

Development of a Community Health Navigator **Training Program**

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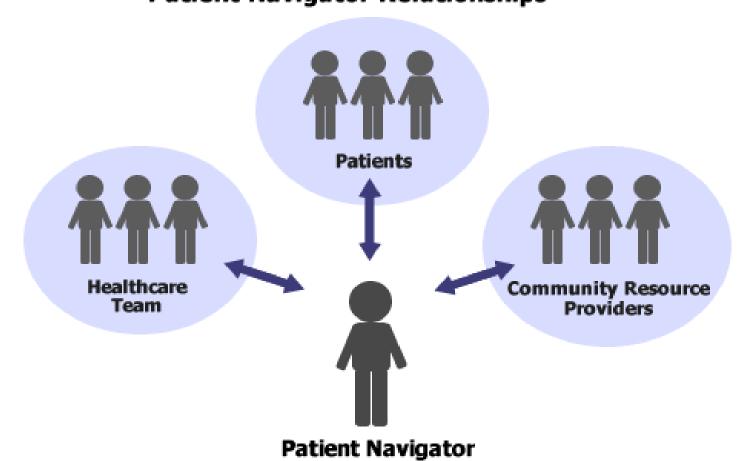
Background

Over the past 3 years, as part of our research programs, we have developed and refined a training program for Community Health Navigators (CHN).

Scope of Practice

CHNs are "frontline public health workers who are trusted members of and /or have an unusually close understanding of the community served. They provide a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery."1 CHNs act as bridge between health service users and health services. They aim to support patients to access appropriate care, their health and health system literacy and self management.

Patient Navigator Relationships



Typical activities involve:

- Outreach (through home visits, telephone etc)
- Providing education and information,
- Addressing barriers to accessing care (including scheduling, reminders, assistance with transport, or accompanying patients); and providing navigation support and follow up
- Identifying and linking patients to community resources.

Codesign

An initial codesign process was conducted to design training of CHNs based in multilingual general practices ². This was followed by a second codesign process as part of the Community Health Workers Extending Care into the Community (CHECC) study which included 26 qualitative interviews and an online codesign workshop. Participants included patients, nurses, general practice staff, health service managers, CHNs, GPs, medical specialists and pharmacists ³.

Design features

Key features of the design were 12 self-paced online training modules and opportunity to discuss these with trainers via face-to face or Teams meetings. Each module contains:

- Learning objectives
- written notes
- Case studies
- An online presentation
- Links to other videos and resources, references and further reading
- An online quiz involving multiple choice questions about the module To complete the module a score of 80% was required.

Completing the modules is followed by 10 weeks of supervised practice which include a log of activities.

References:

- American Public Health Assoc 2014
- Mistry SK, Harris E, Harris MF. Learning from a codesign exercise aimed at developing a navigation intervention in the general practice setting. Family Practice, 2022.
- Harris MF, Tran A, Porwal M, Aslani P, Cullen J, Brown A, Harris E, Harris-Roxas B, Doolan-Noble F, Javanparast S, Wright M, Osborne R, Osten R. Co-designing a Community Health Navigator program to assist patients to transition from hospital to community. Australian J of Primary Health. (16 Sept 2024) 30, PY24046,

Modules

1. Understanding the Australian Health Care System

General practice; multidisciplinary care; dental care; primary health networks, community health services, medical specialist care; emergency care; hospital discharge; virtual or telehealth; mental health; translating and interpreting service; work certificates; health information and my health record.

2.Introduction to chronic disease

- What is chronic disease; chronic disease in Australia
- Cardiovascular disease; cancer; type 2 diabetes; COPD; asthma, dementia; mental illness, multiple conditions
- Role of non-government organisations

3. Preventive health care

Risk and protective factors; physical activity; nutrition; body weight; blood pressure; cholesterol; smoking; heart risk; alcohol; drug abuse; immunisation.

4. Social determinants of Health

- Stress; early childhood; employment and work; social support; food; transport; housing
- How do the social determinants affect health and the way care needs to be provided?
- 5. Community health navigators' roles and responsibilities
- Effective relationships; communication; confidence; relationships with team
- Principles of patient navigation; patient navigator roles and responsibilities

6. Cultural mediation and language

- Bias, cultural competence, mediation and humility; understanding beliefs and practices
- RESPECT and LEARN models of cross-cultural communication

7. Communication and self-management

Health literacy; active listening; open questioning; goal setting; problem solving; self management

8. Community resources

- Identifying community resources; NDIS; aged care packages.
- Assessing and navigating to community resources.

9. Client needs assessment and problem identification

Working with clients; patient needs assessment; navigation needs assessment; problem solving; action plan; appointment support; preparing for medical visit; advocating for client.

10. Professional responsibilities and boundaries

Information privacy and confidentiality; professional conduct and boundaries.

11. Medicines and medication adherence

- What are medicines; How can we get the medicines we need; How can we use medicines more safely and appropriately.
- Medication adherence impact; how to detect; factors associated with non-adherence; strategies to improve adherence; dose administration aids; home medicine reviews; role of CHN in medication adherence.

12. Access to health care

Barriers to access; equity and access.

Evaluation

- Audit of practice
- Qualitative interviews to explore the perceptions of patients, Healthcare Professionals, and CHNs about the support provided by CHNs, and what factors supported or impeded the role.

Next steps

- Continual quality improvement of the training
- Additional modules: Refugee Health
- Articulation with other training (eg peer worker)
- Accreditation -VET or other

