

Community Advocacy in Action: Navigating for Local Impact *Webinar Summary*



Community of Practice
for US Advocacy Groups
Webinar Series

US Public Affairs and Patient Advocacy
April 1, 2026

sanofi

Table of Contents

Why it Matters..... 2

Key Takeaways: Patient Navigation & Reimbursement..... 2

Key Takeaways: From Prescription to Practice: What It Takes to Manage COPD in the Real World..... 3

Insights from the Community 5

Call-to-Action: What Advocacy Organizations Can Do Now 6

Resources shared during webinar 7

DISCLAIMER: *This document is provided as a resource only and does not constitute an endorsement by Sanofi of any particular organization or programming. Additional resources on this topic may be available and should be investigated. Sanofi does not review or control the content of non-Sanofi websites and platforms.*

Why it Matters

This Community of Practice is designed to bring advocacy organizations together to share practical insights, learn from one another, and accelerate the impact of their programs.

The current public health and prevention landscape faces uncertainty around preventive guidance and vaccine policy. In response, this Community of Practice is shifting focus from national policy discussions to practical, community-based solutions that can drive impact locally.

“With disruption at the federal level, it’s even more important that we come together and drive solutions in our communities.”

Angie Bricco
Head, US Public Affairs & Patient Advocacy
General Medicines

This session highlighted real-world models that help patients access care, navigate complex systems, and address barriers inside and outside of clinical settings, reinforcing the role of advocacy organizations in advancing solutions where people live, work, play, and pray: within communities.

Key Takeaways: Patient Navigation & Reimbursement



Karen Costello, MSW, LSW, OSW-C
Strategic Director
American Cancer Society

Patient navigation helps patients overcome barriers to care

Patient navigation supports individuals in moving through complex healthcare systems by addressing barriers such as access, cost, coordination, and understanding of care. Navigators improve equity and outcomes by helping patients access timely care and complete treatment across multiple disease areas, including but not limited to oncology.

Reimbursement is emerging, primarily within clinical settings

The introduction of Medicare Principal Illness Navigation (PIN) codes (2024) represents a significant milestone, signaling formal recognition of navigation as a reimbursable service. Early data from the ACS National Navigation Roundtable (NNRT) survey shows:

- In a survey of organizations participating in the ACS National Navigation Roundtable, over 60% of respondents reported implementing or planning to implement these codes.

Sanofi US Public Affairs & Patient Advocacy

- Adoption is occurring primarily within clinical environments such as hospitals and health systems
- These represent a critical first step toward sustainability, but are not yet a complete solution

Implementation, not awareness, is the primary barrier

Organizations are interested in using these codes but face operational challenges, including:

- Complex workflows, documentation, and compliance requirements
- Need for physician oversight and clinical integration
- Patient cost sharing
- Limited guidance on how to implement effectively

“Patient navigation can play a pivotal role... in improving health outcomes by helping people overcome barriers to gain access to care.”

Karen Costello

Adoption remains uneven and often limited to organizations with sufficient infrastructure.

Advocacy opportunity: from reimbursement to broader coverage

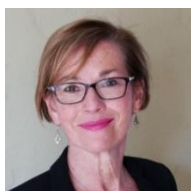
Participants highlighted that reimbursement alone is not sufficient. Broader insurance coverage for navigation services is a critical next step

- Advocacy organizations can:
 - Partner with providers implementing navigation programs
 - Advocate for expanded funding and policy support
 - Monitor evolving reimbursement and coverage pathways

Key Takeaways: From Prescription to Practice - What It Takes to Manage COPD in the Real World



Sarah Redding, MD, MPH
Co-Founder and CEO
Pathways Community HUB Institute



Amy Vreeland
Chief Quality Officer
Pathways Community HUB Institute

While reimbursement models are emerging in clinical settings, they often do not translate directly to community-based care. The Pathways Community Hub Institute® (PCHI®) Model demonstrates how communities can organize and fund care through community health workers (CHWs), addressing both clinical and social needs through outcome-based approaches.

“Community health workers are not optional, they are necessary infrastructure.”

Amy Vreeland

Community-based models address gaps traditional systems cannot

CHWs provide essential support by:

- Building trust through CHW-led home visits and culturally aligned engagement
- Addressing health-related social needs (e.g., housing, food, transportation) to reduce barriers to care
- Equipping participants to self-manage conditions, take medications as prescribed, and advocate for themselves

These roles are critical for individuals who are underserved or disconnected from traditional healthcare systems.

A shift to outcome-based, whole-person care

The PCHI Model:

- Identifies patient-specific risks, both clinical and social
- Tracks progress through measurable outcomes (e.g., sustained, stable housing, confirmed medication adherence)
- Aligns payment with results, not time spent

This creates accountability and supports sustainability in community settings.

What the pilot revealed about real-world patient needs

The COPD pilot surfaced several practical realities:

- Patients often do not fully understand their condition, even after clinical visits
- Many lack clear guidance on what actions to take daily or during exacerbations
- Medication adherence barriers are often logistical and social, including cost, pharmacy access, and understanding of how and when to take them
- Patients may feel intimidated or disconnected from providers
- CHWs help patients:
 - Understand care plans
 - Access and afford medications and services

Sanofi US Public Affairs & Patient Advocacy

- Communicate with providers
- Build confidence and self-advocacy skills

Mental health and social isolation were also identified as important factors influencing outcomes.

Early signals suggest improved outcomes, but more data is needed

Initial findings indicate:

- Increased access to primary and specialty care
- Improved medication use and disease understanding
- Greater patient confidence and engagement

There are also early signals of reduced emergency visits and hospitalizations. Formal analysis is ongoing.

Persistent system gaps limit scale and integration

Key challenges include:

- CHWs not consistently recognized as part of care teams
- Limited provider understanding of CHW roles
- Funding models that do not fully support community-based care
- Lack of alignment between payment structures and real-world needs

Insights from the Community

Clinical and community models serve complementary roles

- Clinical models, such as Medicare navigation reimbursement, support care within healthcare systems
- Community models, such as Pathways hubs, address social barriers using staff from within community organizations (CBOs, health departments, etc.)
- Both approaches are necessary but operate differently

Sustainability requires multiple funding approaches

- Clinical programs leverage reimbursement models
- Community programs rely on a mix of:
 - state programs
 - payer partnerships
 - philanthropic funding

Participants emphasized the need to bridge funding models and expand coverage.

Workforce development and sustainability are key challenges

Participants raised questions about:

- How to build and sustain the navigation and CHW workforce
- Compensation and career pathways for navigators and CHWs
- Retaining workers beyond pilot programs

There is growing recognition that workforce development must be addressed alongside funding.

Access to CHWs and navigators remains unclear for many patients

Participants asked how individuals can find CHWs or navigators. This highlights a need for:

- Clear referral pathways
- Stronger connections between healthcare providers and community organizations

Demand for replication and scaling

Participants expressed interest in:

- How to establish Pathways Community Hub models in new regions
- Learning from existing programs to replicate success locally

Peer examples reinforce value

Participants shared additional examples, including state-level programs using CHWs and navigators to connect patients to assistance programs. These examples demonstrate strong return on investment.

Call-to-Action: What Advocacy Organizations Can Do Now

Build and strengthen community partnerships

- Engage local organizations, faith groups, and community leaders
- Identify opportunities to collaborate with CHW and navigation programs

Explore and leverage existing funding pathways

- Understand reimbursement models (e.g., PIN codes) and their merits and limitations
- Identify opportunities to partner with providers or health systems
- Explore alternative funding (state programs, payer partnerships, philanthropy, pilots)

Build programs around real patient needs

Focus on:

FOR USE BY SANOFI US ADVOCACY COMMUNITY OF PRACTICE

Sanofi US Public Affairs & Patient Advocacy

- patient understanding of disease
- medication access
- ability to act on care plans

Recognize that ongoing support is required. Education alone is not sufficient

Collect and share real-world outcomes

- Demonstrate impact (e.g., care access, reduced ED visits, improved adherence)
- Use data to support advocacy and funding efforts and influence payers, policymakers, and partners

Learn, share, and collaborate

- Participate in peer exchange through the Community of Practice
- Share models, challenges, and lessons learned
- Explore how successful models can be adapted locally
- Contribute ideas for future sessions
- Advocate for reimbursement models that are outcome/value based and can be leveraged by non-healthcare organizations

Resources Shared

1. Information on the ACS National Navigation Roundtable: [Home - National Navigation Roundtable](#)
2. Information on the PIN codes: [Principal Illness Navigation Services | Medicare.gov](#)
3. Information on ACS' Leadership in Navigation (LION) Training: [Patient Navigator Training & Credentialing | American Cancer Society](#)
4. Information on Pathways Community HUB Institute: [Community Based Care Coordination | Pathways Community HUB Institute and PCHI Model Explainer Video](#)
5. [CY 2026 Physician Fee Schedule \(PFS\) Final Rule](#) (effective Jan 1, 2026) includes significant refinements to [Community Health Integration \(CHI\) codes](#), specifically HCPCS code G0019
6. [Oncology Navigation Standards of Professional Practice - Journal of Oncology Navigation & Survivorship](#)

7. Evidence to make the case for \$\$\$ for CHWs, the Community Preventive Services Task Force, the gold standard for evidence-based prevention policy/systems change, has three findings statements: [Breast Cancer: Community Health Workers | The Community Guide](#)
8. [Strengthening-Public-Health-with-CHWs.pdf](#)
9. Report from NACHW, Sanofi, and other partners on current models to sustain the CHW workforce: <https://nachw.org/projects/strengthening-ph-chws/>
10. Community Preventive Services Task Force findings statements for patient navigators: [Summary CPSTF Findings Table for Cancer Prevention and Control | The Community Guide](#)
11. HRSA has allowed for patient navigation coverage for navigation for breast and cervical screening: <https://www.hrsa.gov/womens-guidelines>