, tracking, and evaluation. It helps gather and analyze patient navigation visit data efficiently while standardizing processes against nationally recommended metrics.

Our tool is tailored for canc
from outreach to survivorsh
patient disease type, cance
Care™ can generate real-ti
navigators, and program ev
with multiple operating sys

Benefits of NACI

Creating Star
Enhances your a
to nationally rec

Data & Insigh
Measures and tr
valuable insights
driving efficienc

Effective Rep
Creates reportin
reimbursable na

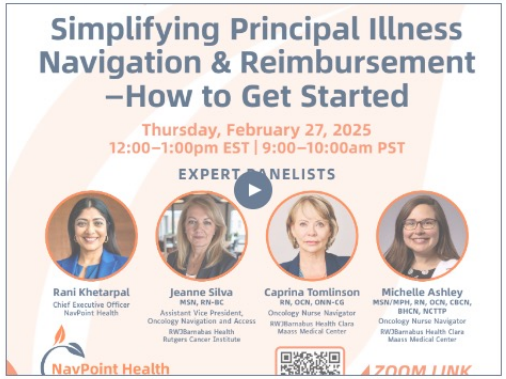
Patient Outc
Maximizes the e

NavPoint Health and PIN Reimbursement

Simplifying Principal Illness Navigation & Reimbursement – How to Get Started

Patient navigation is evolving, and practices & providers need the right strategy to build, optimize, and maximize their navigation programs. This webinar focuses on how to get started implementing Principal Illness Navigation services for your program. Our expert panelists include:

- Rani Khetarpal – Chief Executive Officer, NavPoint Health
- Jeanne Silva, MSN, RN-BC – Assistant Vice President, Oncology Navigation and Access, RWJBarnabas Health, Rutgers Cancer Institute
- Caprina Tomlinson, RN, OCN, ONN-CG, Oncology Nurse Navigator, RWJBarnabas Health, Clara Maass Medical Center
- Michelle Ashley, MSN/MPH, RN, OCN, CBCN, BHCN, NCTTO - Oncology Nurse Navigator, RWJBarnabas Health, Clara Maass Medical Center



Please Click the image to play the webinar

Please Click the image to play the webinar

Operationalizing the PIN Codes in Cancer Navigation

Patient navigation is complex and the introduction of the PIN Codes has added a new layer of both opportunity and challenge. This webinar is a focused and open conversation on how to operationalize these codes. Our expert panelists include:

- Burt Zweigenhaft (Moderator) – Exec. VP FFF Enterprises, Exec. Dir. & Founder Association Value Based Cancer Care
- Shanthi Sivendran MD, MSCR, MBA (in lieu Arif Kamal, MD) – Senior VP, Cancer Treatment Support; American Cancer Society, Clinical Assoc. Professor, Oncology at Penn Medicine
- Anne Marie F. Rainey, MSN, RN, CHC, CPHQ – Director of Value-Based Care, American Oncology Network
- Jane Porter – Assoc. Dir. of Care Coordination, Florida Cancer Specialists
- Rani Khetarpal – CEO, NavPoint Health

Native American Cancer Research Corporation (NACR)

NOTE: Native American Cancer Initiatives, Inc. (NACI) and NavPoint Health (NPH) expanding navigation training to chronic conditions beyond cancer in 2025

Overview of Native Patient Navigator (NPN)

- PN Definitions & Roles in and out of Indian Country (45mins)
  - Describe the origins and rationale for patient navigation
  - Identify other positions than may include patient navigation roles or tasks
  - Identify PN roles
- PN Navigating HC system in and out of Indian Country (45mins)
  - Understand why it is important to survey local healthcare providers and also to go to the facility and meet people.
  - Demonstrate understanding of why a data base of resources is critical to meeting patients' needs.
  - Demonstrate diverse protocols for establishing relationships with the cancer care professionals and facilities.
  - Develop strategies to address cases that do not fit the protocols.
  - Practice assessing and matching facilities/services to local AI cancer patients.
- PN & Cancer Continuum in Indian Country (45mins)
  - Identify what occurs during each phase of the cancer continuum
  - Identify Patient Navigator (PN) roles relevant to each phase of the cancer continuum
- PN Collaborating with HC Team in and out of Indian Country (30mins)
  - Understand why it is important to build relationships with the Cancer Center's staff
  - Demonstrate knowledge of diverse protocols for establishing relationships with the cancer care professionals and facilities.
  - Be prepared to collaborate with others.
- Safety for Native Patient Navigators (90mins)
  - Identify at least 3 strategies to improve personal safety for the PN
  - Identify settings that increase likelihood of patient's private information remaining confidential

Legend of PN Competency Domains:

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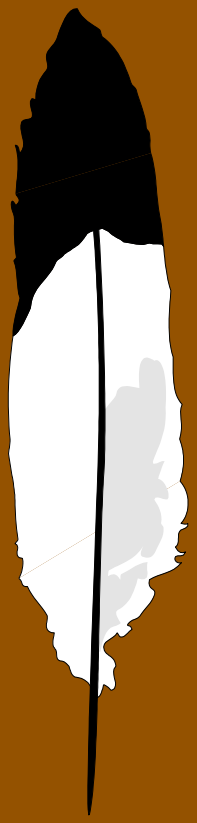
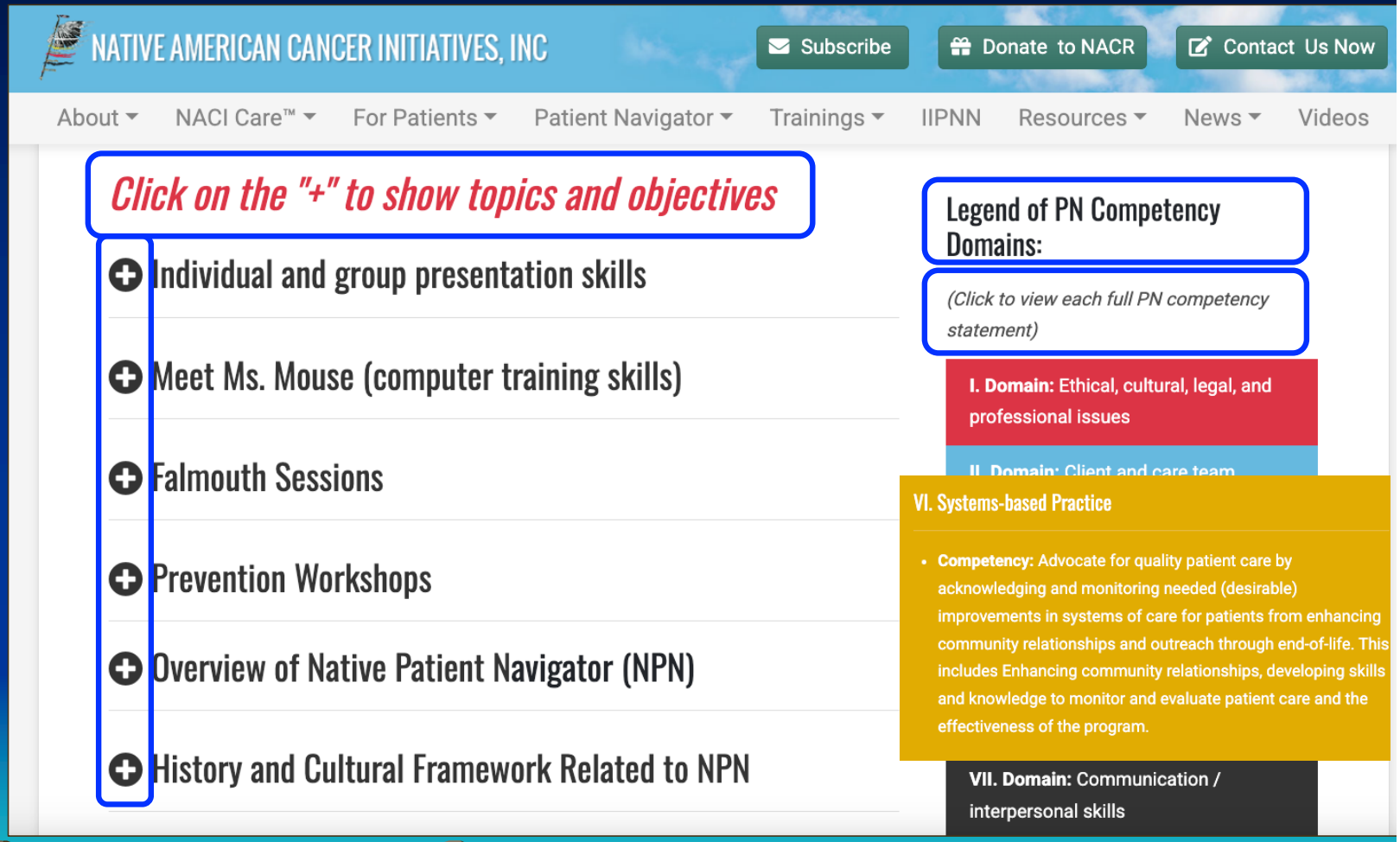


Topics tailored to each program's needs

https://natamcancer.org/Training



https://natamcancer.org/Training

- Implementing & Interpreting Assessment Tools with AI/AN patients
- AI/AN Patient Life Goal Setting & Culture
- Outreach Strategies in Non-Native & AI/AN Events
- AI/AN Communication
- AI/AN Messages, Materials & Settings
- Evaluating & Tracking PN Tasks and Follow-up
- Cancer Content for Cancer-Specific PN
- Spirit of the EAGLES Native Cancer 101 Modules

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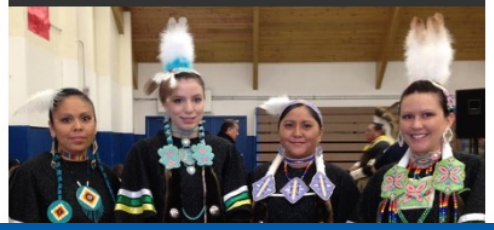

https://natamcancer.org/Training

- Screenable Cancer Content - Get on the Path to Health Curricula
- Non-Screenable Cancer Content for Cancer-Specific PN
- Clinical Trials Education for Native Americans (CTENA)
- Genetic Education for Native Americans (GENA®)
- Survivorship
- Native American Cultural Competency 101
- Native American Cultural Competency 201
- Intermediate Grant Writing Training
- Grant-writing skills for National Institutes of Health (NIH)
- Small Business Innovative Research Grant (SBIR) Applications for National Institutes of Health (NIH)

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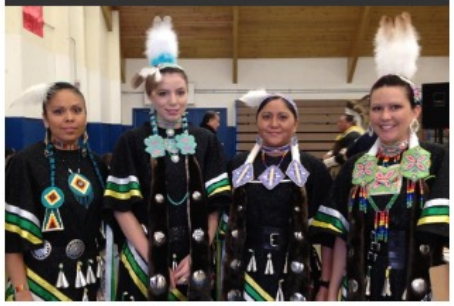

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Meet Ms. Mouse (computer training skills)

These sessions were created to help staff who have little to no experience working with computers. They are tailored to the participants' needs. These can be held as separate, small group sessions for beginners or intermediate computer users in conjunction with other training topics.

- Word (60 minutes)
- Literacy (how to use and avoid common errors within Word's Flesch-Kincaid software) (40 minutes)
- Excel (60 minutes)
- Power Point® (60 minutes)
- Email (45 minutes)
- Internet (valid vs. questionable cancer websites) (45 minutes)

Word Hyperlinks

- Quick Access Toolbar, ribbon, taskbar
- Dock settings
- Font types, sizes and displays
- Line spacing, paragraph indents, kerning, tabs, bullets, number lists
- Insert headers, footers, page numbers
- Insert pictures, figures
- Autocorrect
- Cut and paste
- Grammar and literacy check
- Headers for the Table of Contents (TOC)
- Line Numbers (e.g., collaboration via webinars)
- Track Changes
- Convert Table to text
- Convert Word into PDF
- How to label documents
- End of document

Table of contents

- Interactivity LB Budget template
- Frequently used commands
- COUNTIF formulas
- Dates formatting
- Dates & Data Validation
- Format Cells: Custom
- Conditional Formatting
- Format Table
- Table: Total row / column
- Data Validation: input & error messages
- VLOOKUP
- Calculations with days / dates
- Flash Fill
- Handling strange data
- Customize ribbon
- Macros
- Conditional Format: cell colors
- Lock only specific cells and ranges in a protected
- Font: upper and lower case
- Pivot Tables
- Pivot Tables: Drill down
- Teams 1-20 tips

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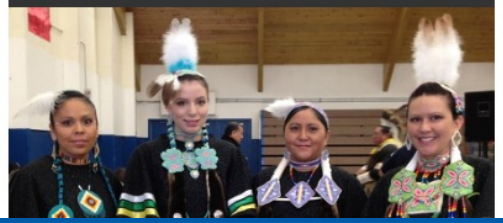

Overview of NPN (cont.)

https://natamcancer.org/Training

- PN Collaborating with HC Team in and out of Indian Country (30mins) 🟣
  - Understand why it is important to build relationships with the Cancer Center's staff
  - Demonstrate knowledge of diverse protocols for establishing relationships with the cancer care professionals and facilities.
  - Be prepared to collaborate with others.
- Safety for Native Patient Navigators (90mins) 🔴
  - Identify at least 3 strategies to improve personal safety for the PN
  - Identify settings that increase likelihood of patient's private information remaining confidential
- PN Resources & Resource Guide in Native communities (45mins) 🟢🟡
  - Establish a data base on culturally appropriate, accessible and available cancer care professionals and facilities for local AI community members.
  - Implement an informal survey of existing cancer care resources for the local AI community.
  - Identify key components to include within a Resource Binder
  - Identify criteria to evaluate products, materials or services for cultural appropriateness and scientific accuracy.
  - Assemble their master, personal Resource Binder, both physical and electronic.

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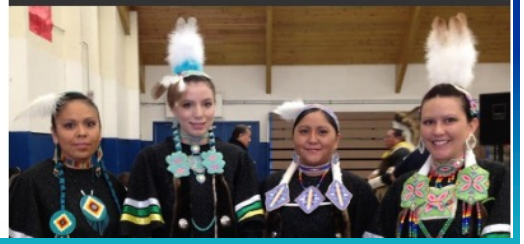

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History and Cultural Framework Related to NPN

- AI / AN history and impact on perceptions and healthcare (45mins)
  - Describe at least 3 events that contributed to Indigenous distrust of federal government
  - Identify the impact of the Indian Healthcare Improvement Act on Indigenous health
  - Identify how Indian Gaming impacts tribal nations
- Optional: AI/AN historical trauma (40min)
  - Describe the potential connection between historical trauma and epigenetics
- Optional: AI sterilization (30min)
  - Describe factors that contributed to AI women being sterilized without informed consent.
- Optional: Havasupai (30min)
  - Describe factors that contributed to insufficient informed consent processes that led to Havasupai research violations.
  - Identify short and long-term effects of the Havasupai research violations.
- Cultural competency with AI/AN settings (45mins)
  - Describe aspects that comprise cultural competency
  - Identify at least 3 strategies that are likely to improve cultural competency in health care settings that serve AI/ANs
  - Identify at least 3 cultural beliefs or behaviors that are common among most of the tribal nations

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Implementing & Interpreting Assessment Tools with AI/AN patients

- AI/AN Needs assessments (30mins)
  - Identify the rationale for collecting needs assessment data
  - Identify 3 CoC requirements of community needs assessments
  - Describes 3 alternative strategies to standard survey data collection that have been implemented in partnership with American Indian communities
- AI/AN Patient's goals and preferences (30mins)
  - Identify strategies the PN can use to help the client / patient create feasible behavioral goals
- AI/AN Survivorship care plans (SCPs) (60mins)
  - Review selected SCPs for benefits and limitations
- AI/AN Stress / distress (30mins)
  - Identify how to use Stress / Distress assessment tool(s) and scores.
- AI/AN Quality of life (30mins)
  - Identify how to use QoL tools
- AI/AN Fatigue (30mins)
  - Identify how to use fatigue tools
- AI/AN Pain (30mins)
  - Identify how to use pain assessments

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https://natamcancer.org/Training

AI/AN Patient Life Goal Setting & Culture

- PN helping AI/AN patients identify goals, concerns & questions to share with HC team (30mins)
  - Identify strategies the PN can use to help the client / patient create feasible behavioral goals
  - Identify members of the oncology team who need to be informed of the patient's wishes

- AI/AN Emotionally challenging situations (60mins)
  - Identify potentially difficult / uncomfortable situation for which the PN is likely to encounter
  - Identify strategies to address uncomfortable situations
  - Identify issues that arise when dealing with dying, wills and end-of-life documents

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Outreach Strategies in Non-Native & AI/AN Events

- Informing through tribal newsletters, papers, radio, TV, PSA, or short articles (45mins)
- How to advertise (45mins)
- How to write information articles (Indian Country Today, tribal newspaper) (45mins)
- Recruitment strategies (45mins)
- Outreach at community events: Do's & Don'ts (45mins)
- Exhibit booth protocol (PowWow, health fair) (45mins)
- I/T/U Protocols for promotional products (30mins)
- Critique of informational videos, digital stories in waiting rooms (40mins)

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AI/AN Communication

- AI/AN communication patterns & culture (60 mins)
  - Identify characteristics of verbal, vocal and non-verbal communication
  - Identify communication patterns common among AI/ANs
  - Identify strategies to improve communication with non-Natives
  - Identify characteristics of passive, aggressive and assertive communication.
- Elevator speeches and AI/AN programs (30min; participant activity next day for 20mins)
  - Identify traits that characterize an elevator speech
  - Identify key points for inclusion in an elevator speech
  - Demonstrate an effective public health elevator speech
- Motivational inerviewing (conducted with specialists from the PN training collaborative only) (6hours)
  - Explain and implement BASIC MI skills (Engaging and Focusing, Getting Moving: OARS, Providing Information and Advice with Permission (Elicit/Provide/Elicit), RULE (Resist, Understand, Listen, Empower), Ambivalence: Developing Discrepancy Recognizing Change Talk or Sustain Talk, Evoking and Strengthen Change Talk, Responding to Change Talk – EARS, Planning)
  - Explain and implement ADVANCED MI skills (Change Rulers, Decisional Matrix, Asking Permission, Normalizing, Paradoxical statements, Appeal to Values)
- Common AI/AN patient-provider / family issues (75mins)
  - Identify issues facing patients and their families during cancer diagnosis and treatment
  - Demonstrate knowledge of diverse methods to work with patients and families
  - Identify communication skills to help patients address ongoing issues
- Resolving conflict, avoiding common AI/AN miscommunication (45mins)
  - Identify common miscommunication between AI patients and providers
  - Describe at least 3 strategies to improve the communication between the patient and healthcare provider
- I-messages: learning how to ask questions that the AI/AN patient desires and the non-native provider can understand (45mins)
  - Identify examples of assertive "I messages"
  - Create assertive "I messages"

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AI/AN Messages, Materials & Settings

- AI/AN Messages (phrasing) (40mins)
  - Identify key traits for public health messages specific to AI/ANs Media (format) (40mins)
- AI/AN Media and Settings (venue) (40mins)
  - Identify benefits and drawbacks for types of media and venues used in AI/AN public health
- Creating culturally appropriate products for local AI/AN community (40mins)
  - Identify factors that influence the effectiveness of materials
  - Critique selected AI/AN public health products and identify ways to improve each
  - Identify the processes for creating brochures, posters, fliers specific to AI/AN communities
- Literacy and AI/ANs (40mins)
  - Identify how to use "literacy" formulas within "Word®"
  - Identify common mistakes using the Flesch-Kincaid literacy formulas within "Word®"

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Evaluating & Tracking PN Tasks and Follow-up

- Forms for evaluating Native PN actions & the Native patient navigation program (60mins)
  - Identify resources that explain what PN are expected to do on the job
  - Identify forms that help the PN document tasks completed while working with patients / clients
  - Briefly review NACI Care© data entry and evaluation tool to assess the effectiveness of the PN and the patient navigation program
- NACI Care© and diverse populations' navigation program data entry, tracking and evaluation
  - Demonstrate how to maneuver
  - Describe what is included within the PN component
  - Explain what is included in the Patient component
  - Identify roles PN Administrator needs to carry out prior to PNs accessing NACI Care©
- AI/AN Evaluation strategies: do's and dont's (40mins)
  - Identify strategies and practices that increase the effectiveness of evaluation
  - Distinguish between effective and ineffective evaluation strategies

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https://natamcancer.org/Training

Cancer Content for Cancer-Specific PN

- Native Cancer 100 (overview of cancer) (50mins)
  - Describe the process through which normal cells become cancerous
  - Describe the difference between benign and malignant tumors
  - Describe two types of cancer and where they occur in the body
  - Describe statistical trends for cancer among AI regions
- Native Cancer 100b (optional excerpt "Genes and Cancer") (25mins)
  - Identify genetic principles and terminology related to cancer
- Native Cancer 101 (diagnosing & staging) (60mins)
  - Identify ways cancers are diagnosed
  - Identify two methods to diagnose, grade and stage cancer
  - Give two reasons why staging is important
- Native Cancer 102 (treatments) (60mins)
  - Discuss currently available cancer treatment modalities
  - Identify common side effects associated with cancer treatments
  - Identify roles NPN may play throughout cancer treatments
- Native Cancer 103 (side effects) (60mins)
  - Identify the differences between acute, chronic and late effects of cancer and cancer treatment
  - Identify at least 5 strategies for addressing side effects of cancer/cancer treatment

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Comparable objectives for
- Cervix
- Colorectal (bowel)
- Lung
- Prostate

screenable cancers

Screenable Cancer Content - Get on the Path to Health Curricula

- Get on the path to breast health (90mins)
  - Identify common misinformation related to breast cancer in AI/ANs
  - Distinguish between accurate information and common myths about breast cancer in Indian Country
  - Identify the anatomical structure of the breast
  - Identify the most likely areas for breast lumps to occur
  - Identify geographic regions where new cases of breast cancer occur and where breast cancer deaths are highest among Native women
  - Identify at least 2 factors that increase a woman's risks for developing breast cancer
  - Identify at least 2 factors that help protect a woman from developing breast cancer
  - Determine one's personal risk assessment based on family history, genetic make-up and epigenetics
  - Identify the types of recommended breast cancer screening tests according to the USPTF
  - Describe what happens before, during and following most breast cancer screening tests
  - Identify who may pay for the costs of breast screening other than IHS
  - Identify common symptoms of breast problems (that require access to timely medical services to determine causes of the problems)

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Topics for “non-screenable Cancer content for PN”:

- Brain
- Gallbladder
- Gynecological
- Kidney
- Leukemia
- Multiple Myeloma
- Pancreatic
- Stomach

Non-Screenable Cancer Content for Cancer-Specific PN

- Brain (60mins)
  - Identify how location of tumors impact function of the brain
  - Distinguish between primary brain tumors and metastatic brain cancer
  - Distinguish between brain cancer fact and fallacy
  - Review how brain cancer incidence differs for AI/ANs and Non-Hispanic whites
  - Identify risk factors for brain cancer
  - Identify brain tumor symptoms
  - Describe techniques to diagnose and treat brain cancer
- Gallbladder (60mins)
  - Identify facts and fallacies about gallbladder cancer
  - Identify anatomical structure of the gallbladder
  - Identify geographic regions where new cases of gallbladder cancer occur and where gallbladder cancer deaths are highest among AI/ANs
  - Identify risk factors for gallbladder cancer
  - Describe diagnostic tests, symptoms, treatments and follow-up care for gallbladder cancer

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Clinical Trials Education for Native Americans (CTENA)

CTENA provides easy-to-understand, interactive educational workshops to increase Native Americans' awareness and understanding of clinical trials and to facilitate decision making about clinical trials participation. The curriculum includes twelve objectives. These workshops have been held in geographically diverse settings with intertribal participants (e.g., Anchorage, AK, Albuquerque, NM, Denver, CO, and Rapid City, SD). The average increase in knowledge was 25%. Each objective includes a participant interactive activity:

- **NA-1.** Examine common reasons for and against Native American communities' participation in research studies. (30 minutes)
- **NA-2.** Describe the importance of including Native Americans in cancer care trials. (30 minutes)
- **NA-3.** State the purpose and importance of clinical trials. (30 minutes)
- **NA-4.** Describe the types and purposes of cancer clinical trials. (45 minutes)
- **NA-5.** Explain the phases of cancer clinical trials. (45 minutes)
- **NA-6.** Examine common Native American myths and beliefs related to cancer clinical trials. (30 minutes)
- **NA-7.** Identify local and national resources for accurate cancer and clinical trials information. (30 minutes)
- **NA-8.** Examine the potential benefits and drawbacks of participation in cancer treatment clinical trials. (30 minutes)
- **NA-9.** Describe the impact of Native cultural perspectives on health and the experience of cancer and clinical trials. (45 minutes)
- **NA-10.** Examine selected ethical, social, cultural, spiritual and legal issues related to Native American's participation in clinical trials. (45 minutes)
- **NA-11.** Describe benefits and drawbacks in using traditional Indian medicine in cancer care. (30 minutes)
- **NA-12.** Identify the Tribal Research Approval Process relevant to clinical trials. (60 minutes)

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Genetic Education for Native Americans (GENA®)

GENA®, provides a Native-specific science curriculum comprised of 29 objectives. These objectives can be individually combined to create an educational program on genetic science that is tailored to a program's specific needs. The focus of GENA® is to help workshop participants increase their genetic knowledge to assist with informed decision-making regarding genetic science, testing, or research opportunities. All objectives include interactive participant exercises created to increase learning. GENA® workshops have been evaluated for success with Native American college students and with selected intertribal community meetings from 1999 through 2003. The increase in genetic and cultural knowledge averaged 30% and was statistically significant (p=.001) and received high praise from participants.

NACR staff and consultants (Linda B and Lynne Bemis, PhD) continue to conduct an average of three GENA® tailored workshops each year throughout the USA. Although there originally were 29 objectives, over the last decade, some were combined together and others, were of no interest to I/T/U communities (e.g., 3 HapMap objectives). The subsequent 18 GENA® objectives grouped as follow:

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ETHICAL, LEGAL, SOCIAL, CULTURAL ISSUES

- Distinguish between facts and myths of genetic issues of concern to Natives. (60 minutes)

BASICS

- Describe parts of a cell (45 minutes)
- Review basic principles of cell biology and genetics (e.g., cell structure, location of DNA and RNA, protein expression, transcription, and translation) (45 minutes)
- Identify the types of genetic research that are of interest / priority to their home Native communities (45 minutes)
- Review genetic concepts. (45 minutes)
- Understand classical patterns of inheritance and cultural traditions related to these patterns. (60 minutes)

GENETIC TESTING

- Describe genetic testing. (30 minutes)
- Examine selected Native American cultural and ethical issues related to genetic testing (60 minutes)
- Identify common misconceptions related to genetic testing. (30 minutes)
- Analyze the benefits and risks of genetic testing. (30 minutes)
- Determine factors that should be considered when deciding whether or not to take part in genetic testing. (10 minutes)

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CONTEMPORARY SCIENCE

- Examine current genetic research-related issues and their potential impact for Native communities. This objective has 3 different versions: stem cells, microRNA or nanotechnology (60 minutes each version)
- Describes benefits and drawbacks to pharmacogenetics (60 minutes)
- Identify advantages and limitations of selected models for human diseases. (60 minutes)

TRIBAL RESEARCH APPROVAL PROCESSES

- Analyze the Tribal Research Approval Process relevant to genetic research. (60 minutes)

GENETIC COUNSELING

- Recognize the roles of the health care team involved with cancer genetic counseling. (20 minutes)
- Describe culturally acceptable methods of collecting a family history. (45 minutes)
- Examine selected ethical, legal, and cultural issues of genetic counseling (30 minutes)

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Survivorship

- Survivorship 101 (75 mins)
  - Identify how AI/AN cancer survivorship has changed from the 1990s to 2020s
  - Identify factors that contribute to survivorship inequities
  - Identify strategies to improve quality of life (QoL) for AI/AN cancer survivors
  - Identify at least 3 issues that are unique to AI/AN cancer survivors
- Native American Cancer Education for Survivors (NACES) (40 mins)
  - Describe how NACES can be used while working with an AI/AN cancer patient/survivors
  - Identify at least 3 key AI/AN survivor findings from NACES
- Becoming a Thriver (75 mins)
  - Identify common changes in cancer survivor's quality of life
    Describe strategies to transition from survivor to thriver
  - Identify what SCP include and how they are used
  - Identify benefits and limitations of selected SCP
  - Develop or expand their own SCP
- Palliative care and symptom management (i.e., Native Cancer 103 expanded to include palliative care) (120 minutes)
  - Describe what palliative care is and how it helps the patient.
  - Describe what types of care are included in palliative care and who is the likely recipient of palliative care.
  - Identify the differences between acute, chronic and late effects of cancer and cancer treatment
  - Identify at least 5 strategies for addressing side effects of cancer/cancer treatment

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  - Identify at least 3 issues that are unique to AI/AN cancer survivors
- Exercise for Cancer Survivors (90 minutes)
  - Describe physical activity guidelines for cancer survivors
  - Describe how and why physical activity needs to be modified for specific conditions experienced by cancer survivors (e.g., patient has metastasized cancer)
- Survivorship Support Circles (60 minutes)
  - Describe unique features of the NACR Native American cancer support circles.
  - Identify three things that make a cancer support circle successful.
  - Describe how your Support Circle may be organized to be acceptable to your local community.
- Advanced Directives and Final Wills and Testaments (60 minutes)
  - Describe the parts that should be included in Advanced Directives and Wills and their value to each of us.
  - Clarify when to prepare Advance Directives and how frequently revise them
  - Identify the benefits of having a legal will
  - Tribal will and inheritance policies versus non-Native
  - Identify examples of state and tribal legal standards for tribal member's final will
  - Identify questions to clarify which legal standards apply (state or tribal)

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Native American Cultural Competency 101

This training originally was developed in 2007 with funding and continuing education credits from the Centers for Disease Control and Prevention. The Project Team conducted the trainings at CDC in Atlanta, GA, state departments and tribal communities primarily throughout the Northern and Southern Plains, West Coast and Rocky Mountain regions.

- **Objective 1**. Summarize the need for culturally appropriate actions based on the historical perspective of Native American populations (includes US Census, Tribal Sovereignty, historical events and distrust of government, historical trauma). (60 minutes)
  - Sub-Objective: Distinguish among factors affecting AIAN racial misclassification. (30 minutes)
  - Sub-Objective: Delineate AIAN regional cancer incidence and mortality differences. (30 minutes)
  - Identify barriers that affect AI/AN ability to create, access or use cancer prevention and control programs (20 minutes)
- **Objective 2**. Identify health service systems and delivery methods available to Native American populations (includes patterns, IHS CHS/PRC, effective messaging, materials development, and literacy issues). (160 minutes)
- **Objective 3**. Identify culturally sensitive communication methods for Native American outreach efforts. (120 minutes)
- **Objective 4**. Identify culturally sensitive education and intervention strategies for Native American outreach efforts. (120 minutes)
  - Sub-Objective: Identify factors that increase the successfulness of navigation models (Native Sisters) in Indian Country.

Legend of PN Competency Domains:

(Click to view each full PN competency statement)

- **I. Domain:** Ethical, cultural, legal, and professional issues
- **II. Domain:** Client and care team interaction and communication skills
- **III. Domain:** Health Knowledge
- **IV. Domain:** Patient care coordination
- **V. Domain:** Practice-based learning
- **VI. Domain:** Systems-based learning
- **VII. Domain:** Communication / interpersonal skills

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Native American Cultural Competency 201

This workshop is designed for public health professionals, Native program directors and staff who are working with health and cancer prevention / early detection programs. The overarching goals of this 6.5 hour training are: (1) To educate public health professionals on the initial steps in building tribal and government relationships to improve health outcomes for Native American populations; (2) To educate public health professionals in building relationships with tribal and urban programs to improve interactions and communications related to health and health outcomes for Native American populations; and (3) To increase understanding of successful and effective AIAN cancer public health program planning, implementation and evaluation. Participants will develop skills in culturally respectful strategies for effective working relationships between (1) Native health programs and (2) state public health programs, academic or clinical health settings; modifying evidence-based interventions, understanding AIAN learning styles, and working with electronic evaluation programs. Sessions will include interactive activities and problem-solving exercises focused on specific challenges and solutions. It is helpful to have completed Cultural Competence 101 prior to enrolling in this training. **The objectives follow:**

- **Objective A**. Identify communication methods and literacy issues that affect interactions among providers, patients, public health educators and AIAN community members (90 minutes).
- **Objective B**. Identify how styles of learning and educational programs can facilitate communication for Native American community (60 minutes).
- **Objective C**. Identify selected issues in NDN Country that affect successful cancer program implementation (120 minutes)
- **Objective D**. Identify characteristics of scientific evidence interventions that affect the ability to appropriately translate science within AIAN communities (60 minutes).
- **Objective E**. Identify ways technology can improve the evaluation of the success and effectiveness of AIAN public health programs (60 minutes).

Legend of PN Competency Domains:

(Click to view each full PN competency statement)

- **I. Domain:** Ethical, cultural, legal, and professional issues
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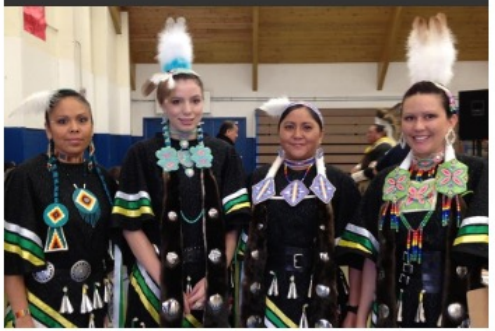

Thank you for inviting me and allowing me to share Native Patient Navigation Training by NACR/NACI