C-Change Cancer Careforce
Summit Planning Committee

- Edward J. Benz, Jr., MD, FACS
  Dana-Farber Cancer Institute
- Elizabeth J. Clark, PhD, ACSW, MPH
  National Association of Social Workers
- Angelina Esparza, MPH, BSN, BA
  American Cancer Society
- Matthew Farber, MA
  Association of Community Cancer Centers
- Annette L. Galassi, RN, MA
  National Cancer Institute
- Joyce Hendershott, MSW, LSW-S, ACSW
  OSU James Cancer Hospital & Solove Research Institute
- Maureen Y. Lichtveld, MD, MPH
  Tulane Univ. School of Public Health and Tropical Medicine
- Katherine Roland, MPH
  Centers for Disease Control and Prevention
Welcome & Overview

Edward J. Benz, Jr., M.D.
Betsy Clark, PhD, MSW, MPH
Sustaining a Strong National Cancer Workforce

Promoting Cancer Careers
Building Capacity and Skills

Oncologists
Primary Care
Care Force

Lay Patient Navigators
Family Care Givers

For Patients...
the best care at the right time

Recruiting Kit
Cancer Competency Toolkit

Actions
Disseminated to non-oncology professionals
Capacity of the Cancer Careforce

What is the capacity of the Cancer Careforce?

– Caregiver
– Faith-based leader
– Navigator
– Volunteer
– Advocate
Cancer Careforce Summit
Goals

– Define key challenges and opportunities to better engage, integrate, and sustain the Cancer Careforce

– Identify opportunities to build the capacity of the Cancer Careforce

– Promote the Cancer Careforce
The Role of the Cancer Careforce

Andy Miller
Principal, MillerStephens & Associates
The Role of the Cancer Careforce

Andy Miller, MHSE, MCHES
Miller Stephens & Associates
“The power of community to create health is far greater than any physician, clinic or hospital.”

Mark Hyman
“Life is not about waiting for the storm to pass. It's about learning to dance in the rain.”

Vivian Greene
Regardless of why someone becomes a caregiver, the experience will be transformative in both positive and negative ways. There is great potential for enlightenment and tragedy in caregiving, since there is nothing neutral about caring for another human being who can’t care for him- or herself.

Stan Goldberg
Expect limited stability
Accept change is difficult
Be nimble
Adapt to fluctuations
“Like snowflakes, the human pattern is never cast twice. We are uncommonly and marvelously intricate in thought and action, our problems are most complex and, too often, silently borne.”

Alice Childress
Thank you.

Find me:
andy.miller@millerstephens.com
@jamaustex
Who is part of the Cancer Careforce?

Kristen Cox Santiago, MS
C-Change

@Kristen_CChange  @Cchangetogether  #CancerCareforce
Information Gathering Process

- Interviews
- Focus Groups
- Surveys
Wide Variety of Cancer Careforce Roles & Services

- Caregiver
- Faith-based leader
- Navigator
- Volunteer
- Advocate

- Provide emotional support
- Provide physical care
- Provide spiritual guidance
- Provide logistical assistance
- Educate & raise awareness
Wide range of services
Cancer Careforce Challenges & Barriers

Edward J. Benz, Jr., M.D.
Co-Chair, C-Change Workforce Initiative
Challenges & Barriers

• Competency/ preparedness
• Struggles working alongside the healthcare system
• Challenges with communication and interactions with the healthcare system
• Financial challenges
• Physical challenges
• Emotional challenges
• Access to care and resources
• Challenges in spirituality
Which barrier requires the most immediate attention?

- Competency/preparedness
- Struggles working alongside the healthcare system
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THE CANCER CAREFORCE:
THE PEOPLE BEHIND THE PATIENT — WHO THEY ARE, WHAT THEY NEED, HOW WE CAN HELP

2013 CANCER CAREFORCE SUMMIT
THE OMNI HOTEL, CHICAGO, IL

@CChangetogether   #CancerCareforce
facebook.com/cchangetogether
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Cancer Careforce Opportunities

Betsy Clark, PhD, MSW, MPH
National Association of Social Workers
Co-Chair, C-Change Workforce Initiative
Top 2 Barriers/ Challenges

- Competency/ Preparedness
- Communication & interactions with the healthcare system
## Top 2 Barriers/ Challenges

<table>
<thead>
<tr>
<th></th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Opportunity</th>
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<td>Develop resources for caregivers (64%)</td>
<td>Improve support for careforce (54%)</td>
<td>Integrate careforce into healthcare system (36%)</td>
</tr>
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<td>Provide feedback from medical team to careforce (57%)</td>
<td>Integrate careforce into healthcare team (50%)</td>
<td>Create a communication book (50%)</td>
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Top 2 Barriers/Challenges

Tabletop Discussion Instructions:

1. Come to consensus on the top opportunity
2. Discuss the most important things that need to be done first to make this opportunity a reality.

Tables 1-3
- Competency/Preparedness

Tables 4-6
- Communication & interaction with the healthcare system
Identify a Primary Opportunity & Associated Actions

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Closing Remarks

Tom Kean
President & CEO, C-Change
Summary of Day 1:
• Top Barriers
  – Competency/Preparedness
  – Communication & interactions with the healthcare system
• Top Opportunities

Preview of Day 2:
• Breakfast at 8am
• Meeting starts at 8:45am
• Panel Discussion
• Competencies & Resources
• Outcomes & Next Steps
Please join us for a Networking Reception

Great Hall / Van Gogh Room
5:00 - 7:00 PM
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Welcome

Kristen Cox Santiago, MS
C-Change

@Kristen_CChange  @CChangetogether
The Role of Cancer Core Competencies

Maureen Y. Lichtveld, MD, MPH, Tulane University
Planning for the Cancer Care Force of the Future: A Competency-Based Approach + ?

Maureen Lichtveld, MD, MPH
Tulane University School of Public Health and Tropical Medicine,
Professor and Chair
C-Change Executive Board Member
Member, Cancer Care Force Planning Committee
Learning Objectives

• Highlight successes in competency-based cancer care education

• Explore the value of competency-based cancer care education in improving the knowledge, skills and attitudes of the cancer care force active in different cancer care settings

• Identify strategies to leverage and tailor existing assets
Two Part Challenge:
Part I: Scope of the Workforce Supply

• Demand for oncologists is expected to exceed supply by 25%-30% by 2020 (ASCO, 2007).
• The social work labor force is older than most professions, with nearly 30% of licensed social workers over age 55 (NASW, 2006).
• By 2020 the projected gap between supply and demand for RNs will be 340,000 (three times larger than ever experienced in the U.S.).
• By 2020, more RNs will be in their 60s than in their 20s (Auerbach & Buerhaus & Staiger, 2007).
• The average age of a public health worker is 47; many public health agencies currently face a 20% vacancy rate (APHA, 2008).
• Cancer registrar vacancies remain difficult to fill in some regions of the country and demand for registrars is estimated to grow 10% in the next 15 years (NCRA, 2006).
• The proportion of minorities in the population outstrips their representation among health professionals by several fold (IOM, 2004).
Two Part Challenge-
Part II: Cancer Care Force

- Provide care in many different settings- from hospitals to hospices
- Engaged in assisting patients at multiple stages of the cancer care continuum
- Care for patients with many different cancer types
- Collaborate with variety of stakeholders- health professionals, families, governmental agencies, insurance companies
- Scope of work is not well defined, yet much in demand.
Goal:
Strengthen the basic cancer competency (knowledge, skills, and attitudes) of the non-oncology health workforce
Anatomy of a Competency Statement

Competency statements define what a learner should know or do:

- Define palliative and end-of-life care
- Level of complexity and/or independence
- Targeted cancer content

Within context:
  - Scope of Practice
  - Level of Expertise
  - Role and Responsibilities
Breadth & Depth of the Competency Statement

Domain I
- Continuum of Care
- Prevention / Early Detection
- Treatment / Survivorship
- Palliative Care

Domain II
- Basic Cancer Science
- Etiology / Epidemiology
- Clinical Trials
- Cancer Surveillance

Domain III
- Communication & Collaboration
- Interdisciplinary Care
- Psychosocial Communication
- Cross-Cultural Communication
- Grieving

Work Setting
- Administration
- Ambulatory Clinics
- Academics
- Acute Care Clinics
- Cancer Centers
- Home Health Agencies
- Professional Societies
- Advocacy Organizations

Discipline
- Allied Health
- Medicine
- Nursing
- Pharmacy
- Public Health
- Research
- Social Work

Students
- Residents/Fellows
- Field Faculty
- Practicing Professionals
Who? Defining Learners/audience- Discipline, Scope of Practice

Who?

- Physician
- Nurse
- Social Worker
- Pharmacist
- Public Health Worker
- Nursing Assistant
- Lay Health Worker
- Multi-disciplinary team

Implications for Program Design

- Levels of education / training
- Areas of expertise
- Scope of practice
- Roles and responsibilities
- Interactions
- Interdependence
Pilot Site Findings:
Audrain Medical Center - Mexico, MO

- Public health nurses working in rural counties
- Skin cancer & early detection rotation
- Course and clinical rotation
- Improvement in Knowledge: 39% ↑ from pre-post test
- Measureable increases in differentiating between benign and malignant lesions
Examples of Success

Population:
• Native health workers, cancer survivors, and caregivers

Focus:
• Address culture-specific cancer pain
• Explain how cancer pain differs from other types of pain
• Perform a cancer pain assessment
• Differentiate pain and distress

Results: 102 participants
• 120% improvement in confidence in symptom recognition and reporting

Unique Approach:
• Pre-Assessment with talking circles
• Patient symptom journal
• “Discomfort” Barometer

South Puget Intertribal Planning Agency (SPIPA)
CULTURAL COMPETENCE IN MEDICINE AND PUBLIC HEALTH

www.asph.org/competency
www.aamc.org/culturalcompetenceinmedicineandpublichealth
Knowledge competencies (Cognitive)

At the completion of the program of study, students will be able to:

• **Examine** factors that contribute to health disparities, particularly social, economic, environmental, health systems, and access to quality health care.

• **Describe** strategies to communicate with limited English proficient patients and communities, such as working with trained medical interpreters or translated materials.

• **Describe** the role of community engagement in health care and wellness.

• **Articulate** the roles and functions of local health departments, community partners and organizations, to include capabilities and limitations.*

* bridging competency
At the completion of the program of study, students will be able to:

- **Integrate** a patient’s/family’s/community’s cultural perspective(s) in developing treatment/interventions.*
- **Apply** (community) constituent-/patient-centered principles to earn trust and credibility.
- **Engage** community partners in actions that promote a healthy environment and healthy behaviors.
- **Communicate** with colleagues, patients, families, and communities about health disparities and health care disparities.

* bridging competency
At the completion of the program of study, students will:

- **Demonstrate** willingness to assess the impact of one’s own culture, assumptions, stereotypes, and biases on the ability to provide culturally competent care and service.
- **Demonstrate** willingness to explore cultural elements and aspects that influence decision making by patients, self, and colleagues.
- **Demonstrate** willingness to collaborate to overcome linguistic and literacy challenges in the clinical and community encounter*
- **Appreciate** the influence of institutional culture on learning content, style, and opportunities of professional training programs.

*bridging competency*
CAREFORCE BY ANOTHER NAME?

- Community health advocate
- Community health outreach worker
- Community liaison
- Health ambassador
- Health educator
- Patient navigator
- Peer listener
- Peer counselor
- Promotora
- Case manager
- Enrollment coordinator
- Family member
- Chaplain
- Community member
cancer care force
description: 
example “areas of practice”
Moving beyond general competencies: Infusing special topics into the core curriculum

Core Curriculum

1. Health, Public Health and Healthcare
2. CHW History & Roles, Skills, Tasks
3. Managing financial challenges
4. Effective Communication Strategies
5. Health system 101
6. Culturally Based Communication and Care
7. Health Education for Behavior Change:
8. Social Advocacy
9. Care Coordination and Patient Navigation
10. Writing and Technical Communication Skills
Example Competency Statement

Competency statements define what a learner should know or do:

Define the role of culture in health

- Level of complexity and/or independence
- Targeted content

Within context:
- Scope of Practice
- Level of Expertise
- Role and Responsibilities
NEXT STEPS

• Implementation:
  – *Innovation*: How do we get to competencies?
  – *Mobile health technology for learning*: How do we make sure the ultimate product is used? Is there an app for this?

• What else should be in the care force package?
  – *Asset mapping*: just-in-time and just-in-case portfolio of existing resources?
  – *“Public” awareness*: careforce --who?

• *Sustainability*: forces of change as opportunities?
• Who are we missing to get to “success”? 
• What should success look like?
Resources: www.cancercorecompetency.org

Overview & “How to” Guidance

Education and Practice Tools

Implementation Reports

Publications

Basics of a Logic Model

Addressing the Cancer Workforce Crisis Using a Competency-Based Approach with Non-Oncology Professionals


Pain & Palliative Care Competency Grants

Pain & Palliative Care Competency Grants Resources & Reports

Iowa Cancer Consortium: Project Overview, Competency Statements, How To, Competency Printer, Resources & Reports, Order a Toolkit

Purdue University: Cancer Core Competencies

My Journal: Recognizing & Documenting Cancer Related Distress & Discomfort

Virginia Commonwealth University: Teaching Cancer Care
Panel: Collaborating to Meet the Needs of the Cancer Careforce
Collaborating to Meet the Needs of the Cancer Careforce

• Moderator:
  – Andy Miller, Principal, MillerStephens & Associates

• Panelists:
  • Rabbi Richard Address, Rabbi, Congregation M'kor Shalom
  • Suzanne Mintz, Founder, Family Caregiver Advocacy
  • Gricelda Mendoza, Promotora, Redes’ North Central Regional Network Center
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Next Actions/ Resources

Tom Kean
President & CEO, C-Change

@TomKean2
Cancer Careforce Collaboration

Betsy Clark, PhD, MSW, MPH
National Association of Social Workers
Co-Chair, C-Change Workforce Initiative
Next Steps

- Promote the importance of the cancer careforce
- Build the capacity of the cancer careforce
- Document the process
- Encourage key stakeholders to take action to help meet the needs of the cancer careforce
- Identify C-Change’s unique contribution
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Thank you!