

Implementation and sustainability of involving Bilingual Community Navigators (BCNs) in general practice to improve equity

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Aim/Objectives

To evaluate the implementation of a model of training and attachment of BCNs in a range of practices providing care for patients from diverse cultural and language backgrounds.

Method

Intervention: Recruitment of practices and BCNs from matching cultural and language backgrounds. BCN training included online and face to face learning. BCNs were placed in general practice to provide navigation assistance to patients.

Evaluation: Mixed method analysis of BCN encounter log-books, and interviews with GPs, patients and BCNs to assess feasibility and acceptability which were analysed using Normalisation Process Theory (NPT).



Findings

Referrals to BCNs: BCNs were placed in 4 practices – one Samoan, two Arabic and two Chinese. One Chinese practice and its BCN withdrew. One of the Arabic practices had few referrals and BCNs were relocated to another practice.

Patients referred: Overall there were 110 patients referred to the BCNs; 99 having one visit and 11 having two or more visits. 14% were aged under 45 years, 41% aged 45-64, 45% aged 65+ years. 13% were born in Arabic speaking countries, 41% from China, 40% from Samoa and 6% from other countries.

Patient referrals included hospital outpatients, medical specialists, investigations and allied health professionals. The barriers identified by BCNs were language, access to services, cost, transport, legal, work, disability, social care, health literacy, financial support, mental illness, medication adherence and immigration.

BCNs responded with a wide range of activities to assist patients – most frequently helping them to book appointments, arrange access to community resources, contact the service on behalf of the patient and GP, translating and explaining information and providing help with paperwork or information about their appointments.

[The BCN program] was excellent, especially with urgent referrals (GP).

This service is very helpful for us. I had to say I won the lottery (Patient – Mandarin)

Interviews with GPs, patients and BCNs:

Practice participants could see the benefits of the BCNs and were motivated to engage with them, especially with GP endorsement. However not all understood the navigator competencies and roles. In some practices, the population needs and the scheduling of appointments/ staff routines could have aligned better which constrained referrals and continued navigator involvement.

Table 1: Factors influencing implementation of BCNs in general practice

NPT Concept	Key Findings
Coherence/ sense making	GPs, practice staff, patient and their family could all see the benefits of the BCNs providing navigation support.
Cognitive participation	Commitment to implement the roles and competencies of the BCNs varied between practices. This was influenced by the extent of their interactions with the BCNs, GPs knowledge and confidence in their competencies.
Collective action	The endorsement of the GP was critical to successful implementation. Another important factor was the fit with the needs of the patient population and the way in which care was organised in the practice.
Reflexive monitoring	Appraisal of its success and review of how it could be improved depended on having had sufficient experience with the role. This was influenced by the duration of the attachment, the frequency of referral and the degree to which the role was sustained over time.

Conclusions:

The pilot study was successful with BCNs providing navigation support to patients and demonstrating the feasibility and acceptability of the role of BCNs by both staff and patients. The frequency and type of referral to the BCNs varied greatly between practices reflecting differences in the organisation of the practices and the needs of the practice populations. More effort is needed to tailor attachments to the unique needs of the patient population and practice schedule. Sustainability requires ongoing funding and broad institutional support.

Implications

BCNs have an important emerging role in Australian primary care. Building on previous pilot study, lessons learned through this study will support the continued training and adoption of BCNs in a more diverse range of primary care settings.

References to previous pilot study.

1. Mistry, S.K., E. Harris, and M.F. Harris, *Scoping the needs, roles and implementation of bilingual community navigators in general practice settings*. Health & Social Care in the Community, 2022. **30**(6): p. e5495-e5505.
2. Mistry, S.K., et al., *Feasibility and acceptability of involving bilingual community navigators to improve access to health and social care services in general practice setting of Australia*. BMC Health Services Research, 2023. **23**(1): p. 476.

For more information see:

O’Callaghan, C., Mistry, S.K., E. Harris, and M.F. Harris (2025) Community health navigators in Australian general practice: an implementation study, *Australian Journal of Primary Health Care* (forthcoming)