

Capsule Commentary on Percac-Lima et al., Decreasing Disparities in Breast Cancer Screening in Refugee Women Using Culturally-tailored Patient Navigation

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This retrospective study conducted by Percac-Lima et al.¹ evaluated the impact of providing linguistically and culturally concordant patient navigation for female refugees ages 40–74 from Somalia, the Middle East and Bosnia on reducing disparities in breast cancer screening at an urban health center. Eligible patients (188) received a letter followed by phone or in-person contact by a patient navigator. Navigated patients were provided education, assistance with barriers and appointments for mammograms. Mammography rates increased in all three groups of refugee women, becoming comparable with rates of English and Spanish-speaking women receiving care at the same center.

Disturbingly, the greatest increase in screening occurred in the 40–50-year-old population, a group for which there is no evidence of mammography benefit. An intervention that markedly increases potentially inappropriate medical care may not be a desired outcome. It would also be desirable to have included cost data, to assist healthcare system decision makers in considering economic as well as clinical value when deciding whether to adopt patient navigation. Translation of research to practice increasingly needs to include such analyses as systems face tighter and tighter fiscal constraints.

Patient Navigation is a promising intervention to address health disparities among vulnerable populations. This study is one of several that has shown improvement with culturally tailored, language-concordant patient navigation in breast, cervical and colorectal cancer screening rates among hard-to-reach populations including refugees, low income, and racially and ethnically diverse patients.^{2–5} Other health disparity populations, such as patients with behavioral health issues and disabilities, may also benefit from patient navigation.

As the US population becomes more diverse, it is a challenge for fragmented healthcare delivery systems to provide patient-centered, cross-cultural care. However, even if ideal, matching patient navigators with patients who share particular characteristics may not be a feasible or sustainable means to achieve health equity. Additional research is required to assess what is feasible and most effective in reducing health disparities in this environment of limited resources in order to inform national health policy. These research studies can be helpful by including cost measures and analyses to evaluate the economic value of patient navigation interventions.

Conflict of Interest: The author declares she has no conflicts of interest.

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