



Community Navigators

Evidence Report



Purpose of this paper

Telethon Kids Institute has been asked to provide an initial Evidence Report on community navigators, in anticipation that Early Years Initiative partner communities may wish to use them to support their Community Plans.

This Report gives an overview of the range of navigator programs and looks at the evidence for effective community-based, lay navigator programs. Factors communities should consider when contemplating establishing a navigator program are also explored.

November 2020.

Overview

Terminology

In our examination of the literature, the term ‘community navigator’ was used loosely and interchangeably with a range of like-terms, including ‘community connector’. This paper has adopted ‘navigator’ terminology, as it is used more commonly in the literature, and appears to be a more inclusive term.

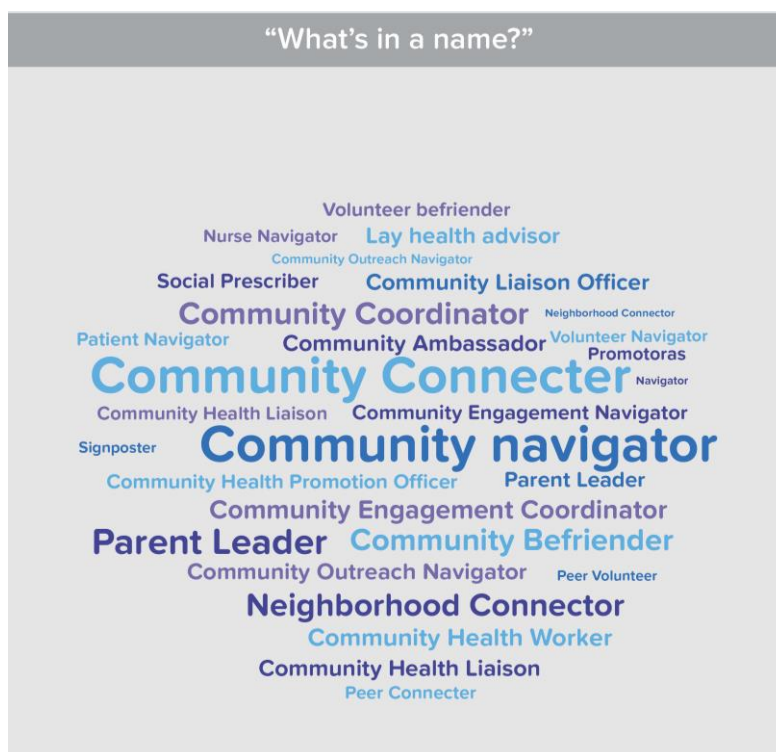


Figure A

Background

Community navigators, connectors and other like-roles are utilised in a wide range of community, health and social support settings [1-11].

Such programs are frequently a response to recognition that people with complex needs or diverse backgrounds are not accessing the services they need. This inequity in access may occur because:- people feel disenfranchised [12]; they do not feel socio-culturally comfortable because of barriers such as language, beliefs, practices or discrimination [1, 9, 13-15]; the complexity and fragmentation of service systems acts as a barrier to service utilisation [12] or because people simply do not know about them.

Many benefits arising from community navigator programs have been documented for individuals and service provider organisations, both in terms of improved health outcomes and improved access to and quality of services [1, 5, 8, 15-19]. Other benefits for individuals include increased empowerment and an increased sense of social support, self sufficiency and hope [1]. ‘Ripple effects’ beyond intended program outcomes have also been reported [3]. Benefits have also been identified for navigators themselves, including increased self esteem, competence, autonomy, fulfilment and improved health related behaviours [3].

Accounts of community navigator programs in the literature mostly apply to clinic-based health settings, and reflect a diverse range of approaches, target populations, program design and implementation mechanisms. This diversity means it is difficult to make definitive statements on how a navigator approach could apply to the Early Years Initiative, however a number of common themes can be identified.

What is a community navigator?

Consistent with the diversity of approaches, the terminology of ‘community navigator’ is not well defined in the literature. However, a common thread across approaches for this role is of a trusted individual who act as a ‘bridge’ to services and the community more broadly for hardly reached populations.

Peer or lay navigators are often “citizens who already connect with hardly reached people to improve social inclusion in communities ... socially engaged citizens who facilitate flows of connection, relationships and access to resources between different and disconnected parts of the community” [2].

The navigator role commonly encompasses: knowledge brokerage; fostering social connections by connecting to community resources; facilitating access to resources and services; identifying, navigating and removing barriers to community or services, and advocacy [5, 8, 10, 11, 16].

Navigators may also contribute to social planning, broker relationships with service providers and government, and advise stakeholders on appropriate engagement strategies. Their role may extend to mobilising individuals and families around a shared vision and strategy for the future [7].

Figure B depicts these role elements, as well as the principles that commonly guide the work of navigators.



Figure B – Navigator Role and Principles

Navigators work with a diverse range of target populations, including the following (adapted from [2]).

- individuals experiencing specific issues such as youth mental health, addictions, cancer and children with autism;
- culturally and linguistically diverse communities or remote communities;
- age based groups such as older people or parents of young children;
- vulnerable populations such as those experiencing homelessness or domestic violence, or
- hardly reached populations.

There is a strong relationship between the scope and nature of the community navigator role and the approach taken to the way it is used within a given program - the “model”. The next section outlines the range of community navigator models addressed in the literature.

There is also a wide range of potential navigator activities, summarised in **Figure C**.



Figure C

Navigator models

Reflecting the diversity of approaches, there is no single model of community navigation or community navigators. Nevertheless, some general distinctions can be made across broad model-types. Broadly speaking, navigators are either:

- professionals i.e. those with academic credentials such as social workers or nurses, often employed in programmatic settings [20], or
- individuals with relevant lived experience and socio-cultural links to the relevant community, often described as peer or lay navigators, who may be volunteers or paid [3, 7, 13, 17, 21, 22].

Peer or lay navigator ties to the local or cultural community and/or with relevant lived experience have been noted as an important point of differentiation from case management driven programs [1], and have been demonstrated to be useful where target populations are dealing with cultural barriers or stigma [3, 9, 14, 16]. Peer and navigator models tend to value community connections above academic credentials [1].

Another model described in a study of navigators in Ireland and Australia [12] explores the use of ‘emergent citizens’: individuals who naturally cause connections between community members and services, but are self-directed and unaffiliated with service provider organisations. Wallace and colleagues [13] describe this a model of a ‘collaboration’ between service provider organisations and such unaffiliated ‘citizen’ connectors. In this scenario, ‘citizen’ connectors are not co-opted into a program, but remain ‘self-directed actors’, with effort being invested in providing opportunities for service staff and connectors to themselves connect, and to invest in activities that enable collaboration, while continuing to systematically address barriers.

What does the evidence say?

While there is little empirical evidence in the literature on the effectiveness of community navigators [22], or their implementation and sustainability [19], social interventions such as community navigators, are widely advocated. The lack of empirical evidence is likely to be a result of the diversity of community navigator roles, models and terminology.

The value of lived experience

The importance of utilising navigators who have lived experience is highlighted consistently in the literature [7, 16, 22]. Shared lived experience is also a factor that navigators themselves have stressed as essential to their role [1].

Drawing upon community navigators who share the social, economic, cultural or linguistic characteristics with populations of interest has been found to be important to promoting cultural and linguistic sensitivity, and community acceptance (Henderson, 2017). Lived experience has been also observed to promote trust; help validate advice, and aid in the setting of boundaries in a culturally appropriate way [1].

Having pre-existing relationships within the target community deepens the navigators’ knowledge of the quality of services and how to access them is directly relevant and credible. The navigator already has some understanding of the quality of services and how to access them; is familiar with community norms and methods of communication; and engenders a sense of trust and familiarity on the users’ part [1, 16].

Implementation

Recruitment, selection, support, training and incentivisation are all consistently highlighted in the navigator literature as key implementation issues.

Community based lay navigator programs have been observed to ‘outreach’ their members [20]. Utilising diverse, word of mouth recruitment methods in preference to advertised positions is highlighted as positively supporting program uptake and buy in by end users of the program [23].

Incentivisation for navigators is another important consideration. This may be monetary, but could also be in the form of a stipend or gift card, or through worker recognition, expressions of respect, opportunities for career advancement and supportive supervision [16].

Training and support for navigators is routinely cited as important for the effectiveness and sustainability of navigator programs [20, 23]. This includes peer learning and support; role definition; topical training, support for experimentation and adaptation [5], and ensuring there are adequate opportunities for navigators to be recognised and heard.

Clear articulation of the navigator role (purpose, scope, responsibilities – and things they are not responsible for) and the management of role boundaries, are highlighted in the literature [21, 23]. Paradoxically however, research undertaken as part of the Logan Together initiative in Queensland found that training around role clarity may place navigators under greater pressure, as they realise they will be unable to meet their own or community expectations [14].

Other factors noted to be critical for implementation include fostering strong inter- and intra-organisational relationships and partnerships to support the navigator program [8, 23]. Strategies to strengthen these commitments may include: developing a communication strategy about the navigator program; developing a community charter; establishing a community based steering committee, or building community partnerships [8, 23].

Community support for navigator programs and buy-in by end users of the program, are also critically important features of implementation [23]. Co-designing the program with the target community will help to ensure community support and buy-in from the inception [7] as well as diverse strategies for recruitment to programs [23].

Sustainability

The demonstrated value of community navigators needs to be balanced with recognition of the inherent stressors and challenges that arise when navigators are themselves part of the community and which can limit their participation and impact program sustainability [10, 11].

Tensions arising from lived experience may derive from the navigators' own altruistic sense of commitment and the level of expectations they hold of themselves, which can result in 'limitless access' to their time, and is beyond what they are engaged to provide [4]. Navigators focus on the 'whole person' [5], and are likely to be drawn into responding to a broader set of social determinants [4, 10]. Navigators are also noted to be experiencing the same issues, such as racism, discrimination and mistrust, as the populations they serve, all of which can lead to burnout. They may also fear that community expectations of their role will continue once their formal navigator role has ceased [4].

Research by Henderson and Kendall [14, 17] in Logan, Queensland, identified other important strategies that could work to address issues of navigator burn out and program sustainability. They

suggest that rather than focusing on individual navigators, a focus on a ‘whole-of- community’ approach may lessen the burden on individual navigators and build a broader community accountability for change. They also suggest the ‘staggering’ of navigator employment.

A further issue identified in this study is that of how to support/balance grassroots approaches as opposed to managing risk in bureaucratic settings. No solutions are suggested, other than being clear from the start and ensuring that there is a flexibility in the navigator role.

Cautions

While community navigator models appear to be valuable strategy within communities, the literature also suggests several cautions.

Much of the value derived from community navigators stems from their ‘natural’ role as connectors and navigators to community and their instinctive ability to operate from their own lived experience, a point of reflection is whether ‘institutionalising’ navigator roles in formal programs may detract from their intrinsic nature [13] or potentially negatively impact community relationships [19].

Other researchers have observed that navigator programs may distract from reforms needed to achieve systemic change, and that utilisation of navigators should not be at the expense of ‘fixing the system’ [2, 23].

Conclusion

Our review of community navigator literature suggests that community navigator programs are best thought of as a strategy to address an identified issue, or issues within a community.

Being clear about the need that exists and the outcome that a community wants to achieve is the first step. The second step is to decide if community navigators can help address that need, and to then co-design an appropriate model that is focused on the need or problem for the community’s unique context.

The key questions that communities need to ask in the first instance are: what is the evidence of need; what is the full range of available strategies to address that need; what is already going on within the community and what factors could affect the proposed program, and what is the evidence that a navigator program could help to bring about the communities’ intended outcome?

Answering these questions may help you to decide on a particular way of working that is most likely to bring about the change you want to see.

REFERENCES

1. Schaffer, J., et al., *Community Navigation as a Field of Practice: Reframing Service Delivery to Meet the Needs of Communities' Marginalized Populations*. The Foundation Review, 2018. **10**(4).
2. Wallace, C., et al., *Collaboration with community connectors to improve primary care access for hardly reached people: a case comparison of rural Ireland and Australia*. BMC Health Serv Res, 2020. **20**(1): p. 172.
3. Shelton, R.C., et al., *Advancing Understanding of the Characteristics and Capacity of African American Women Who Serve as Lay Health Advisors in Community-Based Settings*. Health Education & Behavior, 2017. **44**(1): p. 153-164.
4. McCollum, R., et al., *How equitable are community health worker programmes and which programme features influence equity of community health worker services? A systematic review*. BMC Public Health, 2016. **16**: p. 419.
5. Desveaux, L., et al., *Mapping variation in intervention design: a systematic review to develop a program theory for patient navigator programs*. Systematic Reviews, 2019. **8**(1): p. 8.
6. Rhodes, S.D., et al., *Identifying and intervening on barriers to healthcare access among members of a small Korean community in the southern USA*. Patient Education and Counselling, 2015. **98**(4): p. 484-91.
7. Bunning, J., et al., *Dampier Peninsula's Community Navigators Empowering Kimberley Families through their Aboriginal-led Woombooriny Amboon Angarriya Partnership Initiative (WAAPI)*, in *Nulungu Publication Series*. 2019, Nulungu Research Institute, The University of Notre Dame Australia.
8. Grimes, C., et al., *American Indian and Alaska Native Cancer Patients' Perceptions of a Culturally Specific Patient Navigator Program*. Journal of Primary Prevention, 2017. **38**(1-2): p. 121-135.
9. Shommu, N.S., et al., *What is the scope of improving immigrant and ethnic minority healthcare using community navigators: A systematic scoping review*. International Journal for Equity in Health, 2016. **15**: p. 6.
10. Whop, L.J., et al., *Navigating the cancer journey: a review of patient navigator programs for Indigenous cancer patients*. Asia Pacific Journal of Clinical Oncology, 2012. **8**(4): p. e89-96.
11. Peart, A., et al., *Patient navigators facilitating access to primary care: a scoping review*. BMJ Open, 2018. **8**(3): p. e019252.
12. Carter, N., et al., *Navigation delivery models and roles of navigators in primary care: a scoping literature review*. BMC Health Serv Res, 2018. **18**(1): p. 96.
13. Wallace, C., J. Farmer, and A. McCosker, *Boundary spanning practices of community connectors for engaging 'hardly reached' people in health services*. Social Science & Medicine, 2019. **232**: p. 366-373.

14. Henderson, S. and E. Kendall, '*Community navigators*': making a difference by promoting health in culturally and linguistically diverse (CALD) communities in Logan, Queensland. *Australian Journal of Primary Health*, 2011. **17**(4): p. 347-54.
15. Natale-Pereira, A., et al., *The role of patient navigators in eliminating health disparities*. *Cancer*, 2011. **117**(15 Suppl): p. 3543-52.
16. Hall, N.S., Alisa, *Community Navigator Project*. 2012, Canadian Mental Health Association.
17. Henderson, S. and E. Kendall, *Reflecting on the tensions faced by a community-based multicultural health navigator service*. *Australian Health Review*, 2014. **38**(5): p. 584-8.
18. Lloyd-Evans, B.B., et al., *The Community Navigator Study: a feasibility randomised controlled trial of an intervention to increase community connections and reduce loneliness for people with complex anxiety or depression*. *Trials*, 2017. **18**.
19. Shelton, R.C., et al., *Advancing understanding of the sustainability of lay health advisor (LHA) programs for African-American women in community settings*. *Translational Behavioral Medicine*, 2017. **7**(3): p. 415-426.
20. Hou, S.I. and K. Roberson, *A systematic review on US-based community health navigator (CHN) interventions for cancer screening promotion--comparing community- versus clinic-based navigator models*. *Journal of Cancer Education*, 2015. **30**(1): p. 173-86.
21. Innovation Unit, *How to connect parents of young children and build stronger communities. Harakeke a model for parent-led support*. 2020.
22. Lloyd-Evans, B., et al., *The Community Navigator Study: Results from a feasibility randomised controlled trial of a programme to reduce loneliness for people with complex anxiety or depression*. *PloS one*, 2020. **15**(5): p. e0233535-e0233535.
23. Valaitis, R.K., et al., *Implementation and maintenance of patient navigation programs linking primary care with community-based health and social services: a scoping literature review*. *BMC Health Services Research*, 2017. **17**(1): p. 116.